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Health [1]

GcMAF and the Persecution of David Noakes, Lyn Thyer & Immuno Biotech

by Iain Davis
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Recently business man David Noakes was released from prison having served six months following his conviction on four charges relating to the manufacture, sale and supply of an unlicensed medicine.

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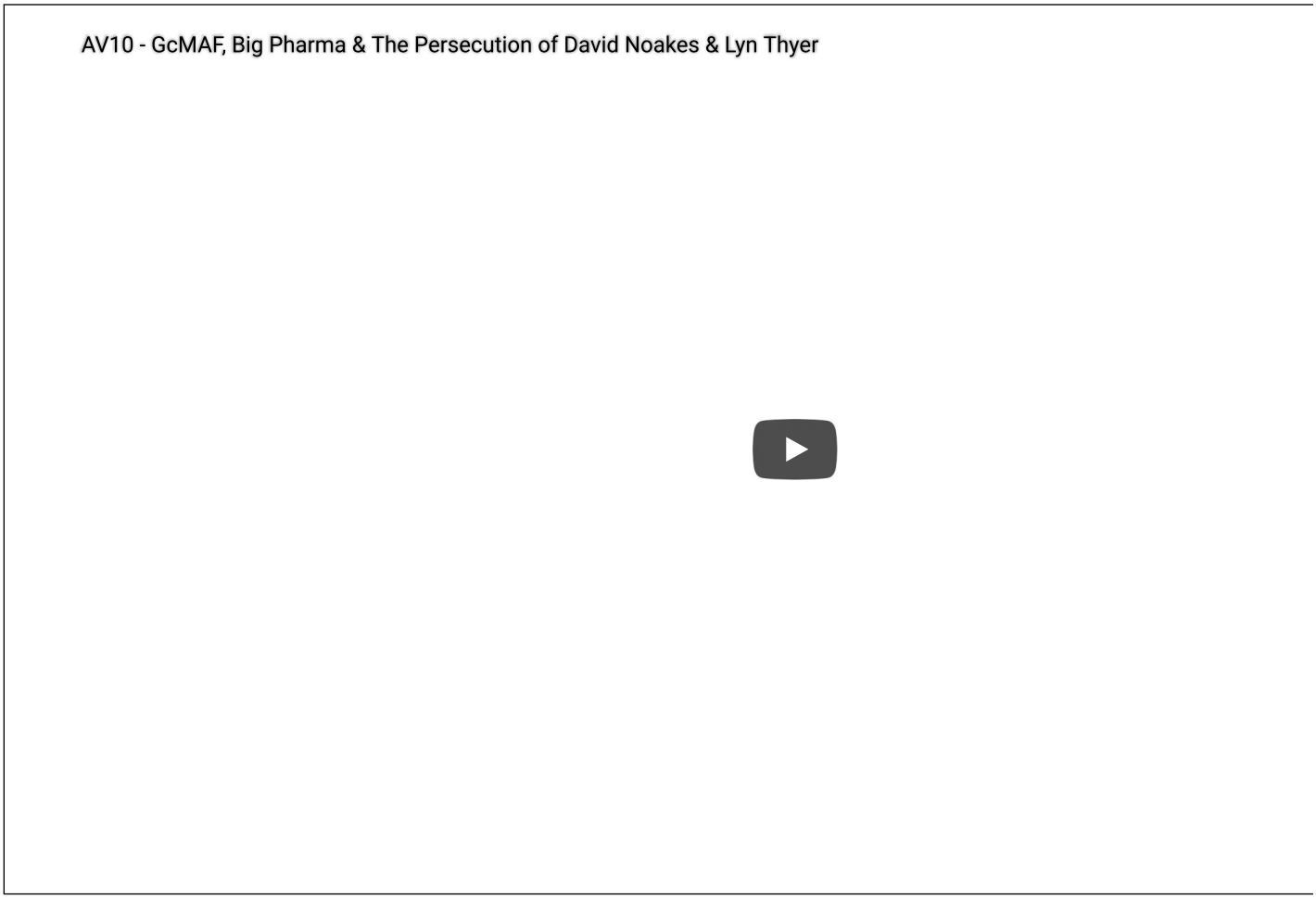
Noakes pled guilty to all charges, including one of money laundering [3]. This is something the MHRA and the mainstream media (MSM) have been very keen to highlight because it casts Noakes as a 'real criminal.'

Money laundering is an automatically levied charge if anyone ever sells an unlicensed 'medication.' Pleading guilty to selling an unlicensed medication automatically makes you guilty of so called 'money laundering.' David Noakes is no BCCI executive [4].

Over 6 years Immuno Biotech made £7.6 million selling GcMAF. Out of that they paid a staff team of 27 including 4 research scientists, 7 doctors, 2 ultrasound staff, 4 nurses and admin staff for 6 years. They paid for the laboratories, staff travel (a significant expense) and accommodation. Any additional revenue they pumped back into GcMAF research and development. The CEO of GlaxoSmithKline [5] earns approximately £6 million every single year.

The alleged medicine is not a synthetic manufactured pharmaceutical. It is actually derived from naturally occurring human protein. It is called 'Gc Protein-derived Macrophage Activating Factor,' or GcMAf for short. How and why GcMAF is being withheld from the public, despite an abundance of supporting scientific evidence, reveals a system of corrupt corporate control designed to profit from our sickness and death.

The scientific evidence clearly shows that GcMAF is potentially the most effective cancer treatment ever discovered. At David Noakes trial Judge Nicholas Lorraine-Smith made it clear that GcMAF was not on trial. He accepted that Noakes had acted out of a genuine desire to treat people; he noted that GcMAF had been instrumental in successfully treating people who had been written off by the medical profession and added that he was looking forward to GcMAF being made available to the public. He then sentenced David Noakes to prison.



Judge Nicholas Loraine Smith had little choice, and was compelled to make the required legal decision. He clearly felt uncomfortable and gave David Noakes just 15 months instead of the fourteen year sentence the Medicines & Healthcare Products Regulatory Agency [6] (MHRA) were seeking. The difficulty he faced was highlighted when he stated, during the trial, that the court was not a court of morality but rather a court of law.

Clearly, in this case, the law is an ass. If the UK state recognised the codified British constitution [7] then a jury could have annulled this statutory lunacy. However, through 800 years of lies and deception, the UK Parliament has unconstitutionally seized illegitimate sovereignty [8] for itself and its statute laws. It was under this corrupt system the MHRA brought the case against David Noakes. When asked at the trial if he would do the same again David Noakes looked the Judge in the eye and said he would. He is a man who commands considerable respect in my opinion.

Under the 1939 Cancer Act [9] it is illegal in the UK to advertise any cancer treatment which is not approved by the state. It is also illegal to offer any claimed cancer treatment, prescribe any claimed cancer treatment or offer any non-state sanctioned cancer treatment advice. I am not medically qualified, am not offering any medical advice and am not promoting GcMAF. I recommend you always seek qualified medical advice if you are ill. Rather, I am exposing what seems to be a rank injustice and questioning the system of cancer treatment approval and regulation in the UK.

The charges were brought against Mr Noakes, his team of research scientists, doctors, nurses and medical researchers at Immuno-Biotech [10], by the UK MHRA. David's partner, and biomedical research scientist, Lyn Thyer, is due to be extradited to France to face similar charges. This at the behest of the French equivalent to the MHRA (the OCLAESP) who lobbied the EU to issue a European Arrest Warrant (EAW.)

Lyn has been found entirely innocent of all related charges in the UK and even the MHRA admitted she was guilty of nothing. Under EU law an EAW can only last a maximum of 60 days [11]. At her previous extradition appeal hearing on 28th March 2019 the EAW had been in effect for approximately 700 days. The EAW is based upon charges simply copied from the original charges brought against David Noakes and are completely unrelated to Lyn Thyer. This copy and paste of charges was evidenced by the fact that the EAW charge sheet provided to Lyn had David Noakes' case number on it.

At that hearing most observers noted that the Barrister, representing the French prosecutor's, presented no evidence to support the extraditions request. This is understandable as, under UK law, Lyn Thyer is not guilty and the charges she faced weren't hers, they related to David Noakes. As far as anyone knew, including the MHRA, there was no evidence at all against Lyn Thyer. Justice Supperstone then stated he would give a written ruling and adjourned the court. Consequently, based upon evidence which only Justice Supperstone has seen thus far, Lyn Thyer was informed that the extradition request had been granted. It is reasonable to assume that David Noakes will soon face a similar extradition request. However, at the time of writing Lyn is yet to be extradited, so there is hope sense will prevail.

In 2016 the UK parliament passed the Access to Medical Treatments (Innovation) Act [12]. It states:

> The purpose of this Act is to promote access to innovative medical treatments (including treatments consisting in the off-label use of medicines or the use of unlicensed medicines).

The clearly stated purpose of the Act [13] is to allow responsible doctors to prescribe off label (using licensed drugs for innovative purposes) or unlicensed drugs, such as GcMAF, if it is considered by the prescribing Doctor to be beneficial. All Immuno Biotech GcMAF treatments were prescribed by qualified Doctors who thought prescribing it would be beneficial. They were right.

In response to the Access To Medical Treatments Act (Innovations) 2016 the MHRA issued guidance which stated that prescribers should first consider using a licensed medicine where possible; if that is not possible, then a licensed medicine off-label should be used, and only if neither of these are available should an unlicensed medicine be considered. Every patient selected for the GcMAF UK trials by Immuno Biotech had exhausted all licensed treatment options. In each case (for the UK trials) treatment had failed. Therefore it seems providing them with GcMAF was both legal and within MHRA guidelines.

However, European Law, in regard to EAW duration, and UK law, under the 2016 Act, can simply be ignored in the case of everyone connected to Immuno Biotech and GcMAF. In fact, it makes you wonder why we bother with UK law at all. Clearly it only applies to some people and is utterly ignored when it is inconvenient to the state, its agents or its corporate backers. Especially if the EU demand it.

Despite the appalling bias in the reporting of the case by the UK mainstream media [14] (MSM), in reality Immuno Biotech were undertaking scientific research and clinical trials into the effectiveness of GcMAF. Apparently with very encouraging results. Technically Noakes broke the law because he sold some GCMAF to those who could afford it. He also gave away 25% of Immuno Biotech's GcMAF, to those who couldn't afford it, free of charge.

For reasons we'll soon discuss, David Noakes knew it was pointless seeking a license from the MHRA to develop GcMAF. However, he reasoned that he and his team should be safe from prosecution. Firstly they had approval from the Guernsey authorities and had applied for and been given an import licence for GcMAF by the Guernsey Border Agency [15] which they withdrew only after the MHRA allegations. All tests and scientific evidence showed that GcMAF was safe, it caused no known adverse drug reaction (ADR) and has never harmed or killed anyone. So he proceeded with the trials and subsequent distribution of GcMAF. He did so in the knowledge the MHRA hadn't even admonished pharmaceutical corporations who had sold drugs which were proven to kill people.

Research of GcMAF is warranted.

In 2007 A study published in the New England Journal of Medicine [16] found that the GlaxoSmithKline (GSK) diabetes drug Avandia increased the risk of heart failure by a minimum of 43%. The U.S Food and Drug Agency (FDA) subsequently acknowledged that an estimated 83,000 people had been killed by Avandia in the U.S. GSK were ordered to pay $3 billion in compensation.

Knowing this, in the UK, the MHRA recommended to U.K. doctors that they continue to prescribe Avandia 'only to patients without a recognised heart condition' and monitor patients taking Avandia more closely. The MHRA didn't even criticise GlaxoSmithKline for marketing a drug which they knew to carry a significant cardiovascular risk, proven to be lethal. They eventually recommended its withdrawal [17] three years later. They didn't provide any data on how many British patients it killed.

Therefore David Noakes considered that the benefits of proceeding with GcMAF research and development in the UK far outweighed what he saw as the minimal risk of MHRA disapproval. What he didn't take into account was the corruption at the heart of the MHRA and their role as defenders of Big Pharma's monopoly. His mistake was thinking that the MHRA would be consistent if they ever investigated Immuno Biotech.

Immuno-Biotech carried out extensive trials, publishing more than 30 peer reviewed papers. Approximately 11,000 people received GcMAF and the collected data consistently showed very promising results. The scientific laboratory research results were also consistent and encouraging.

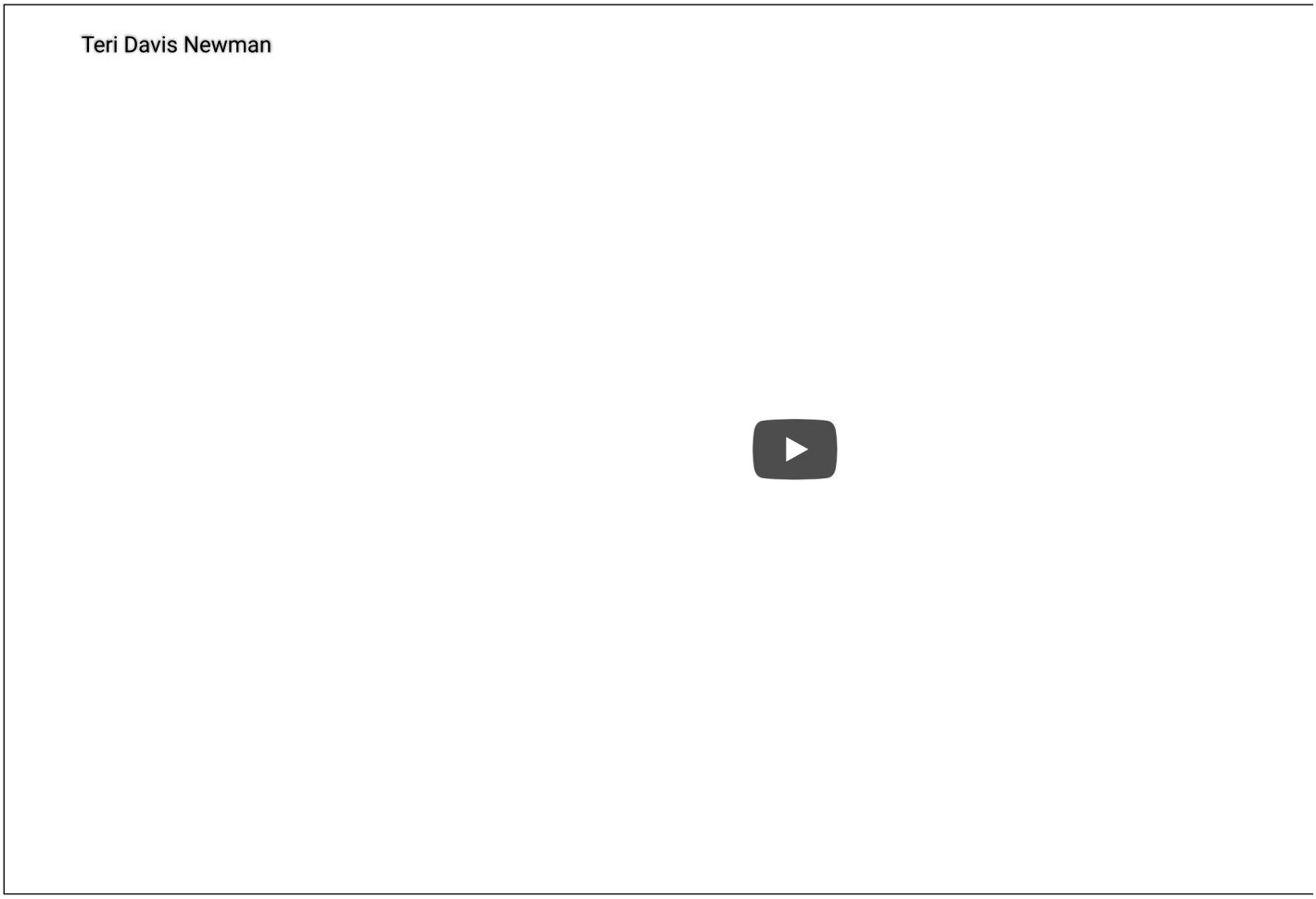
Some of the success stories [18] with GcMAF have been remarkable. For example the only 5 patients with terminal stage 4 pancreatic cancer, which is particularly deadly, were all treated successfully with GcMAF. The patients were chosen for the UK administered trials because they had stage 4 cancers (and other chronic or terminal illnesses.) All the cancer patients had been told by the medical profession that there was no hope. Treatment had failed and many were advised to put their affairs in order and prepare for the inevitable.

Following treatment with GcMAF, Immuno Biotech found that it 'removed' all cancerous tumours, with 75% of stage 4 cancer patients [19] going on to live full lives for years. Unfortunately, for patients who had undergone chemotherapy the success rate was greatly reduced to 40% but for those who hadn't it was above 80%.

Among many of note was a 60 year old woman with terminal stage 4 inoperable breast cancer. She was unlucky to be one of a 20% of breast cancer patients who possess a virulent cancer producing gene called the HER2 oncogene, for which there 'was' no known treatment. After 3 weeks of treatment with GcMAF she returned to her specialist who was amazed to find her cancer had reduced and was now easily operable. They removed the tumour but were even more stunned when they tested her to find the HER2 oncogene was clear. She went from Stage 4 inoperable cancer to completely cancer free in 4 weeks. A medical first, thanks it seems to GcMAF.

However, perhaps the most remarkable success was Teri Davis Newman. She had a genetic predisposition to contracting a particularly vicious form of ovarian cancer called peritoneal carcinomatosis which, unless diagnosed very early, in stage 2-4 is fatal in 100% of cases. Teri was told by her oncologist that she would be dead by November 2016. She had watched chemotherapy ravage her sister before she died horribly and declined the treatment.

Her insurance company would not pay for the GcMAF and so Immuno Biotech gave it to her free of charge and even paid the shipping costs. As of February 2019 Teri is still posting videos on YouTube. It seems peritoneal carcinomatosis need no longer be considered an automatic death sentence. Another apparent GcMAF medical breakthrough.



On the UK Government website there is an MHRA press release [20] entitled “Notorious Noakes. £10M Guernsey GcMAF Crook Imprisoned.” This contains what appears to be a blatant lie:

> There is no scientific basis for any of Noakes’ claims about the product.

Approximately 300 scientists [21], around the world, have published more than 140 peer reviewed scientific papers on GcMAF in so called reputable journals. The American National Library of Medicine, through its PubMed collaboration [22] with the National Center for Biotechnology Information, has alone published 73 papers from 180 scientists spanning 8 different nations. The GcMAF used in these studies was predominantly provided by Immuno Biotech.

The scientific research shows that GcMAF appears to have six distinct attack mechanisms on cancer cells. It restricts and cuts off the blood supply to tumours (inhibits angiogenesis;) it stimulates the macrophages, the cells which attack cancer cells and promotes the destruction of cancer cells (phagocystosis;) it promotes apoptosis, cancer cell’s self-destruct mechanism; it reverts cancer cells ‘phenotype’ back to normal cells and it demonstrated the potential to reduce the ability of cancer cells to metastasise (in the petris dish.)

In addition, further peer reviewed scientific evidence demonstrated that GcMAF increases mitochondrial energy production (the biochemical batteries in all cells;) it improves human neuronal metabolic activity; counters the toxic effect of substances such as cadmium; it acts as an effective neuropathic pain killer and promotes neuropathic pathway growth (dendrils & neuritis.)

For example in 2014, by combining GcMAF with olive oil, Scientists at the Italian Department of Experimental and Clinical Biomedical Sciences were able to show a 25% tumour reduction per week [23] for Stage 4 terminal cancer patients who had been told there was nothing more doctors could do. They concluded:

“These observations demonstrate that OA, GcMAF and NO can be properly combined and specifically delivered to advanced cancer patients with significant effects on immune system stimulation and tumour volume reduction avoiding harmful side-effects.”

In 2012, a team from one of the world’s leading cancer research centres, the Nagasaki Medical Center, studied the effect of GcMAF on tumours in mice with startling results [24]. They found that by binding GcMAF to vitamin D (creating DBF-MAF) its impact on hepatocellular carcinoma (HCC) was marked. They stated:

“DBP-maf has at least two novel functions, namely, an anti-angiogenic activity and tumor killing activity through the activation of macrophages. DBP-maf may therefore represent a new strategy for the treatment of HCC.”

Researchers in Ohio from the Division of Basic Medical Sciences [25] found that GcMAF combined DBP-MAF could stimulate bone marrow repair. Writing their conclusion in 2003 they stated:

> The data suggest that DBP-MAF and the synthetic peptide represent therapeutic opportunities for the treatment of a number of bone diseases and skeletal disorders. Systemic administration could be used to treat osteoporosis and a number of other osteopenias, and local administration could be effective in fractures, bony defect repairs, spinal surgery, and joint replacement.

In 2005 a team from the Department of Peadiatrics and the Program in Women’s Oncology at Brown University in the U.S found that GcMAF derived DBF-MAF acts as a potent anti-angiogenic factor [26] and inhibits tumour growth in vivo (tested on live subjects.) They concluded:

> Understanding the cellular and molecular mechanisms of anti-endothelial activity of DBP-maf will allow us to develop it as an angiogenesis targeting novel drug for tumour therapy.

A year earlier, in 2004, a team of Japanese research scientists [27] found that GcMAF based DBF-MAF could disrupt both angiogenesis (cut off blood supply to tumours) and promote apoptosis (cancer cell's self-destruct mechanism.) It appeared to be particular effective in 'removing' pancreatic cancer tumours. This was later confirmed by the remarkable treatment of the five stage 4 pancreatic cancer sufferers by Immuno Biotech. The Japanese team wrote:

> These results suggest that antiangiogenic therapy using angiogenesis inhibitors may become a new strategy for treatment of pancreatic cancer in the near future.

In 2010 a team from Kentucky working in the Department of Ophthalmology and Visual Sciences [28] discovered that GCMAF derived DBF-MAF exhibited a potent effect on prostate cancer tumour cells and inhibited their migration. They concluded:

> These studies show strong inhibitory activity of DBP-maf on prostate tumour cells independent of its macrophage activation.

These are just some of more than 140 peer reviewed, published scientific papers which attest to the potential of GcMAF to become a game changer in cancer treatment. There are nearly 800 GcMAF papers listed on Google Scholar alone. There is absolutely no doubt at all about the wealth of scientific evidence which indicates that GcMAF has the potential to revolutionise, not just cancer treatment but a whole range of treatments for terminal and life limiting illnesses. Certainly significant further research is warranted and there is every reason to hope that GcMAF could make death from most cancers a rarity.

So why have the MHRA and the UK state seemingly decided to mislead the public by claiming there is no scientific evidence to support David Noakes' claims? Instead of supporting his team they have done everything possible to silence Noakes and Immuno Biotech Laboratories (IBL). They have worked with the MSM to rubbish IBL's research and to hide the scientific evidence which obviously indicates the enormous, lifesaving potential of GcMAF.

They have destroyed IBL laboratories, made false claims about their research methods, denied unequivocal scientific evidence, imprisoned Noakes and his leading research scientists, hounded him and his loved ones through the courts, are intent upon seizing all his assets and will extradite Lyn Thyer to France where she can expect to spend years on remand in some of the worst prisons in Europe. All because they researched, developed and gave to suffering people what could well be the most effective cancer treatment ever discovered.

But what is truly despicable is that when they shut down Immuno Biotech and seized all their GcMAF, the IBL team were actively treating 200 patients. These people were winning their battle against cancer having previously been told there was no hope. The MHRA decided they didn't deserve that chance. The MHRA withheld their GcMAF treatment and effectively condemned 200 people to death. The Immuno Biotech team, who knew these people well, had to watch each of them pass away, with devastating effects both on the families and the Immuno Biotech team.

The drugs sold to us by large pharmaceutical corporations (Big Pharma) frequently kill hundreds of thousands of people. In the U.S. The Food & Drugs Administration (FDA), until recently, reported U.S deaths [29] from Adverse Drug Reactions (ADR's.) In 2015 there were over 2 million ADR's resulting in 100,000 deaths with ADR's the 4th leading cause of death in the U.S.

The FDA equivalent in the UK, the MHRA, don't bother reporting these statistics but with a population 20% of the size of the U.S it would be reasonable to assume that ADR's affect in the region of 400,000 people annually, resulting in approximately 20,000 deaths. This estimate was corroborated in 2018 when the NHS admitted that the 'overprescribing' of prescription medication, and other 'drug errors,' contributed to more than 22,000 deaths in the UK every year [30].

In response, a few months later, a group of 6 eminent doctors including Sir Richard Thompson, the former President of the Royal College of Physicians, and leading heart specialist Dr Aseem Malhotra, publicly stated the need for a 'Chilcot style inquiry [31]' to investigate the tactics used by Big Pharma to pressurise the NHS into prescribing drugs patients don't need. Leading to a situation where prescription drugs are the UK's third largest cause of death, after Cancer and Heart disease.

There is no doubt that the pharmaceutical giants frequently act with criminal negligence. A 2018 report by the U.S consumer rights group PublicCitizen showed that between 1991 and 2017 Big Pharma paid out over $38.6 billion [32] in criminal and civil penalties. That was just in the U.S.

While these sums are unimaginable for most of us they mean little to an industry that generates nearly $1.2 trillion annually [33]. The odd multibillion dollar lawsuit for killing people here and there is little more than an occupational hazard for Big Pharma and well within their profit margins.

Big Pharma is a corporate venture that has absolutely no vested interest at all in curing disease. They became acutely aware of the problem of cures in 2015 when Gilead Sciences (GILD) developed a 90% effective cure for Hepatitis C.

Initially the $12.5 billion in revenue from the GILD cure was welcomed. However, the problem with a cure, from an investment perspective, is that it cures people. The former Hep C patients no longer needed any treatment, and revenues fell off a cliff as more and more people didn't require medication. What was even worse were the rapidly diminishing numbers of people spreading infection, creating fewer and fewer new customers.

The global investment firm Goldman Sachs are one of the world's leading investors in the pharmaceutical industry. They were concerned about the potentially catastrophic financial effects of curing people. They saw that advances in medical science threatened to make people well and thus reduce their return on investment (ROI.) In 2018 they issued their report The Genome Revolution [34]. In it they questioned if curing disease was sustainable from a business model perspective. Their analyst's conclusions make horrifying reading.

> The potential to deliver 'one shot cures' is one of the most attractive aspects of gene therapy, genetically-engineered cell therapy and gene editing. However, such treatments offer a very different outlook with regard to recurring revenue versus chronic therapies ...
>
> GILD is a case in point, where the success of its hepatitis C franchise has gradually exhausted the available pool of treatable patients ...
>
> In the case of infectious diseases such as hepatitis C, curing existing patients also decreases the number of carriers able to transmit the virus to new patients, thus the incident pool also declines … Where an incident pool remains stable (eg, in cancer) the potential for a cure poses less risk to the sustainability of a franchise.

While the Machiavellian logic of this analysis may be difficult for most to stomach, it makes sense from a business perspective. The ideal patient is never cured and cures are to be avoided wherever possible. Cancer treatment is fantastic because the 'incident pool is stable' and there is 'less risk to the sustainability of the franchise.' The last thing Big Pharma wants to see is anything that looks remotely like a cure for cancer.

Recently scientists at the new Centre for Cancer Drug Discovery (CCDD) announced that they were researching drugs which could make cancer a long term manageable condition [35]. Meaning you can live with cancer a lot longer providing you keep taking, what will undoubtedly be, hugely expensive Big Pharma medication.

These lifelong cancer sufferers will represent an extremely stable 'incident pool' providing excellent 'sustainability for the franchise.' The CCDD is a project of the Institute for Cancer Research who are partners of the pharmaceutical giant Merck [36], among others.

The problem with GcMAF, from a corporate perspective, is that it looks like it might deplete the 'incident pool' dramatically. Not only that, it is relatively cheap at only £380 for a round of treatment. This is nowhere near as lucrative as the chemotherapy and other cancer drugs [37] which vary

between £5000 and £40000 per round.

We have all probably lost people we love, or care for, to cancer. So ultimately 'the incident pool' does decline. That is why end stage cancer treatments are hugely expensive. Maximising profits to the very end is an essential component of the pharmaceutical corporation's profit model. As patients and families become more desperate, the opportunities for profit escalate reciprocally.

Cytoxic chemotherapy kills cancer cells but it doesn't discriminate very well. It also kills healthy cells [38]. This is perhaps unsurprising, given that chemotherapy was developed from the mustard gas [39] that killed tens of thousands on the WWI battlefields. Things have improved because Big Pharma has developed a panoply of very expensive drugs which counter the vicious side effects of the very expensive chemotherapy.

An Australian study [40] looked at 5 year cancer survival rates. These are continually improving and currently stand at more than 60%, though some cancers, such as pancreatic, continue to have very high mortality rates. The study considered the various treatments that contributed to 5yr survival rates. These included surgery, radiotherapy, hormonal therapy, immune therapy and chemotherapy. They then looked at the comparative effectiveness of these treatments for more than 15,000 survivors. They found that chemotherapy contributed to less than 3% of the overall 5 year survival rates. They stated:

> As the 5-year relative survival rate for cancer in Australia is now over 60%, it is clear that cytotoxic chemotherapy only makes a minor contribution to cancer survival.

We need to be careful how we interpret these results. Many people have alleged them to show that chemotherapy is 97% ineffective. This isn't the case. All it shows is that the effectiveness of chemotherapy is almost certainly overstated.

Further studies do suggest the general ineffectiveness of chemotherapy. A joint 2015 meta-analysis study [41] between the University of Melbourne, Adelaide and The Mayo clinic in the U.S found that chemotherapy appeared to be effective in less than 8% of cases for stage 3-4 patients. So it is fair to say that it was more than 92% ineffective in this study of nearly 3000 cases.

Therefore, if we consider both that chemotherapy only appears to contribute minimally to 5 year survival rates, mostly for people who were diagnosed earlier, and it is more than 92% ineffective for treating late stage cancers, then the picture that emerges is one of a hugely expensive (profitable) treatment with highly questionable efficacy.

Analysis by the market research company Transparency Market Research [42] predicts a U.S cancer treatment industry worth an estimated $155.6 billion per annum by 2025. This represents a 6 – 7% compound annual growth rate (CAGR) over the next 5 years or so. The CAGR for Chemotherapy drugs [43] is even better and is projected to be nearly 12% between 2018 and 2023. A fantastic opportunity for venture capitalists, providing no idiot ruins it all be actually curing cancer.

The cost of chemotherapy is the single largest cost [44] faced by the NHS taking almost 10% of the entire central budget. In 2016 this amounted to £1.4 billion ($1.8 billion.) With an estimated 8% cost increase per annum, no wonder the CAGR is excellent.

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All aboard the chemo bus

By Dr Ayan Panja
BBC Health Check

11 January 2015 Share

Taking treatment to the people - the chemotherapy bus

However that is never how the MSM portray chemotherapy [45]. No questions are ever asked, it is always 'lifesaving' despite the evidence to the contrary. Big Pharma has a huge influence on the mainstream media. It is the single largest source of their advertising revenue. Often major media outlets have drug company executives sitting on their boards and advertising revenues, especially during news coverage, were nearly $6 billion in 2016 [46] just in the U.S.

As with most aspects of the global economy, healthcare, including the pharmaceutical industry, is controlled by investment banks. They put up the money, for R&D and product development, and they expect a 'healthy' return on their investment. The leading investors in the healthcare market globally are JPMorgan Chase & Co., Bank of America Corp, Goldman Sachs Group Inc., Morgan Stanley and Barclays. Every single major pharmaceutical corporation and MSM board is suffused with bankers. They all have entrenched interests in protecting healthcare profits.

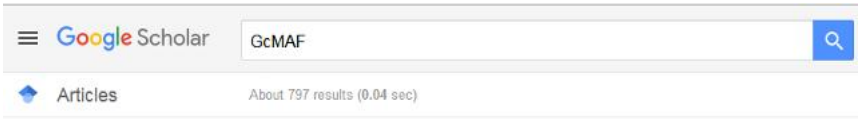
For example BBC programming, including its news coverage, is controlled by the media regulator Ofcom. The Chairman of the Ofcom board is Lord Burns, a former Chairman of Santander Bank, government economic advisor and current advisor to Santander. Maggie Carver, the deputy chairwoman, is a 'former' investment banker who manages to be an executive director on the boards of 17 companies plus Ofcom. In fact, of the 10 board members 4 have direct links to major investment firms and banks [47]. Similarly, of the 13 BBC Board members 6 have direct links to banks and the financial services industry.

In a notorious interview with the BBC's 'The One Show [48]' in 2015, which Noakes was told would be to explore the efficacy of GcMAF, the clear focus of the BBC was to allege that Noakes was 'exploiting vulnerable people' with a 'potentially dangerous' drug. Noakes was annoyed and his response was the footage BBC chose to highlight. At no stage did the BBC reference the numerous scientific studies proving the obvious potential of GcMAF.

In the following studio discussion Professor Kevin Harrington, representing the Institute of Cancer Research (ICR,) gave an anecdotal account of one patient who he claimed travelled abroad to receive treatment with GcMAF "ultimately for no benefit at all." Professor Harrington then stated:

> In the development of new cancer treatments, we have to base this on very sound evidence ... I examined that ... and unfortunately I found no scientific basis for the development of this drug or indeed for the claims that are made ... Of course it sounds too good to be

> true, of course if such a treatment really did exist you would expect legitimately that the evidence would be presented in journals, it would be subjected to scrutiny by peers, and it would be evaluated by regulatory bodies.



At the time of his stupid statement there were at least 140 peer reviewed scientific papers published in reputable scientific journals that Professor Harrington could have 'found.' The only thing he got right was the lack of regulatory oversight for GcMAF. Something we'll discuss shortly. So three possibilities seemingly exist. Either Professor Harrington was illiterate, perhaps his research skills were below those of the average 12 year old or he was lying through his teeth to the British public on live national television.

The Institute of Cancer Research, which Professor Harrington was a Head of Division and for who he is now an executive board member, proudly announces on its website that it works closely with Big Pharma [49]:

> We're convinced that working in close partnership with industry is essential to take results into the clinic as soon as possible, and make sure our research delivers maximum benefit for cancer patients.

The ICR is closely associated with Cancer Research UK (CRUK) who provide a large bulk of its funding. CRUK receives significant funding from the manufacturers of cancer drugs. In 2016 it announced its £1 billion partnership [50] with the Welcome Trust and the investment capital firm BACIT. In another example, in 2010, ICR worked with the Big Pharma company Jansen Pharmeceutica (JRD) to develop its own chemotherapy drug Abireterone (Zytiga.) A conflict of interest Professor Harrington and the BBC neglected to mention.

Just like the media and the media regulatory authorities, NGO's and 'charities' not only receive funding from and 'work in partnership' with Big Pharma, their boards are equally littered with financiers, bankers and media executives. For example CRUK not only has bankers, financiers and BBC executives on its board but also has strong ties with the Francis Crick Institute (FCI.) FCI is a partner of the Welcome Trust which is the third wealthiest charitable (tax free) foundation in the world with an investment portfolio worth an estimated £20.9 billion [51].

In 1995 the Welcome Trust sold its shares in Welcome plc to Glaxo Welcome plc. They then merged with SmithKlineBeecham to create GlaxoSmithKline (GSK) in 2000. The Welcome Trust issues bonds and has an AAA credit rating. Its board [52] has former MI5 chief and chairwoman of Chatham House, presumably because charities need deep state think tank spies; there's a board member from Amphista Therapeutics, an owned subsidiary of Advent Life Sciences, which is Europe's largest venture capitalist firm. A former CEO of the pharmaceutical giant 'Roche' also adorns the board.

This revolving door between global financial institutions, pharmaceutical corporations, venture capitalist firms, the intelligence agencies and government doesn't only drive the so called NGO and charity sectors. The same influences can also be found in academia. As far back as 2003 a study found [53] that 60% of biomedical R&D in the United States was privately funded. By 2017, in the UK, corporate venture capital (CVC) investment in UK biomedical research [54] has also eclipsed the 60% mark.

In a nutshell the system works like this. Global banks and financial institutions invest heavily in pharmaceutical corporation (Big Pharma) for which they are the major shareholders. They do this for one reason only, profit. Big Pharma then pays for the bulk of academic research which overwhelmingly proves how wonderful their products are.

Numerous NGO's and charities are then selected as the public face of this system. They are also funded by Big Pharma and therefore the banks. Universities, also funded by the banks, then feel comfortable announcing their 'partnerships' with these NGO's and charities as it allows them to claim their research is 'independent.' Meanwhile the public remain none the wiser and have no idea where the research funding actually comes from.

Big Pharma (the banks) also fund many of the so called 'reputable journals' which then publish the science the banks paid for. For example both The British Medical Journals and the Lancet have financial partnerships [55] with the pharmaceutical giant Merck. This type of financial bias has led to a crisis in science, where the repeatability of experimental test results, an essential component of the scientific method, works less than 50% of the time for published papers.

In addition studies have shown that there is a huge bias [56] towards 'positive results' when the study is funded by Big Pharma. Conversely, if the research is not funded by the corporations, studies reveal [57] they struggle even to make it to completion, let alone peer review. Especially if they are researching anything which could threaten corporate profits. Such as GcMAF. This ensures that approximately 28% of scientific research is buried permanently.

The multibillion dollar corruption of scientific research doesn't stop at academia and the charity NGO sector. The state healthcare licensing and regulatory authorities are little more agents for Big Pharma. Corruption isn't endemic to the system, it is the system.

In the U.S the FDA approves drugs, either for trial or sale, based upon the recommendation of the advisory groups it commissions. In theory the FDA is supposed to be a government agency with 'independent' regulatory oversight of drug safety in the U.S. However, in 2016 the journal 'Science' commissioned a study which revealed a very different picture [58].

The top 17 FDA advisors received more than $26 million in research grants and personal payments from Big Pharma with 94% of that money paid to 'advisors' who were tasked with 'approving' drugs manufactured by the corporations paying them; of the 107 'advisors' investigated 40 received payments of more than $10,000 with 26 receiving more than $100,000 and 7 were bunged more than $1 million. While these 'donations' were disclosed in scientific papers and reports, the FDA chose not to reveal any of them.

This failure to disclose isn't really that surprising given that the 75% of the FDA's entire budget is provided by Big Pharma. This is a result of the kind of 'public – private' partnerships governments around the world seem increasingly keen on. In 1992 U.S Congress enacted the Prescription Drug User Fee Act (PDUFA.) This 'forced' Big Pharma to pay a fee for 'new drug applications' (NDA's.) Over the years the cost of the NDA's has increased significantly.

You might imagine, given that 'official' lobbying of U.S officials was recorded at more than $27 million [59] in 2018, Big Pharma would be rather upset about this imposition. However, seeing as it has effectively given them financial control of the regulatory body which is supposed to oversee their own industry, I suspect they are OK with the idea.

The situation is no different in the UK. It seems the MHRA is hopelessly corrupt. 10 public bodies have raised significant concerns about MHRA practices, even the BBC criticised them. A 2005 Parliamentary select committee [60] identified numerous MHRA failings and recommended a fundamental review. In 2011 the Lancet revealed that the MHRA totally failed in its duty to regulate the marketing of medical devices. This led the Chairman of the investigating committee Andrew Miller to announce that a trail of deception [61] had been exposed, stating:

> As has been exposed, the notified bodies (MHRA) have become too close to manufacturers, they are too cosy. The problem is the process is not robust.

I disagree with Mr Miller slightly. The corruption process is very robust. Some of the MHRA's scams and cover ups have been truly shocking. In 2012 the MHRA were again found to have failed to properly regulate [62] hip and breast implants, made by AstraZeneca and Merck Sharp & Dohme, severely damaging thousands of patients. At the time, both corporations had 'former' employees on the MHRA board, though of course no patient groups were represented. This lead some commentators to describe them as part of a system of corporate 'shadow government.'

When the FDA announced the scale of the pharmaceutical drug deaths [29] in the USA, not only did the MHRA refuse to measure or reveal the corresponding statistics in the UK, they tried to deny the statistics existed. To this day they still don't bother to record [63] this vital data. Which kind of poses the question what purpose they serve.

They don't even maintain long term statistics. They actually destroy all medication data after 15 years. Seeing as the vast majority of medications they have approved have been on the market for more than 15 years this means, for some completely inexplicable reason, the MHRA has destroyed all the data it based its licensing decision on. In 2011 this prompted Dr Ben Goldacre to observe:

> The MHRA needs to recognise that the world has changed, it is no longer acceptable for decisions about medicines to be based on secret meetings, about secret information that is then shredded.

In 2003 Dr Pharmjit Dhanda M.P asked the UK Parliament how it was possible that a former GSK executive was part of the European Medicines Evaluation Agency who were investigating the GSK antidepressant Seroxat. Not only was Dr Ian Hudson [64] GSK's worldwide safety director between 1999 and 2001, he'd actually acted as an expert defence witness for GSK in a recent court case.

The MHRA said that was just fine. They were confident his long standing links with GSK wouldn't compromise his impartiality. However the UK government was forced to abandon it first official review of Seroxat when it emerged that most of the review board members were linked to GSK in a variety of extremely lucrative ways.

A growing body of clinical evidence was pointing towards an apparent risk that GSK's Seroxat was one of a class of drugs called SSRI's that were inducing psychosis in patients who, hitherto, suffered only moderate anxiety or depression. Related suicide rates were escalating. Having failed with their first review panel the UK government set up another. With similar results. The director of the mental health charity MIND resigned from the review panel in protest at what he called a government 'cover up.'

Richard Brook [65] discovered that the MHRA had sat on data, which showed SSRI posed an elevated risk of psychosis, for ten years. The doses they knew to be potentially harmful directly threatened the lives and mental health of 17,000 UK citizens and posed an increased risk to more than 500,000 people every year. GSK denied its SSRI's were addictive, another known risk factor, for years. GSK had given the data which revealed the risks to the MHRA more than a decade earlier. Both the MHRA and GSK knew full well what the dangers were. They apparently did nothing but protect their profits and watch people die.

Sitting on the review panel, Richard Brook soon became aware its purpose was to fudge the issue and palm it off to the European Regulators, which is an infinite bureaucratic black hole. He was disgusted and said so, at which point the then chief executive of the MHRA Professor Kent Woods threatened him with legal action if he spoke out. The MHRA's chief executive's reasoning for the threat was that Brook could harm the "commercial confidentiality" of Big Pharma. Something it seems the MHRA will never do.

However, this is no shock given that, just like the FDA, the MHRA is funded by Big Pharma. In their FAQ they state [66]:

> The costs of medicines regulations are met by fees from the pharmaceutical industry.

That's right, Big Pharma financially controls their own UK industry regulator too. The MHRA also operates the same system of advisory panels favoured by the FDA. The corruption is no less evident. A 2001 investigation revealed that of 181 advisory panel members a third had close links with Big Pharma including GlaxoSmithKline, Aventis Pasteur and Merck. 51 held shares or received lucrative 'consultancy fees' from the corporations whose health products they were allegedly evaluating.

Nothing has changed. At the time of Immuno Biotech destruction and the obliteration of its GcMAF research, two 'former' members of GSK sat on the MHRA executive board. Dr Ian Hudson was the Chief Executive Officer and Gerald Heddell [67] was the Director of Inspection, Enforcement & Standards.

Surely the government should do something about all this? Unfortunately not, because the MHRA are an executive agency of the Department of Health [68]. They are the government and are funded directly by Big Pharma. Whenever politicians are looking for advice and guidance regarding health policy the MHRA are their first port of call. They have complete oversight of all pharmaceutical trials, licensing and regulation. The government has effectively devolved responsibility for medication safety to the industry that makes billions in profit from selling it.

David Noakes was certain about two things when he embarked on his GcMAF journey. Firstly all the science indicated GcMAF's amazing potential to tackle the horrors of cancer and other diseases and secondly the MHRA would never license it in a million years. As Goldmann Sachs so chillingly alluded to, Big Pharma does not want cancer to be cured. Globally it generates hundreds of billions in profits every year. They want the 'incident pool' to grow, not decline.

The MHRA, just like all the other industry regulators, is little more than a wholly owned subsidiary of the corporations it is meant to oversee. Years of revelations, inquiries, parliamentary questions, investigations and complaints define its real role. To protect Big Pharma profits at all cost. It doesn't matter how many hundreds of thousands die unnecessarily every year as long as they are squeezed for every last drop of profit before they expire.

GcMAF, David Noakes, Lyn Thyer and all the staff at Immuno Biotech committed the cardinal sin of actually trying to save people's lives. Their discoveries threatened to destroy Big Pharma revenues and for that the law has been abused, their lives destroyed and GcMAF denied to the people who most desperately need it.

Make of that what you will.

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[69] [70] [71]

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