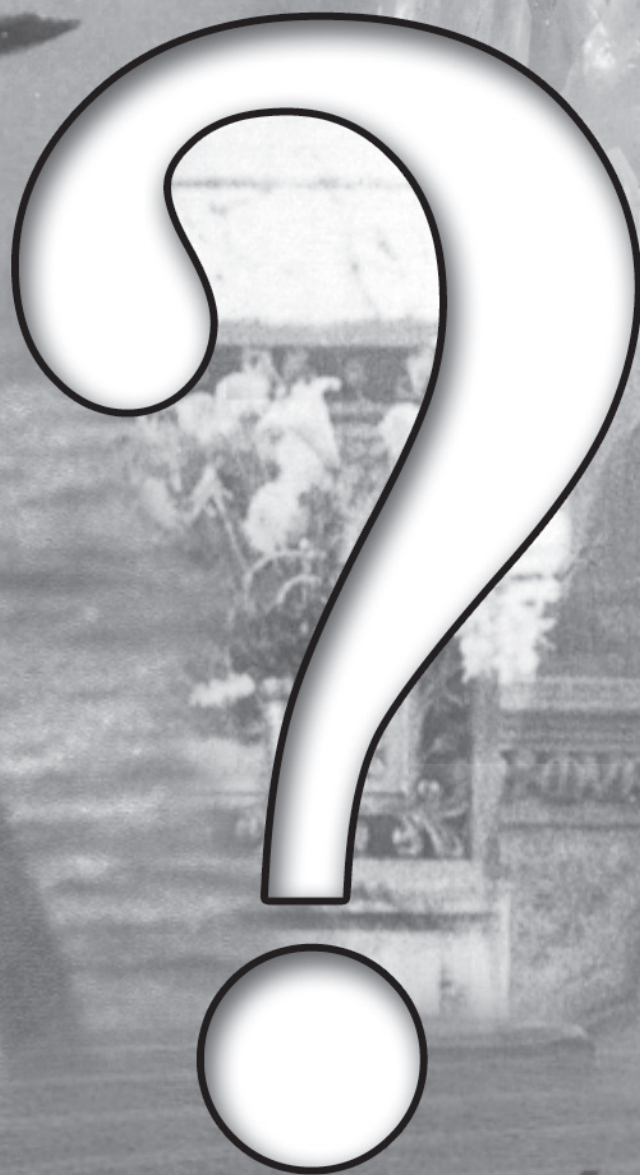


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Gulf War and other Post-war Syndromes
Children's Rights and Alternative Medicine
September 11 and Nostradamus

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Contributions

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Deadline for next issue: 10 January 2002

Letters for the Forum may be edited as space requires - up to 250 words is preferred. Please indicate the publication and date of all clippings for the Newsfront.

Material supplied by email or IBM-compatible disk is appreciated.

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Maxicrop, Mormons and Mediaeval Horror Stories

IT WASN'T a dark and stormy night but a gaggle of skeptics got together recently to listen to ghost stories in Hamilton. Professional story teller Andrew Wright sent shivers down the groups' skeptical spines as they listened to his rendition of one of the oldest known horror stories, Lord Fox, a Bluebeard variation.

The occasion was the Skeptics' annual conference and I'm told founder member Bernard Howard's opening talk the next morning on the changes seen in the Twentieth Century set the mood nicely for the material that followed. I missed this, due to being glued to the registration desk but look forward to reading it - we will run some of the addresses in coming issues. Another one I missed was John Welch talking about Gulf War Syndrome - which we have in this issue (see opposite). John also enthralled delegates with his demonstration of an antique black box Amazing Electrical Device.

An interesting session was held with representatives from the offices of the Commissioner for Children and the Health and Disability Commissioner. Perhaps the most disturbing aspect to come out of this was that the standard of treatment given by alternative practitioners is assessed only relative to standards set in that field. So an iridologist's work is only compared with that of other iridologists (see Pippa MacKay's article, page 8).

Nick Kim gave two very different presentations, one featuring his wonderful cartoons,

and a more sobering piece on forensic science. He showed how you can be convicted, in a British court, just for handling a banknote that has passed through the hands of a bomb maker.

Mike Clear, as well as warming the crowd up on Friday night, presented his findings on the intrusion of alternative therapies into the world of cats, dogs and chickens. Then followed two talks which, for me, were the highlights of the conference. Waikato University history lecturer Raymond Richards spoke about his experiences following a lecture he gave in 1998 and subsequent years on the Mormon church. Following complaints from the Mormon community, the university entertained charges of harassment against him. In a similar vein, former AgResearch scientist Doug Edmeades spoke of his involvement in the long-running Maxicrop case and the way in which commercial pressures impact on science.

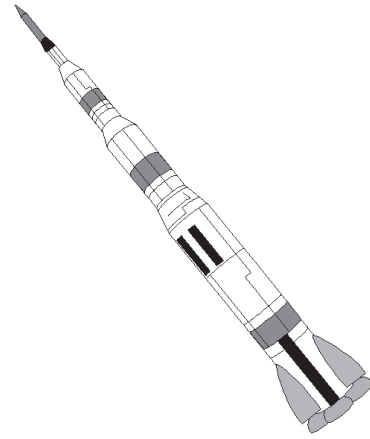
During the conference a TV2 film crew did some filming for a documentary, Do You Believe In the Paranormal, which screened recently. "Madame Vicki" did a wonderful palm reading job and Denis Dutton (whose skeptical view of the Greenhouse Effect was another conference highlight) inserted pithy remarks at strategic moments. You can get a copy from the Skeptics video library, and it's well worth a view.

Annette

Gulf War Syndrome

Squadron Leader John Welch

MBChB, DipAvMed, MRNZCGP, MRAs



Warfare has always been stressful for its participants. Before the psychological impacts of the conflict in Afghanistan become apparent, our regular medical columnist looks at the history of post-war syndromes

FOR a very short-lived conflict the Gulf War has produced an enigmatic legacy of illness which has continued to produce wide-ranging theories as to the cause of what has become known as Gulf War Syndrome (GWS). My view is that GWS can best be understood by examining the history of ill-health both during and after warfare.

Disturbed behaviour during or after conflict was recorded during Greco-Roman times.

In 1678 the Swiss Physician Johannes Hofer described this behaviour in terms of a longing for home and family, and coined the term “nostalgia”.

By 1755 nostalgia was recognised as endemic. However, it did not prove a particularly severe problem in terms of casualties because battle fatigue and exhaustion were limited by the short time scale of early conflicts. For example, the Battle of Agincourt could be measured in a few hours and Waterloo was over in three days. Given such circumstances, it is

easy to see that nostalgia was related to prolonged periods away from home rather than the stress of imminent conflict.

The American Civil War provided some useful records and during the first two years of the conflict nostalgia produced a casualty rate of 2-3 per thousand. The American Civil War was a conflict where the weaponry was greatly in advance of the tactics and this led troops to have a certain anxiety about the blast effects of artillery. This led to the concept of “windage”, where it was thought that the pressure wave of a passing shell could produce paralysis of one or more limbs. Two percent of the Union Army were discharged owing to such paralysis.

In 1866, Sir John Erichsen had introduced the concept of “railway spine”, the idea being that the shock of a railway accident could produce functional disturbances of memory and neurological function in the absence of any physical injury. No connection appears to have

been made between this syndrome and windage injury in soldiers. Doctors were, however, trying to come up with a classification system for mental illness. The term “neurosis” had already been coined by William Cullen in the 18th century as a blanket expression for all nervous disorders. Later, George Beard introduced the concept of neurasthenia which sought to explain nervous symptoms through some physical exhaustion of the nerves.

By 1910, Professor Glynn, writing in the *Lancet*, concluded that an emotional disturbance “probably plays a more important part in the production of the traumatic neurosis than physical injury.” It was therefore easy to describe at this time how experience of war could lead to a war neurosis.

During the Boer War, medical officers (MOs) were highly suspicious of functional disorders which were widely believed to be a manifestation of malingering. Psychological theory, moreover, was strongly

influenced by class considerations.

Nevertheless, there was a high rate of discharge for insanity which was probably really a description of “shell-shock”, an expression originally coined by Charles S. Myers of the Royal Army Medical Corps (RAMC) in 1915. About the same time, American Physician John T. MacCurdy described conversion hysteria where the stress of combat exposure led to the development of loss of speech, deafness and limb paralysis.

Belief in windage persisted during WW1 and soldiers believed that the percussion of a near miss could produce some mysterious changes in the nervous system capable of destroying their self control. This illness perception was subject to local interpretation; for example, German troops developed a Parkinsonian type of tremor while French troops developed limb paralysis as a result of conversion hysteria. British soldiers suffered from effort syndrome which was a psychosomatic condition producing shortness of breath.

Widespread concern

By 1915 there was widespread public concern at the diagnosis of shellshock, in particular the number of soldiers sent home with the label of insanity. Army general staff did not accept the diagnosis of shellshock as a defence at Courts Martial for cowardice and desertion. This is not surprising when many MOs held opinions like one anonymous regimental

MO on the Western front: “If a man lets his comrades down he ought to be shot. If he’s a loony so much the better.”

In the opposing trenches the German Army held to similar views. War neurosis was initially seen as a violation of military discipline with underlying suspicion of malingering. In the best Teutonic tradition, treatment consisted of strict military discipline and electric shock treatment. By 1916 most German

“If a man lets his comrades down he ought to be shot. If he’s a loony so much the better.”

neurologists agreed that shellshock was purely psychological and it was realised that the best treatment was rest with the expectation of return to the front line. It was found that repatriation led to symptoms becoming entrenched and also encouraged a hysterical contagion to others.

Increasing public concern in the UK led to the Royal Society of Medicine Symposium on Shellshock in Jan 1916, where a consensus was sought. Some measure of the size of the problem can be gauged by the figures for the 12 month period up to April 30th 1916, when 1300 Officers and 10,000 other ranks were repatriated because of shellshock.

By July 1916, shellshock was widely accepted as a legitimate label for disturbed behaviour not caused by any physical injury, but the military authorities remained anxious to separate those suffering from this

disorder from those with “insufficient stoutness of heart”, a euphemism for cowardice.

By WW2, both Commanders and their MOs had a much better understanding of shellshock. It was clearly understood that the syndrome involved a stress reaction which could occur either at the time of combat or some time afterwards, something we now know as Post Traumatic Stress Disorder (PTSD).

It was also known that the common initiating pathway was combat fatigue. Lack of sleep was an important factor. US studies during the Italian campaign found that one third of men in the frontline got less than four hours sleep per 24 hours. Only 13 per cent of troops got more than seven hours’ sleep.

Stress inoculation

Basic military skills training became extremely realistic and gave soldiers the confidence to be able to withstand combat stress. This process has been described as “stress inoculation”.

It was found empirically that soldiers operated at peak efficiency up to 90 days in the field and became burnt out after 200-240 days. During the Libyan campaign a “left out of battle scheme” meant that 20 per cent of front-line troops were regularly left in rear areas in order to recuperate from the stress of battle.

Total US neuropsychiatric casualties during WW2 numbered 400,000 of whom 25 per cent were repatriated.

The pattern of stress symptoms became changed and motor hysteria was replaced by cardiac and gastrointestinal symptoms. Advances in neurology meant that limb paralysis had become too easily diagnosed as hysterical.

The psychiatric casualty rate steadily diminished and was lowest after the Vietnam War. The major problem after this conflict was the late emergence of PTSD.

Individual susceptibility

Attention now became focused on the individual soldier and his or her susceptibility. For a period it was hoped that psychological screening on entry would detect those individuals most likely to become psychological casualties. This belief was tested during the Korean War and was found to be worthless. There was simply not enough time to screen candidates during enlistment. Despite this failure of prevention, the management of battle fatigue was considerably improved and only 6 per cent of psychiatric casualties had to be repatriated. This was due in part to a Command Policy that limited front-line service to a nine month rotation.

During the Vietnam War, it appeared that things were improving, with an all-time low casualty rate of 10-12 per thousand from war neurosis but it soon emerged that the major problem for veterans of this conflict was their integration back into civilian life. The Vietnam war was politically unpopular and it is hardly surprising that

returned servicemen were met with hostility and rejection.

Fifteen percent of veterans (In NZ 20 per cent) claimed to be suffering from a disorder that became known as PTSD. This disorder entered the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 after a prolonged campaign by well organised pressure groups and the label owes more to this process than any real scientific validity. Nevertheless, PTSD is defined as a constellation of symptoms and signs related to painful memories arising from experiences outside of normal human experience. The definition seems to have lost sight of the fact that shooting somebody or sticking a bayonet in them is generally outside of normal human experience. PTSD is believed to be caused by psychological arousal that produces chronic symptoms of anxiety and emotional withdrawal. In one major study that traced over three million Vietnam vets, 25 per cent were suffering some degree of PTSD.

Falklands War

The situation was even worse following the Falklands War. Fifty percent of veterans still serving had some of the symptoms of PTSD while 22 per cent had the complete PTSD syndrome as defined in DSM-III. Concerns at this high rate led one research project to look at the efficacy of psychological debriefing following experience of mental, physical or emotional trauma. It was hoped that an appropriate debrief would prevent the development of PTSD. Unfortunately the

incidence of PTSD was exactly the same whether or not those exposed received immediate psychological debriefing.

In summary, up to the time of the Gulf War, there is a long recorded history of war-related psychological illnesses which start as battle fatigue and progress to either an acute neuropsychiatric syndrome or a much later expression as PTSD. The important question is whether GWS is a variation of PTSD or whether it is indeed some unique syndrome arising from some specific consequence of the Gulf War.

Chemical/biological threats

The Gulf War started with the coalition forces ranged against the real threat of Iraqi troops hardened by years of war with Iran. The threat of chemical and biological weapons was also very real and the requirement to use respirators and restrictive protective clothing caused added stress in an already hostile environment. A US MO observed at the time that most acute medical problems had an emotional basis, frequently rooted in separation anxiety from family and friends. This is an exact modern description of Hofer's nostalgia.

Soldiers were scared about chemical weapons, which is precisely the value of such agents. Panic, hyperventilation and inability to use respirators were reported in a number of subjects as was the inappropriate use of various remedies against chemical agents.

Since the Gulf War ended in 1991, large numbers of veterans

have presented with a diversity of unexplained symptoms such as fatigue, headache, joint pains, skin rash, shortness of breath, sleep disturbances, difficulty concentrating and forgetfulness. It has been claimed by sufferers that GWS has somehow been transmitted to family members and even their medical attendants. These symptoms have affected nearly 10 per cent of 697,000 US Veterans but only about one per cent of 45,000 UK veterans. Some members of the coalition forces have had no cases of GWS despite serving in exactly the same circumstances as those who claim to have the syndrome.

GWS has generated a vast number of studies and theories about causation. One such study costing \$80 million and surveying 18,924 vets found "no single cause or mystery ailment to support suspicions about the existence of a GWS." These findings have been confirmed by similar British and Canadian studies.

Random Medical Events

Despite these findings, researchers continue to promote ever more theories about the cause of GWS in which random medical events are now reported as proof of illness.

Over-investigation (the "million dollar work-up") has produced unexpected laboratory results leading to further confusion and controversy about suspected aetiologies. Theories abound in direct proportion to the number of specialists involved and the mass media has become involved in popularising GWS with its disease of the month mentality. Veterans have

developed a "fixed illness belief" characterised by paranoia and conspiracy theories. These are amply served by websites on the Internet and support groups. Veterans react angrily to any suggestion that GWS has a psychological basis such as a form of PTSD.

Throughout all of this, the US Government has been cautious and sympathetic and vets with GWS are entitled to disability payments.

I believe that GWS is a functional disorder arising from psychological arousal. In other words, a somatoform disorder. The rates of symptoms reported are the same as in the civilian community and this explains the resemblance to Chronic Fatigue syndrome (CFS) which has an identical causation. GWS should be labeled with the more generic description of post-war syndrome.

Failure to recognise this has led to an entrenched illness perception with associated paranoia and conspiracy delusions. Continued over-investigation and speculation has paralleled a similar process in CFS. This fundamental misunderstanding of the true nature of post-war syndromes has already led to a new variant - Balkans Syndrome alleged to be due to exposure to depleted uranium.

A Combination of Factors

My own theory as to the actual initiation of post-war syndromes is that they arise from a combination of factors such as Hofer's nostalgia and a rejection of warfare as a means of solving

disputes, with the major factor being psychological activation and the creation of perceived illness. This illness is real to the afflicted individuals and the real challenge is to work with them rather than deny their symptoms. No funding should be made available for conducting further investigations and tests as these are irrelevant to the causation of GWS.

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John Welch is a doctor with the Royal New Zealand Air Force

September 11: the Paranormal Aftermath

David Riddell

Sometimes the most successful prophets are the ones that don't even try

IN THE aftermath of the Challenger disaster and the death of Princess Diana, the world was quickly awash with black humour and very tasteless jokes. But the scale of events in the US on September 11 was such that the reaction has been altogether different. Such humour as there has been has focused on the safer target of Osama bin Laden; the attacks on the World Trade Centre, on the other hand, have generated a wave of weirdness, some of it straight-out hoaxes, others apparently attempts to mythologise and make sense of the events.

Nostradamus, always a favourite in times of crisis, was very much to the fore. But, it seems, the great man drew a blank on this one. All the quatrains linked to these attacks and attributed to him are at least partially bogus. Ironically, the most widely distributed (it was mentioned on Holmes, TV3, and in several mainstream newspaper articles) originated in an article written by one Neil Marshall, a student at Brock University in Canada and published on the internet in the 1990s, as a fabricated example to illustrate how easily an important-sounding prophecy can be crafted through the use of abstract imagery. This

is how Marshall put it:

“If I make, say, a thousand prophecies that are fairly abstract, for example:

**In the City of God there will be a great thunder,
Two brothers torn apart by Chaos,
While the fortress endures, the great leader will succumb**

“Well, let us analyse this. For example, what does City of God mean? It could be Mecca, Medina, Rome, Jerusalem, Salt Lake City, or any holy city depending on your religion. What do I mean by thunder - a storm? War? Earthquake? Lots of stuff can be described by thunder. There are a lot of two brothers on this world (I think the number runs among the billions), and “fortress endures”... what? - besiegement, famine, etc? What great leader? How will he succumb? To what?

“Now let the prophecy rest for a few years. Add a couple of thousand more. Eventually, one of them will fit close enough with events that have happened in the future that the prophecy will appear to come true. If you make enough prophecies and are intelligent enough to word them in such a way that they are

abstract you become an instant future seer person.”

And now of course, with hindsight, the two brothers are the towers of the World Trade Centre, the fortress is the Pentagon, the holy city is New York (why was everyone so happy to accept this one?) and the great leader is George W Bush. The version as distributed recently also has a line tacked on the end, “The third big war will begin when the city is burning”.

Given the internet's reputation as a spreader of misinformation, it was actually quite hard to find credulous accounts of these mock prophecies on the world wide web. The search engine, HotBot, even went so far as to set up a link labeled “Nostradamus Hoax” at the top of its search results for “Nostradamus” and “World Trade Center”, directing searchers to a site debunking the whole affair. CSICOP have also set up an excellent page, www.csicop.org/hoaxwatch, keeping track of the largely email-spread bogus September 11 material.

One widely distributed photo (two copies were emailed to our address), supposedly from a camera recovered from the WTC wreckage, purports to

capture one of the incoming jets in the background of a typical tourist snap: the CSICOP site now has the original airliner image which was digitally inserted into this picture. Other images include satanic faces leering from the smoke of the building - given the human propensity for seeing faces everywhere (eg the Face on Mars) these are easily explained.

And the numerologists have been busy, coming up with a whole bunch of supposedly uncanny occurrences of the number 11 (eg New York City, The Pentagon, and Afghanistan all have 11 letters, the attack occurred on 11/9 – $1+1+9=11$, the WTC looks like a giant number 11). Never mind that World Trade Center and Osama bin Laden, to pick two obvious contenders, don't have 11 letters, the trick with numerology is to run with the hits and ignore the misses.

Another remarkable image (right) comes from CD cover artwork for the album Party Music by left wing hip-hop band The Coup. It was produced in July, but hastily withdrawn on September 11 before the album hit the market. While it seems spookily prescient at first, it's worth remembering that the WTC had already been the target of a bombing attempt in 1993, and with the recent huge protests against globalisation, the destruction of the building which most symbolises word trade must have seemed, before it actually happened, an image which would strike a positive chord in some circles. In detail, the correlation between art and reality is not that strong: both explosions occur

simultaneously in the artwork, and are the result of high explosives, not aircraft, but we have a tendency to see the parallels and gloss over the

discrepancies. It is, of course, this very human characteristic which makes the prophecies of Nostradamus and others so compelling to so many.



opinion

When Children are the Victims of Quackery

Pippa MacKay

This Bravo Award-winning item originally appeared as the editorial in the March 23 issue of the New Zealand Medical Journal

IS IT time for the government to investigate a glaring anomaly in our legislative approaches to the rights of children? In some areas, the child's right to safety, autonomy and privacy is clearly paramount; in others, it seems, it is not.

After the death of Liam Williams-Holloway, in October

last year, paediatric oncologists Mike Sullivan and Robin Corbett made a complaint to the Health and Disability Services Commissioner, Ron Patterson, about the role of "alternative practitioners" in the "treatment" of Liam's neuroblastoma, and the standard of care he received.

Early this month, the Commissioner declined to investigate their complaint, saying that Liam's parents did not want an investigation into these practitioners and their care. He was reported as saying that, if "the person alleged to be aggrieved does not desire that action to be taken", he has discretion to take no action.

But surely, in such a case, it is the child, and not the parents, who is the person most "aggrieved"? It is Liam who died. The Code the Commissioner upholds is the Code of Health and Disability Services *Consumers'* Rights and surely Liam, and not his parents, was the "consumer" of health services in this instance.

Complications

There are further complications. Liam was a ward of the state at the time he received treatment at the Rainbow Clinic in Rotorua, and Child, Youth and Family Services – and not his parents – were his legal guardians.

In the eyes of the law, Liam's parents deliberately flouted a court order which would have compelled them to allow his chemotherapy at Otago Healthcare to continue.

Otago healthcare specialists knew and stated (to Liam's parents and to the court) that 50 per cent of children with Liam's condition responded favourably to chemotherapy. Despite this, Liam's parents wished to avoid chemotherapy for their son and sought alternative, unproven treatment.

The vulnerability of parents whose children have been diagnosed with a potentially fatal illness is extreme and I do not wish to add to their grief at the death of their young son. But it is scarcely surprising that they do not want to have an investigation into the therapist and therapy they sought in defiance of the oncologists' advice and the court order, and it seems nonsensical that Liam's rights should depend on their decision.

It seems that the Code of Health and Disability Services Consumers' Rights (HDC Code) does not provide for a child to have independent rights. Other legislation, including the Privacy Code, does. Yet which is more important, privacy or safety?

Practicality

The second issue is the practicality of investigating alternative practitioners, and the Commissioner accepts that the current situation is messy and difficult. In Liam's case, Ron Paterson could have, if he had wished, investigated the alternative practitioner involved, Gerard Uys, who claimed in a May 1999 Listener interview that his quantum booster machine could cure cancer in a couple of weeks. Quote: "Yeah, leukaemia really is not too difficult. It's just a mineral deficiency."

But claiming to cure cancer is an offence under the Medicines Act, isn't it? No. To *advertise* that one can prevent, alleviate or cure cancer for reward is an offence. And, according to the Ministry of Health, it is not "advertising" to make such a claim in an interview, because there is no payment involved.

So Gerard Uys, in telling the Listener that "one in four people on average have cancer and we can see it on this machine, but we never ever tell them. We just fix them up" is not "advertising" a cure for cancer, and is not legally liable.

And even if the HDC code were applied to him, it would hold few terrors. The code does not say anything about treatment being *effective*.

Rights in the Code

Right 4 of the code refers to the "Right to services of an appropriate standard." The first two clauses say

(1) Every consumer has the right to have services provided with reasonable care and skill.

(2) Every consumer has the right to have services provided that comply with legal, professional, ethical and other relevant standards.

What are the "legal, professional and other relevant standards" that apply to "health services" provided by those who wave quantum boosters at their patients?

Are they simply to be measured against the standards of care provided by other quantum-booster-wavers?

One can understand the basic intent of the legislation – to measure like against like. It would not make sense, in a case of cardiac emergency, to measure the standard of care given by a GP in a small surgery against that given by a specialist cardiologist in a hospital. But if such an interpretation means that the code

fails to protect the public from quacks and quackery, it is toothless and useless.

Right to Information

Right 8 of the code is the “Right to be fully informed” and includes such rights as an explanation of the consumer’s condition and an explanation of the treatment options available, including an assessment of the expected risks, side-effects, benefits and costs. How much protection does this offer?

What information about quantum boosters or any other “way-out” treatment will be given? And what “explanation” of conventional options, risks, benefits, side-effects, etc. can the quack provide? It seems the code only requires “conventional” medicine to provide information, evidence, and rigorous scientific investigation to substantiate its claims. Practitioners of alternative therapies may claim what they like.

The previous Health and Disability Commissioner, who produced the HDC code, was vocal in her support of Liam’s parents’ right to choose alternative treatment for him. She said that under the code, “parents and guardians must look at all the options available and make an informed choice.” Who could argue with that?

But how does any parent make an informed choice about an unproven device which has never been scientifically evaluated?

The reality is that the more highly qualified you are, the more the current HDC code requires from you, while leaving the

public unprotected from unscrupulous quacks and their claims.

Commissioner Ron Paterson is on record as disagreeing with his predecessor’s views on this “let the buyer beware” philosophy, but he is still administering the same code.

So what can be done about the safety of our children, given an environment in which their parents exhibit a growing enthusiasm for alternative medicine?

Evident Concerns

The commissioner has evident concerns in this area. When announcing that he would not be investigating the complaint made by Drs Sullivan and Corbett, he advised them to take the issue to the committee advising the Minister of Health on complementary and alternative health therapies.

In the press release accompanying the terms of reference for the committee, Sue Kedgley, Green Party Health spokesperson, expressed her delight that the health minister had agreed to take this first step towards recognising properly registered complementary therapists and ensuring that consumers using complementary therapies are properly protected.

It will be wonderful if this is in fact an outcome of the deliberations of the committee. With exceptions, such as chiropractors, alternative practitioners in New Zealand currently are largely unregulated.

The International Scene

How does this compare with the international scene? In Britain, where the situation is similar to ours, a House of Lords select committee on science and technology released a report last year on complementary and alternative medicine with recommendations for improving the situation. The report recommends clearer regulation, with individual disciplines setting up their own regulatory bodies with codes of ethics and practice, and greater levels of education and training. It also calls for both conventional and alternative practitioners to engage in constructive debate about their roles, encouraging greater communication between practitioners and their patients.

In Europe and the USA there are few healthcare activities allowed without state authorisation. Even “mainstream” alternative practitioners such as acupuncturists, herbalists and naturopaths, have been prosecuted for practising without medical qualifications. As Simon Mills says in his paper “Regulation in complementary and alternative medicine” (BMJ vol. 322, 20 Jan 2001), “The increasing demand for alternative care across the developed world has sometimes been met by practitioners outside the law and without recognisable training, qualifications, professional standards or insurance.”

Accountability

We are seeing growing evidence of this in New Zealand and the accountability of these practitioners seems negligible. At the same time as the public and

the media clamour for doctors to be more accountable, there seems to be widespread (and legislative) acceptance of people who practise alternative healthcare with inadequate education and training, and no legal or ethical responsibility for outcomes.

Doctors accept accountability. They also accept change, and many who were trained in conventional medicine now include some elements of alternative and complementary medicine in their practice. While it is important that they are trained, supported, ultimately accredited and regulated in these areas, their patients are protected because they are accountable to the standards expected of any medical practitioner. What protection is there for the patients – and especially the child patients – of the quack?

The government's proposed committee has a huge task ahead of it. Research into, and clinical trials of, alternative treatments are difficult because of a variety of factors, such as lack of standardisation of treatments, difficulty in "randomising" patients and comparing treatments with placebo effects.

Will the committee share the commitment that doctors have to scientific study of any therapy, conventional or alternative?

Can any committee protect the public from unscrupulous quacks peddling "magic cures"?

We doubt it, but we welcome the remote possibility of improving the current situation.

Mike Sullivan and Robin Corbett have said they will put

in a second complaint about alternative practitioners to the Health and Disability Commissioner. When they do, I hope he sees it as his responsibility to investigate any "health practitioner" who claims to cure cancer, or is irresponsible enough to advise diabetics to stop their insulin treatment.

I hope, too, that he will take a wider view and use his

influence to ensure that our legislation is consistent in its emphasis on the rights of our children to life and health, regardless of their parents' decisions about their treatment.

Dr Pippa MacKay is the editor of the New Zealand Medical Journal

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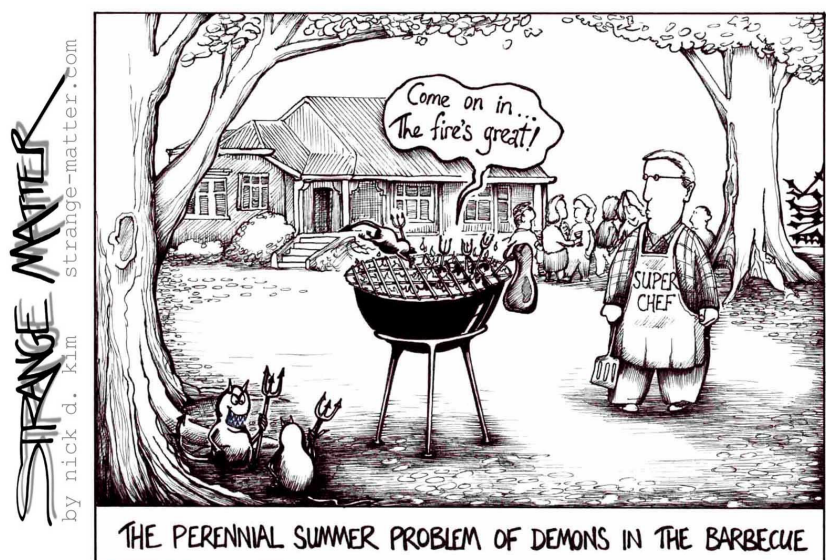
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Newsfront

Smile for the camera

Singaporean ghostbusters are turning to hi-tech equipment as they search for paranormal phenomena, reports the Evening Post (September 9).

Singapore Paranormal Investigators say they are taking a scientific approach to prove or debunk ghosts or unidentified flying objects. The team use digital video cameras, electromagnetic field meters and thermal guns. Many pictures suggesting paranormal shenanigans turn out to be the result of reflections, one has admitted.

'God man' warning

Three British men have died mysteriously after becoming followers of "god man" Sathya Sai Baba. The Dominion (August 28) reports his activities are being studied by the British Foreign and Commonwealth Office, which is considering issuing an unprecedented warning to travellers against the guru.

Three Britons, one of whom claimed being repeatedly sexually molested by Sai Baba, have apparently taken their own lives.

Scorn poured on Sorbonne

The Sorbonne has been denounced as a refuge for irrational academics lacking

intellectual rigour. The criticism refers to the institution's decision to award a doctorate to astrologer Elisabeth Teissier who has advised leading French personalities, such as former president Francois Mitterrand.

The Dominion (August 15) says a number of scientists have called for Mrs Teissier's doctorate to be revoked and have poured scorn on her 900-page thesis, The epistemological situation of astrology through the ambivalence fascination/rejection in postmodern societies.

Spirit search

An international hunt for witches was launched last August – kicked off by a British medium who wants to contact the Scottish King Macbeth and lift the jinx said to overhang Shakespeare's tragedy, according to the Evening Post (August 16).

"I'm looking for two witches," said Kevin Carloyn, high priest of the 1600-strong coven of British white witches.

The idea was to get in touch with the real Macbeth to see if he has anything to do with the weird things which happen when the play is produced. By now, Carloyn and assistants will have been to Cawdor, Macbeth's windswept home in the Scottish Highlands and tried to pacify the disgruntled spirit. Haven't heard

if it worked, but then plan B was to go to the top and contact Shakespeare himself.

Rebirthing tragedy

Two assistants in a rebirthing therapy session that led to the death of a 10-year-old girl pleaded guilty to criminally negligent child abuse resulting in death says the Evening Post (August 4).

The pair were assisting psychotherapist Connell Watkins in an unconventional treatment session in Watkins' home. The girl was wrapped in a flannel sheet and told to break out to be 'reborn' to her adopted mother. She wasn't breathing when she was unwrapped more than an hour later.

Oh dear...

Two Waikato researchers say deer velvet seems to have no effect on sexual performance, says the NZ Herald (July 2). The pair Helen and John Conaglen received funding from the maker of the product and were studying its effects as an aphrodisiac. The 34 men who used velvet in their experiment had hormone levels and sex drives no different from those taking placebo tablets. For more than 2000 years deer velvet, a furry skin on growing antlers, has been used in Asia to improve sexual function.

No getting away from it...

Traditional Chinese medicines are here to stay, say Chinese and US doctors in a report in the NZ Herald (July 2). Cao Zeyi, vice-president of the Chinese Medical Association said herbal medicines have worked for a thousand years on trillions and trillions of people but proof was needed.

He was at a week-long gathering of Chinese doctors and their US colleagues and delegates said they must redouble efforts to gain a Western scientific approach to prove that traditional

Chinese medicines and therapies worked.

“If we can show clinical results I think my colleagues will open up to the possibility (that they work),” said Dr David Eisenberg, head of Harvard Medical School’s research on complementary therapies.

“This is a global phenomenon. Herbs and supplements are here to stay.”

He valued the worldwide supplements market at \$112.93 billion in 1999.

Bad news for ghosts

Tony Cornell of the Society for Psychical Research in Britain reckons he knows why ghost sightings have tailed off in recent years – it’s cell phones!

“Ghost sightings have remained consistent for centuries. Until three years ago we had received reports of new ghosts every week,” said Mr Cornell, of Cambridge. Paranormal events, which some scientists put down to electrical activity, could be drowned out by the electronic noise produced by phone calls and text messages. (The Press, October 15)

Report debunks ‘organic’ benefits

Philippa Stevenson

Scientific studies suggest “organic” foods are neither healthier nor safer than genetically modified products or those grown conventionally.

InterNutrition, the Swiss Association for Research and Nutrition, used published scientific papers to compare alternative production methods.

It released an English-language summary of the report, originally in German, in September.

“The specific combination of all useful approaches offers the greatest potential for sustainable agriculture and healthy foods,” it said.

“This means that the unilateral rejection of genetically modified plants would be unjustified and short-sighted.”

Summarising its most

important findings, InterNutrition said some studies showed that organic foods may contain more fungal toxins than foods produced conventionally.

There were no significant differences between conventional and genetically modified feeds in terms of nutritional composition and effects on animals.

“Meat, milk and eggs from animals given GM feeds are just as harmless for human consumption as if they had come from animals fed on conventional feeds.”

The problem of cross-fertilisation by pollen (gene transfer) between genetically modified plants and related wild species as well as between transgenic and conventional crop varieties arose only with a few important species of cultivated plants.

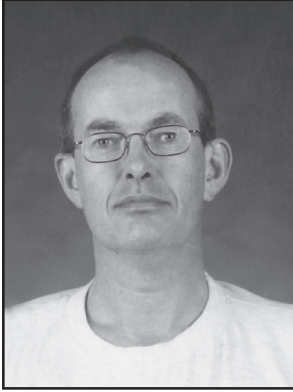
Growing crops by various agricultural systems side by side had always been possible and would continue to be so in future, the report said.

“The field studies carried out so far with transgenic, pest resistant crops do not confirm the environmental risks predicted by critics.”

The study found that worldwide, roughly 10.5 million hectares were given over to organic farming. Around 44.3 million hectares, mostly in the US, were under transgenic plants.

The global market for organic foods was estimated at just under \$US20 billion (\$NZ49.4 billion) and growing fast, while the market for GM plants was around \$US3 billion.

From the NZ Herald, October 3



The Womens' Weekly and Other Medical Journals

Dr John Welch goes eyeball to eyeball with the iridologists, and takes a look at some famous faces

Chiropractic Treatment of Infertility

DURING idle moments I read medical journals such as the Australian Women's Weekly. In this case the issue was March 1999 and I really must speak to the librarian about the disgracefully outdated journals currently held by the medical library.

Following extensive investigations for infertility, our reporter consulted Dr Naomi Perry, an Adelaide chiropractor, who "was doing revolutionary work treating women with infertility by manipulating their spines." The chiropractor discovered that "Concepta" (not her real name) had a spinal curvature (scoliosis). This is hardly surprising since chiropractors diagnose this disorder in 100 per cent of their patients, it being a central tenet of the chiropractic theory of subluxations. After four months of manipulation a pregnancy was confirmed. If the writer had stood on her head for 2 hours every night, a pregnancy would have eventually occurred since this event is a function of time for most couples.

Gypsies have the greatest success in predicting pregnancy. This is because they have crystal balls and can see it coming.

The White Stuff?

I was disappointed to miss the International Iridology & Sclerology conference held recently in Auckland. Iridologists have now discovered new secrets of divination using the sclera (white of the eye). This immediately reminded me of Ken Ring's demonstration of "reading" elbows, knees or any part of the body for that matter. As far as iridology is concerned it doesn't matter whether the iris, sclera, eyelid or the nostril are "examined". Given a gullible customer, iridologists can spout any old rubbish and they will be believed. Nevertheless, there were some inspirational papers: "Pupillary ruff phenomena in the iris" presented by a senior iridology lecturer at the South Pacific College of Natural Therapies, and "Emotional resistance patterns in the sclera" by a US visitor whose qualifications included a ND (doctor of naturopathy) and a PhD from the University of Wakula Springs, the same one attended by Tarzan. The rather alarming claim is made that "it (iridology) is poised to become mainstream within this decade in many countries like NZ".

Given the composition of the Health Minister's committee

on alternative medicine, this is a distinct and unwelcome possibility.

Health Secrets of Your Face

Each of the five elements which form the basis of acupuncture – earth, fire, water, wood and metal – have a corresponding face shape which tells the analyst about a person's talents, personality and potential health problems. Kate Winslet sought the help of a facial analyst when she needed to shed 25kg of weight gained during her pregnancy. For her "wood" face she was told to "prune" back on sugar, wheat and dairy products. The diet worked so well she not only shed some ugly fat but got rid of her husband...

The face is viewed as a map with different areas representing parts of the body. For example, the forehead represents the bladder and the area between the eyes relates to the spleen and gall bladder. Never be tempted therefore, to squeeze any pimples in this area!

Catherine Zeta-Jones has a "metal-type" face that doubtless describes her attraction to Michael Douglas who is certainly "well-metalled".

NZ Woman's Weekly October 15 2001

US cancer institute funds trials of complementary therapy

The Gonzalez regime is a program of dietary modification, supplements and “detoxification” using coffee enemas. The supplements include animal glandular extracts, vitamins, trace minerals, papaya and magnesium citrate. Gonzalez has based his treatment on pseudoscience and anecdotal evidence of success has seen US\$1.4 million wasted on a formal clinical trial. I predict that the treatment will be a complete failure but this will not deter Dr Gonzalez from continuing to promote this worthless treatment. Neither will this deter gullible individuals from wasting money on this fraud. Rectal coffee could well be dangerous as the following account will demonstrate.

British Medical Journal Vol 320
June 24, 2001 p1690

Fatal heart attack from a health food product

A woman collapsed and died soon after drinking a “natural” health drink containing guarana and ginseng. She had a faulty heart valve as well as a history of palpitations and had been warned to avoid caffeine, which is a heart stimulant. Her blood caffeine level was 19mg/l, the equivalent of drinking about 20 cups of coffee. The caffeine concentration in the drink was 60 times greater than levels found in cola drinks. Guarana seeds contain about 5 per cent caffeine.

Medical Journal of Australia
174:520-1, May 21, 2001

Dangerous Chinese Medicines

Traditional Chinese medicines are basically placebos and when they do seem to work it is largely due to the illegal insertion of potent western medicines such as steroids. They can also contain mercury and arsenic, as well as toxic herbs

and even banned animal species.

An Indonesian man was brought to a hospital emergency department and found to be confused due to low blood sugar. After an injection of glucose he recovered and was able to tell his medical attendants that he was taking a Chinese remedy called “Zhen Qi”. The label on the bottle listed the ingredients as ginseng, pearl, ram’s horn, bark and “frog extract”. Gas chromatography revealed that the mixture also contained glibenclamide, a potent oral hypoglycaemic agent used for treating diabetes!

For once I join with naturopaths, homeopaths and alternative health practitioners everywhere, in condemning this cynical attempt to make sure harmless and ineffective quack remedies actually work by the inclusion of dangerous but effective drugs.

British Medical Journal Vol 323 Oct 6, 2001 p702, p770

forum

Bravo recipient responds

Thank you kindly for the recent award for journalistic excellence I received from your society for my editorial in the NZ Medical Journal on alternative treatments. It was wonderful to be honoured by a society such as yours whose aims and intentions I absolutely support and whom I have always held in the highest regard.

With grateful thanks,
Pippa Mackay

Worth its salt?

Jim ring’s article on sodium chloride in Skeptic number 60 didn’t mention a classic case. Red Seal markets a range of 12 remedies in tablet form called Dr Scheussler’s Biochemic Tissue Salts. Among them is a substance called Nat Mur which is described as a “water distributor” and suggested for “excessive moisture and dryness in any part of the system – water colds, dry nose and throat, heartburn, great thirst, watery

eyes, skin chaffing, dryness of the bowel, after-effects of alcohol, loss of taste and smell.”

Nat Mur is nothing more than sodium chloride. It is said to be “trituated”, which just means it is crushed into a powder. The price works out at about \$40 per kilogram.

Bill Keir
Hokianga

The New Witchfinders

A City Possessed: The Christchurch Civic Creche Case, by Lynley Hood. Longacre Press, \$59.95. Reviewed by David Riddell.

Skeptics have long been aware of just how fallible and malleable memory is. Under hypnosis or during therapy, many people have “recovered” memories of all sorts of things, including past lives, their own births, and abductions by aliens. To most people these were of peripheral interest only, and the impact on the public at large was minor. But then came reports (at least one major early example, it appears, was a hoax) of adults who remembered being sexually abused in bizarre satanic rituals and, later, alleged victims who had endured sexual abuse at the hands of their own parents.

These events were said to have been so traumatic that all memory of them had been suppressed until later revealed during therapy. But this class of recovered memory seemed more plausible than those produced by rebirthers and alien abductees, and they were accepted by many at face value. This helped to feed the growing child sex abuse panic which began its sweep through the western world in the 1980s and continues to this day. The phenomenon reached its climax when sex abuse workers turned their attention to young children and began extracting fanciful “disclosures” from them of much more recent abuse. (For a review of the connections between recovered memories,

children’s disclosures, Freud and the witch panic of the 16th and 17th centuries, see NZ Skeptic, Autumn 1996.) Soon, families and child care centres worldwide were being torn apart by spectacular allegations of child sexual abuse on a massive scale.

In this riveting, hugely important book, Lynley Hood dissects this global phenomenon by investigating the biggest and most famous (but by no means the only) such incident in New Zealand, the Christchurch Civic Creche case. She begins with some history, outlining how this strange alliance between religious conservatives and radical feminists emerged, key stages in the evolution of their world view, and the changes in legislation which they were able to promulgate. Though she doesn’t go into detail on any of the overseas cases, she mentions enough of them to put the Christchurch case into its proper international perspective, of which most New Zealanders are probably still unaware.

Many will remember the media reports from the late 80s on the Christchurch paedophile ring: Hood reveals that, as in the creche case, this had its origins in flawed interviews by sex abuse workers who were committed to believing the children (that is, as long as they were reporting sexual abuse), no matter how fantastic their stories.

There can be no reasonable doubt that Peter Ellis is innocent of the crimes for which he was

convicted. More than that, there never were any crimes. That he should have been through a criminal trial, two appeals and a ministerial commission of inquiry and still not have his name cleared is a serious indictment of this country’s legal system. To those unfamiliar with the case (or too close to see the wood for the trees) the alternative, that Ellis is truly guilty, may seem the more plausible, and reassuring, alternative. But Hood’s meticulous chronological analysis of events makes that position untenable, and clearly sets out the steps by which a single, cryptic remark from a 3-year-old boy escalated into a maelstrom which engulfed dozens of families, cost millions of dollars, destroyed several careers and put an innocent man behind bars. This is a book to have you constantly shaking your head in disbelief, yet the exhaustive standard of research (the reference list runs to 40 pages) should leave no doubt of its basic truth.

Footnote: The NZ Skeptics have purchased a copy of *A City Possessed* for its newly established library. Anyone interested in borrowing it (or joining the waiting list!) should contact Bernard Howard, 150 Dyers Pass Rd, Christchurch, or bhoward@paradise.net.nz. A small postal charge will be required.

Not a Bad Start to the Millennium...

2001 Chair-entity Report

I'M PLEASED to welcome you officially to the 21st century, which I suspect will need skeptics every bit as much as the last century, judging by the general level of activity over the past year.

Last November, I was delighted to be able to attend the world convention of card-carrying skeptics held in Sydney. I came away thinking we could produce just as illuminating and charming a bunch of speakers, so don't be surprised if a couple of years from now you hear recommendations that we bid for a World Con in New Zealand.

Early in January we got a week's notice to submit nominations for the Minister of Health's Advisory Committee on Complementary and Alternative Medicines. Six months later we heard that yours truly hadn't made it, and neither had nominations from a whole host of medical bodies of one form or another. The committee is very strongly biased in favour of CAM practitioners and we await their first pronouncements with interest and – perhaps justifiably – a certain degree of apprehension. However, we do look forward to working with the group established by Dr Graham Sharpe which is to focus on the role of such therapies.

The website development approved in principle by last year's AGM progressed with a hiss and a roar, and we now have a home at <http://skeptics.org.nz>. It's proven very useful for me, as I can immediately access the vast bulk of material we've produced in the past decade or so, so I can have everything at my fingertips when I get rung up by journalists looking for information on the Kaimanawa Wall or whatever.

The website has also proven its utility with the conference in providing access to the registration form and programme for those electronically inclined. It also means you are now only a click away from a membership form when you're talking to someone who really should join... I have some ideas for increasing the site's usefulness still further which we'll discuss later, such as information on the video library, dead tree library and a possible news alert service.

Contacts with the media have continued throughout the year, with the NZ Herald going so far as to track me down in Timaru Hospital for a comment on aromatherapy. We've worked with other organisations – providing the Royal Astronomical Society with ammunition showing the Moon landing *wasn't* a hoax (they suspected as much), finding anthropological experts able to counter the notion of visiting Numidians in ancient Aotearoa, setting the legal wolves of

Warner Brothers and some other large corporations on to a scam infringing their trademarks, and sharing information and ideas with the skeptical community overseas.

As always, your committee has been active in their ideas, suggestions and help, and I thank them and all those involved in the conference organisation for helping make our candle shine in the dark.

Best regards,

Vicki Hyde

Chair-entity, NZCSICOP Inc.

We Hate to Bring This Up...

Subscriptions are now due, and for the first time since the society's formation in 1986 there has been a fee increase – in part to cover the costs of the new website, and in part because of old-fashioned inflation.

Membership is now \$40 waged, \$20 unwaged (includes students/retired). Payments will be accepted at the old rate of \$25 (regular) or \$10 (unwaged) until 1 January 2002, so be in quick if you want to take advantage of the old rate.

Please send payments to:

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Christchurch



Whisky Galore

*In which **John Riddell** conducts an entirely unscientific experiment and saves himself quite a bit of money*

THE FIRST weekend of May each year is the opening of the New Zealand duck shooting season. It is a time when rednecks and yokels gather to harvest the surplus of the duck population. Like their cave dwelling ancestors before them, the males of the tribe gather on the night before the Great Hunt and tell tales of previous years. The youngsters listen in awe to the lies of their elders. There is enough male bonding to excite even the most boring anthropologist.

Being both a redneck and a yokel, I was invited by my mate Tony to one such event. On the Friday night we met up at an abandoned house by a swamp. As part of my contribution to the affair I took a couple of half filled whisky bottles. Now before anyone gets excited about how you shouldn't mix guns and alcohol, it has to be said that serious shooters know that even a small hangover affects your ability to shoot straight. While some shooters might be too macho to admit that they are safety conscious, none of them want their mates to laugh at them when they miss. Even so it is usual to consume small amounts of high quality hooch.

Now I am getting to the bit that might be interesting to skeptics. I had one bottle of Glenfiddich and one of Wilson's. For those who don't know much about whisky, Glenfiddich is a single malt scotch of excellent quality. Wilson's is a locally distilled drop, also of excellent quality. Just not made in Scotland. Glenfiddich is expensive. Wilson's is not. The reason is a combination of good marketing and snobbery.

Tony thought it might be fun to switch the contents of the bottles and see if anyone noticed. Now Glenfiddich is much lighter in colour than Wilson's but it comes in a green bottle and we didn't think anyone would pick up on it. But when poured into a glass the difference is obvious.

But they didn't notice... The bottles passed the evening getting lighter and lighter. Tony and I were drinking Glenfiddich out of the Wilson's bottle. The rest drank Wilson's out of the Glenfiddich bottle.

We never did tell them.

This story is not only true, it's an anecdote. People tell anecdotes not only to entertain but also to make a point. In this

case I am trying to make the point that people's expectations affect their experience. Our friends believed they were drinking Glenfiddich, so they enjoyed the whisky more than if they thought they were drinking Wilson's. But there is another possible explanation. It might also be that my mates don't know squat about whisky.

In this case I think both are true.

Even though anecdotes should be printed on perforated paper, people use them as if they were good evidence. In fact, they should only be used as a starting point.

After you have heard an anecdote, the next thing you do is form an hypothesis.

Hypo meaning under. Thesis meaning Theory. An hypothesis is less than a Theory. My hypothesis is that people's expectations affect their experience.

Next I have to look for more evidence. More anecdotes. Off the top of my head, people who expect organic food to be tastier, think they can taste a difference. People who believe in the healing power of prayer, feel better after visiting a faith healer.

Now the fans of organic food can find loads of anecdotes that indicate how wonderful it is.

The problem with an anecdote is that it doesn't eliminate those other explanations.

It may be true that "organic" food does taste better than conventional produce. Or it might be that people's expectations affect their experience. After the anecdote, you have to perform an experiment.

Our local newspaper, a few years ago, got three "experts" to try and tell the difference between some organic and conventional produce. They gave them three different foods.

They fared no better than guessing. The difference between a controlled experiment and an anecdote is the experiment eliminates the other explanations.

You can try it yourself. Next time you are at the supermarket, get some organic orange juice, and also some not organic orange juice. Make sure both are juice, not cordial.

Get 10 glasses and label them one to 10. In half of them put the organic juice and in the rest put the other.

Write down which juice is in which glass. Now this is the important bit. Get someone else who doesn't know which is in which glass to do the tasting.

If there is a difference they should get it right nearly every time. If they cannot tell, they will still get it right half the time.

This is the second important bit. Getting it right half the time means they are just guessing.

This type of test has been done often enough for me to be confident there isn't any difference except for the expectations of the taster.

Which is a bit of a shame. Because even though I know Wilson's is just as good, we still drank the "good stuff".

John Riddell is a Hamilton writer.
And duck shooter.

Faith Healing Documentary Rapped with 2001 Bent Spoon

A documentary on faith healing that promised to scrutinise the practice demonstrated short-sightedness and has won for TopShelf Productions the 2001 Bent Spoon Award from the NZ Skeptics.

"We had lots of nominations for the Bent Spoon this year, but it came down to two programmes on TVNZ's Documentary New Zealand slot, one on hauntings and one on healings. We realise that documentary makers these days are more concerned with entertaining than educating, but when they show vulnerable people being exploited spiritually, physically or economically, we think that they should do more to examine critically what's going on," says Skeptics Chair-entity Vicki Hyde.

"Hallelujah Healing" said it would test such practices, but the people it concentrated on were ones who already had an involvement with prayer groups and healing sessions. It did not offer any alternative explanations, nor did it speak to any medical or psychological experts.

The quest for evidence was a feature of those winning Bravo Awards from the Skeptics this year.

"We know our documentary makers can produce well-researched programmes, like Rob Harley's 'Desperate Remedies' on Assignment last October, which looked at what drives people to seek alternative cures. It's great to be able to acknowledge that sort of quality."

Also acknowledged in the 2001 Bravo Awards are:

❑ Susan Woods for asking the right sort of questions regarding possible evidence for the Fiordland moose, Holmes, June 27, 2001.

❑ Professor T W Walker, for his gardening column in the Christchurch Press which often addresses the "muck and magic" issues of various gardening approaches.

❑ Denise Tutaki, for her item "Calling 0900 Psychic... Okay, now tell me something I don't know", Horowhenua-Kapiti Chronicle Feb 28, 2001.

❑ Dr Pippa MacKay, for her commentaries on medical issues, particularly bogus cancer remedies.

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