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Nurses Movement for Responsible Medicine (NMRM) was founded in October 2007 by Cynthia O'Neill, S.R.N., S.C.M., Q.N., H.V. to provide nurses with a channel through which they could express their concerns in relation to the high number of adverse drug reactions suffered by so many of their patients.

**The Objective of NMRM
is the Immediate and
Unconditional Abolition
Of All Animal Experiments
On Medical
and
Scientific Grounds**

*"The very word vivisection is its own condemnation.
Vivisection is wretched fraud, counterproductive and damaging
to human health and well being. It is cruel and detestable.
Animal experimentation has no scientific proof, no religious basis,
no philosophical merit, no ethical vindication and no health reason;
therefore it must be banned, stopped. NOW."*

Moneim A Fadali, MD

To the Assembly of Doctors and Lawyers for Responsible Medicine, November 2002

A Cure for Alzheimer's?

"No species can stand as a reliable model for another species, however close in evolutionary terms. The reasoning is logical: the biological activities of the individuals of a given species are unique, because these activities are fully controlled by the unique genetic make-up of each species, as is demonstrated by the impossibility of cross-breeding between different species – the very definition of a species being its reproductive isolation.

The human brain has unique characteristics, at the global (anatomy, structure...) as well as the cellular (control and regulation of gene expression...) levels, not to speak of our brain's unique capacity for intellectual activities. The most dramatic difference by far between humans and any other known species is found in our central nervous system. Non-human primates never develop spontaneously neurological conditions found in humans, like Parkinson's or Alzheimer's disease, Multiple Sclerosis etc... Diseases with APPARENTLY similar symptoms have been produced ARTIFICIALLY in apes. Such 'models' failed however to contribute even the slightest progress, not only for biological differences, but also because in humans, many factors contribute to these devastating diseases. In addition, they most often appear in humans past the age of 60, that is far more than any model's life expectancy."

Professor Claude Reiss

DLRM Press Release, November 2002

A Meeting With the Royal College of Nursing

On the 18th of July 2008 Cynthia O'Neill, RCN member, was called to an informal meeting with Dr Peter Carter, Chief Executive and General Secretary of the Royal College of Nursing, Sandra James, Chair of Council RCN and Jane Clarke, Director of Governance Support RCN as a complaint in writing had been made concerning her behaviour at Congress this year (2008). The following **Letter** is self-explanatory:

It is regretted in 2007 my Resolution was out manoeuvred.

2008 my Resolution not accepted. My question to the Minister of Health not accepted and my letter (very short) intended for the Royal College of Nursing Congress daily newspaper was ignored. Each day I spoke to the paper Editor. I was *not* begging for funds at all. A begging letter took up the space of 6-8 of mine proposed? Yes, it was money for Vivisection. Was this fair to me?

Nurses handling NHS prescribed drugs should be aware that adverse drug reactions is the 3rd biggest Killer in this country and why?

The Resolution I requested "that the Royal College of Nursing demands from Her Majesty's Government that all DRUGS designed for use on the human sick patient be tested on PROPER, SCIENTIFIC computer models and that the useless, erroneous, fraudulent practice of VIVISECTION be ABOLISHED at once on SCIENTIFIC and MEDICAL grounds."

I was told it was political. You could say that about practically everything. The fact is that Vivisection is a Killer.

Due to a heart disorder and various other health problems, I regret that it will not be possible for me to carry out any similar protests or actions in the future; "the spirit is willing, but the flesh too weak."

Cynthia O'Neill
S.R.N, S.C.M., QN., H.V.
25th July 2008

Note to nurses:

We all, especially as nurses, have a duty to speak up about wrong doings, i.e. drugs tested on the animals. The use of animals to assess the human condition has been a disaster. Adverse drug reactions are now reported to be the third biggest killer in the industrialised countries. Animals do not develop diseases as seen in humans. Nor do animals react in the same way to drugs and other substances as we do, due to differences in their absorption, distribution, metabolism, response to and elimination of drugs. Hence not only are drugs and other substances tested on terrified animals in artificial environments, humans end up bearing the legacy of this evil.

Evil triumphs when good people do nothing.

NB: There have always been proper methods of testing available. The whole idea of testing any medicine designed for the human patient for so-called safety on any animal is 100% bunkum and always has been! And today we have human patient simulators: the virtual rendering of human organs and complete humans. Human patient simulators are complex, computerised human replicas that can blink, speak and breathe. A human patient simulator can replicate a male or female patient, has a heartbeat and a pulse, and imitates changes in patient status in real time.

For more on the subject of testing methods, see NMRM newsletter issues: 1, 2 and 3.