
What *else* ist happening at the Goetheanum!

No 71 / 10 September 2023

Anthroposophical medicine and “benchmarks”

“A realm in which Anthroposophy can be especially fruitful is that of medicine. Yet Anthroposophy will quite definitely remain unfruitful in the realm of medicine, especially therapy, if the tendency persists to represent matters within the field of medicine in the Anthroposophical Movement in a manner which meets with the approval of those who represent medicine in the ordinary way today.” (Rudolf Steiner at the Christmas Conference, GA 260, p. 47).

It is quite possible that we are currently experiencing the climax of a general attack against spiritual-scientific medicine, which began years ago and which is not an extension of natural science-oriented orthodox medicine but, like eurythmy, was developed independently out of anthroposophy, as something original, not derived or further developed from natural science medicine. Rudolf Steiner pointed this out quite unequivocally at the Christmas Conference, both in the opening lecture and in the closing lecture, and that in no way should what has now been and is being pushed for years from within our own ranks come to pass: to *define* anthroposophical medicine as an *integrative one*, with an emphasis on the recognition of natural science-oriented orthodox medicine. Rudolf Steiner recognised the *scientific principles of* (then) medicine, today orthodox medicine is quite obviously recognised as such in its entirety to the outside world. In the last two to three decades, this tendency has clearly developed further, in small steps that have often been described as progress. In 2008, the Medical Section and the leaders of the medical associations stated that the *aim was to popularise and academise anthroposophic medicine*.¹ The following stages are recognisable (not listed strictly chronologically. These statements are partly based on indications and reports from doctors who have observed and experienced the development for decades):

- The legalisation of the term “Anthroposophical Medicine (GAÄD)” by protecting it as a “brand” in the sense of a “trademark”. In Germany, the rights lie with the GAÄD, which determines the rules as to who may use this “trademark” and in what way.
- About two decades ago, the GAÄD introduced the certification of anthroposophic doctors in Germany without any general consultation with its members or anthroposophic doctors who had been practising for some time. Even those who had been practising for many years were required to send in medical histories and attend a recognition interview if they wished to be certified. Objections from those who raised con-

cerns were not really addressed. They were told that it would only be an internal recognition.

Shortly afterwards, contracts were concluded with statutory health insurance funds to enable partial reimbursement of anthroposophical medical or therapeutic services.

It is fully understandable that this is a supportive measure for both doctors and patients and that this possibility of reimbursement makes the lives of many therapists easier or even possible in the first place. On the other hand, the associated and now advancing standardisations are in a certain sense alien to the nature of anthroposophy. They do not really consider qualitative points of view and thus form the basis for a system structure that is in contradiction with free spiritual life.

In connection with the Medical Section, a whole system of professional associations subsequently came into being and training courses were offered for their leaders or their trainers.

These processes now culminate in the “recognition” by the WHO, which was largely concealed for seven years and thus bypassed the vast majority of doctors and therapists concerned, presumably only agreed with the leaders of the professional associations, in that training standards were drawn up, tested and recognised - combined with payments to the WHO amounting to approx. USD 200,000.

- Efforts to establish professorships in the natural science-oriented university system were and are only possible by presenting anthroposophic medicine in such a way that it can stand up to the “*current clinical requirements*”² and thus find state recognition in the public university system. Since then there have been professorships that teach anthroposophic medicine or therapies, among other things, but which in their basic principle are inserted into the given state framework and are thus perhaps not entirely free after all. Ultimately, the state higher education system is de-

² According to Rudolf Steiner, this is exactly what should not happen, see quotation at the end of the article or GA 260, p. 278f.

1 <https://www.anthromedics.org/BAS-0951-DE>

terminated by natural scientific-materialistic thinking, which is a continuation of the old Arabic influences, as it were, and in which the intellectual influence is in the foreground. The extent to which there is freedom for the tasks and goals of realising a Michaelic way of thinking and acting that is appropriate for the human being and the spirit may vary depending on the type of professorship. Primarily, however, this state system has less the individual-spiritual than an intellectualistic-materialistic (and thus more Ahrimanicly oriented) development of the human being in view, as well as the placement of the human being in this. This raises significant questions about this kind of standardisation and academisation of anthroposophical therapies.

- According to its own information, the “[Software AG Foundation](#)” plays a major role in financing these professorships³. A current case: <https://taz.de/Anthroposopische-Medizin-an-der-Charite!/5930859/>.
- Furthermore, the accreditation and certification of anthroposophical therapies such as eurythmy therapy, painting therapy, etc. should be mentioned, with the aim of gaining state recognition so that they can be paid for by health insurance companies. This has led, for example, to the fact that eurythmy, which, like medicine, was originally “*drawn out of the deepest layers of the anthroposophical being and nurtured*”⁴, has gained materialistic, natural science-oriented, state and academic recognition. There have since been state-recognised professors, Masters and Bachelors for anthroposophical therapies and arts.
- Under the responsibility and guardianship of the General Anthroposophical Society and the institutions of the former Ita Wegman Clinic, Weleda AG has transformed itself from a demand-oriented manufacturer of remedies to a market-oriented natural cosmetics manufacturer. The original intention of meeting the demand for remedies was transformed into the intention of becoming the world market leader (global player) in the natural cosmetics sector. The remedies, on the other hand, were neglected (“*we did not do our homework,*” said a Weleda employee in the online event on 13 June 2023⁵). Due to the additional over-regulation in the area of marketing authorisations and documentation, which is unsuitable and unnecessary for anthroposophic remedies, the originally profitable remedies division has fallen deep into the loss zone, on a scale that can endanger the company as a whole, especially in times of recession. This development, as well as the financially threatening situations in 2008, 2011 and currently, can easily be seen in the insufficient perception of responsibility for this company by the owners, the main shareholders, here in particular

3 <https://www.sagst.de/was-wir-foerdern/schwerpunkte#ui-id-1>

4 GA 260, P. 47.

5 “Doctors in dialogue with Weleda”, online event from 13 June 2023.

the responsible persons of the General Anthroposophical Society. For neither the cost explosion in the field of curative medicine, nor the capital requirement in 2008, the developments in 2011 (caused in particular by an unnecessary and very expensive representative office in Basel) and the current problems (including investment in an oversized logistics centre) have suddenly and unexpectedly fallen from the sky. An alert, informed and responsible representation of the owners, combined with entrepreneurial sense and commercial prudence, could have recognised the possible consequences with foresight, *should have* recognised them in *time*. But this did not happen, the membership of the GAS was not informed at all and could thus only become active when the problem became obvious, existential and publicly known.

- Currently, the few remaining remedies (approx. 900 in industrial production out of originally approx. 2,000⁶) are further endangered in their existence as industrially produced products due to the losses that is ‘earned’ with them.⁷ On 13 June 2023 (see above), the Chairman of the Board of Directors clearly stated that this situation was not sustainable in the long run and that cross-subsidisation by cosmetics would not last.

Background to Covid-19

- In the meantime, it is evident that this pandemic was not a natural phenomenon and that it had a long run-up that goes back to the nineties, according to other sources to the sixties.⁸ Even if the mainstream media still keep quiet about it, it is also evident that this was by no means a real pandemic with a corresponding threat potential. In particular, at least in Europe, the health care system was no more overburdened than usual during flu outbreaks.⁹
- In 2016, an announcement was made that these Corona viruses would be released accidentally or deliberately in the foreseeable future. This is also a clear indication of an action planned in the background.¹⁰
- Also in 2016, the “International Congress for Integrative Health and Medicine” took place in Stuttgart, organised by the largest association for integrative medicine in the USA “Academy of Integrated Health & Medicine” (AIHM) and the “Dachverband Anthroposophische Medizin in Deutschland” (DAMiD). It was in this context that contact was made with the WHO via the head of the relevant department, Qi Zhang - with

6 In some cases, there was also talk of 5,000 remedies.

7 https://wtg-99.com/documents/Rundbrief_53.pdf#page=4

8 e.g. “Chronicle of an Announced Crisis”, Paul Schreyer, Westend-Verlag 2020 or David E. Martin:

9 See the notes by Herbert Ludwig in “Ein Nachrichtenblatt”, 17/23, p. 4f.

10 <https://rumble.com/v2mwrgrm--dr.-david-martin-documenting-coronavirus-gain-of-function-research-at-the.html>

the invitation to develop training standards for anthroposophic medicine. It must have been an impressive congress, as the event video, among others, makes clear.¹¹ This is obviously where the origins lie that led to the cooperation with the WHO.

- The invitation to develop the WHO-recognised training standards is in line with the WHO's strategy to integrate traditional and complementary medicine into national health systems (WHO Traditional Medicine Strategy 2014-2023).¹² The field of "Traditional, Complementary and Integrative Medicine" (TCI) is a sub-segment within the WHO and in this sense is committed to the predefined and limited materialistic-scientific basic orientation of the WHO (see "Excursus" below). In this respect, the predefined and permitted scientific framework must be adhered to - an arbitrary and, above all, anti-scientific limitation of what may be considered scientific.
- The framework within which to operate in this sub-segment was at least hinted at by General Secretary Tedros in his opening address to the "First WHO Traditional Medicine Global Summit", 17-18 August 2023 in India: "*Traditional, complementary and integrative medicine is particularly important for the prevention and treatment of non-communicable diseases and mental health, and for healthy ageing.*"¹³ This narrowing down speaks a clear language: recognition of Anthroposophical training standards in exchange for (unconditional?) acceptance of the WHO's vaccination affinities (or rather vaccination mania?). Must Rudolf Steiner remain silent on this in future?¹⁴
- The decision to enter into the recognition process with the WHO was taken unanimously already in 2017/18 by 30 anthroposophical medical society boards worldwide, the IKAM College and the Medical Section leadership.¹⁵ The extent to which others were informed verbally is unclear. When in June 2021 the payments of \$65,000 each in 2017, 2018 and 2019 from the IVAA (International Federation of Anthroposophic Medical Associations based in Geneva) to the WHO were *discovered* (unlike at many of our organisations, information on these financial flows is published at the WHO), Georg Soldner promised an explanation first in September 2021 and then in February 2022. Why could the reason for the payments not simply be communicated?
- It is clear from the interview with M. Girke¹⁶ that they

11 <https://icim.damid.de/de/> and the video: <https://www.youtube.com/watch?v=Lgpl1aBRuVr4>

12 <https://www.who.int/publications/item/9789241506096>

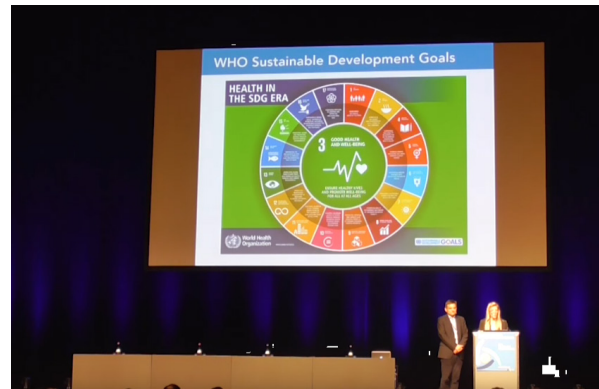
13 <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-who-traditional-medicine-global-summit--17-august-2023>

14 See Circulars 70, 29 and 43, www.wtg-99.com/Aufarbeitung.

15 Lt. Georg Soldner in an email to the author dated 3 June 2023.

16 In the interview in "A News Sheet".

deliberately developed these training standards in silence with the WHO. But why this secrecy? Was there concern that expected criticism could have jeopardised the process? Even the publication in February 2022 - as a reaction to the questions raised by the discovery of the payments to the WHO, also by doctors - would still have jeopardised the conclusion of the recognition, according to M. Girke. This raises the question: who was informed about these recognition processes in the first place: The Executive Council of the AAG? The Goetheanum leadership? In any case, it is clear that at least the vast majority of those affected by these benchmarks were *deliberately not informed*.



Even during the welcome, the UN's seventeen Sustainable Development Goals were prominently featured!

Dr. Thabata Parker (AIHM) and Dr. Thomas Breitreutz (IVAA)

Excursus on 'permitted' scientificity

Those responsible for anthroposophic medicine repeatedly emphasise that they have only had to deal with the scientific side of the WHO. The political agendas of the WHO are also seen as problematic and dangerous, but the people and the "sub-segment", the "Department for Traditional, Complementary and Integrative Medicine", with whom one has worked, have nothing to do with this. But does this - seemingly arbitrary - differentiation of the WHO into a scientific part with integrity, which is not influenced by the other political part with questionable intentions, have anything to do with reality at all?

In general, it can be said: With regard to independent science and freedom of expression, we are on the way back to medieval conditions worldwide. Even now, every scientist is well advised not to go outside the medial and political framework (including supranational institutions and movements such as the WHO, the WEF, the UN and its offshoots, Agenda 2030, One Health, etc., as well as the countless think tanks and other organisations dependent on Big Pharma and other international corporations) of what can be considered scientific today. No one is being locked up or burned at the stake yet, but preparations for legal regulations against "fake news" especially in connection with the pandemic treaty and the International Health Regulations (IHR) have certainly been underway for a long time and no resistance is to be expected from

the EU in particular. Already today, anyone who questions the approved scientific dogmas must expect to be defamed as unscientific or conspiracy theorist - even to the point of losing their livelihood. This is already reality and it is certainly not far-fetched to see this development in connection with the ban on thinking predicted by Rudolf Steiner. (Currently, a de facto compulsory vaccination against measles is on the horizon in Switzerland due to a decision of the Federal Supreme Court - in Switzerland of all countries!)¹⁷

In view of this situation, it seems naïve, if not unworldly, for the Medical Section to think that it can work with the WHO or its sub-segments on a purely scientific level, as if they were free from political influence.

For further development:

- It is clear from the previous comments that we should have only found out about the WHO benchmarks after the project had been completed. However, since the payments had been discovered, it was obviously not possible to wait that long to explain.
- Thus, the publication took place in February 2022. At that point, the ensuing criticism almost caused the project, which had not yet been completed, to fail, according to Matthias Girke. The possible reasons for this were not mentioned. It was not until spring 2023 that it was announced that the funding for the benchmarks had been taken over by the Software AG Foundation.
- Whether these training standards, now recognised by the WHO, are really a gain for anthroposophic medicine, as claimed by those responsible, is doubted by many. So far, a really open dialogue on these questions has not taken place.
- In the meantime, cooperation has also been entered into with “One Health”. This movement is closely linked to the WHO, WEF, Agenda 2030 and other organisations. This imposes the same scientific restrictions as have already been described. There can be no question of a free spiritual life in this way, and how can we conduct meaningful research together under these conditions? If we take Rudolf Steiner seriously, viruses are not the primary cause of disease. They can only spread or settle in when the health balance has shifted and thus become susceptible to outside influences.¹⁸
- But what sense does zoonosis research make under these circumstances, if not even the basics leading to the disease have been researched?¹⁷
- The need for official anthroposophical medicine to be able to stand up to today’s clinical demands is clear. But this is precisely what Rudolf Steiner warned against 100 years ago at the Christmas Conference in both the opening and closing lectures:

¹⁷ <https://hoch2.tv/sendung/230823-horizont/>

¹⁸ www.wtg-99.com/Rundbriefe-archiv, Newsletters 28 and 29.

- *“If we have the ambition to make what grows in the soil of our own medical research into something that can stand the scrutiny of present-day clinical requirements, then we shall never achieve any definite goal in the things that really make up our task, ... We must have the courage to regard such a method as dishonest. Not until we have the courage to regard such a method as dishonest, not until we inwardly detest such a method will Anthroposophy find its way through the world. So in future here in Dornach we shall fight for the truth, not fanatically but simply in an honest, straightforward love of the truth” (GA 260, p. 278f.)*

In 1924 Rudolf Steiner and Ita Wegman had worked together on the book “Fundamentals for an Extension of the Art of Healing” and shortly before his death in March 1925 he held the finished manuscript in his hands. Now, 99 years later, in March 2024, Christian Clement’s “Steiner Critical Edition” of this book is to be published - with a foreword by Michaela Glöckler.¹⁹

Outlook

The threat to humanity from the intentions of supranational organisations is real. Only through sufficient resistance from the population will it still be possible to put a stop to the planned developments. Unfortunately, our anthroposophical institutions or their leaderships have decided to seek salvation for anthroposophy in cooperation with these organisations. This is particularly true of anthroposophical medicine and the General Anthroposophical Society. Regardless of whether this was done out of deliberate strategy or ignorance of the real extent of the threat, official anthroposophy is thus positioned on the wrong side, thereby weakening the resistance movements - precisely those sections of the population who are rightly critical of current events. In addition, it is precisely these circles, which also include many spiritually interested and oriented people, that are virtually being affronted by the officially communicated behaviour. In fact, it can already be heard that people are disappointed in anthroposophists because they have complied. And as already outlined in this and the last (and many other) newsletters, this has caused considerable damage to anthroposophy and the anthroposophical movement.

Is it still be possible to correct the direction of developments? Presumably, what applies on a large scale also applies here: only if enough members unite and use the available opportunities to influence the direction of development and the structure of the Society will a correction be possible. In concrete terms, changes can currently be prepared through the member forums with the aim of presenting this to the 2024 General Assembly for a decision.

¹⁹ Many people are probably not aware of the problems of the SKA. Many critical articles on this have appeared in “Ein Nachrichtenblatt” and in “Der Europäer”, especially in 2014, e.g. <https://perseus.ch/archive/4384>. The connection with the Rudolf Steiner Archive and the Rudolf Steiner Verlag, which support and also distribute the editions of the SKA, is seen as particularly problematic.

Another possibility is to strengthen existing initiatives, e.g. the “Initiative for Co-Responsibility” (www.wtg-99.com/ifm-de).

“For the most important thing that is to happen for the future, will not happen through institutions, will not happen through all kinds of institutions, as much as people today believe in institutions and institutions everywhere as if they were the only thing that can bring salvation, but the most important thing for the future will happen through the prowess of the individual human being.”²⁰

We will not get anywhere if we cling to hierarchical structures and legal forms that ultimately have their origins in earlier cultural epochs. We must already strive for moral imagination and moral methods to solve the problems before us. Hope or faith in authority will no longer get us anywhere. *“One man does not help, but he who unites with many at the right hour”* and it is necessary to form communities situationally: *“We are together at the happy hour; let each do his office, let each do his duty, and a general happiness will dissolve individual pains, as a general misfortune consumes individual joys.”²¹*

WHO and IVAA decision-making and transparency

Formally, decisions in the WHO are made by the World Health Assembly by majority vote.²² This assembly is formed by the voting representatives sent by the governments of the 192 member states. Insofar as these governments were formed democratically, their representatives can also be regarded as formally democratically legitimised, provided one disregards the manifold influences of all kinds that can and do exist. The formal structure of the IVAA is quite similar, but it is not those directly affected by anthroposophic medicine who form the lowest level. This is formed by the organised anthroposophical medical profession, e.g. in Germany the GAÄD²³ as a medical association. Their executive boards in turn form the ‘democratic’ decision-making body of the IVAA, such as for the development of training standards with the WHO. Thus the structures of the WHO and the IVAA are basically quite similar.

The strategies and intentions of the WHO with regard to “Health for All”, the pandemic treaty, the International Health Regulations, the intentions of “One Health”, the strategy with regard to Traditional, Complementary and Integrative Medicine etc. are publicly known, there is a certain transparency, we can inform ourselves about them before the final decisions are made and then become binding worldwide. Even if a lot is covered up by politics and the media, an impact assessment is definitely possible, it can be discussed and clarified and initiatives are possible, for example, to oppose the plans, which is what is

20 Rudolf Steiner, GA 185a, 2017, p. 148

21 Goethe, “The Fairy Tale”

22 <https://www.who.int/about/governance/world-health-assembly>

23 Society of Anthroposophic Physicians in Germany.

happening. Do you know the difference? We are far away from that in our circumstances, because there was an admitted intention to inform about the training standards only after the WHO recognition had formally taken place. Also in contrast to our organisations - including the IVAA - the financial flows of the WHO are largely transparent. Knowledge of payments made by the IVAA to the WHO for the recognition process became possible only because the WHO publicly documents these kinds of donations. There is no question of this in our case either, money flows are anything but transparent in this area, not at the IVAA and also not, for example, at the Software AG Foundation, which finances a great deal, especially in the medical field.

Thomas Heck

*

WHO Conference on Traditional Medicine - India 2023 To improve health for all

Key statements from the conference (selection)

“Traditional, complementary and integrative medicine is especially important for preventing and treating non-communicable diseases and mental health, and for healthy ageing.” (Dr Tedros Adhanom Ghebreyesus, WHO Director-General in the opening address)¹

The World Health Organisation (WHO) is hosting the World Summit on Traditional Medicine in India on 17-18 August 2023, which has focused on *“the role of traditional, complementary and integrative medicine in addressing pressing health challenges and promoting progress in global health and sustainable development”*.

“In the Pursuit of Health for All” explored *“how to expand scientific advances and realise the potential of evidence-based knowledge in the use of traditional medicine for the health and well-being of people around the world.”*

This was about *“the inclusion of traditional medicine in the mainstream of health care - appropriate, effective and, above all, safe, based on the latest scientific evidence”*, according to Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

1 <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-who-traditional-medicine-global-summit---17-august-2023> and <https://www.who.int/news/item/10-08-2023-who-convenes-first-high-level-global-summit-on-traditional-medicine-to-explore-evidence-base--opportunities-to-accelerate-health-for-all>

Further, *“the application of new technologies in health and medicine - e.g. genomics, new diagnostic technologies and artificial intelligence - could open up new frontiers of knowledge about traditional medicine ... Natural does not always mean safe, and centuries of use are no guarantee of efficacy; therefore, scientific method and process must be applied to provide the rigorous evidence required to recommend traditional medicines in the WHO guidelines.”*

“Advancing science on traditional medicine should be held to the same rigorous standards as in other fields of health. This may require new thinking on the methodologies to address these more holistic, contextual approaches and provide evidence that is sufficiently conclusive and robust to lead to policy recommendations.” *“said Dr John Reeder, WHO Director of the Special Programme for Research and Training in Tropical Diseases and Director of the Division of Research for Health.*

“Presented are the results of systematic reviews on traditional medicine and health, evidence maps on clinical effectiveness and a global artificial intelligence research map on traditional medicine.”

“A stronger evidence base will enable countries to develop appropriate mechanisms and policy guidelines for the regulation, quality control and monitoring of traditional medicine practices, practitioners and products, depending on national circumstances and needs.”

“Standardisation of documentation and coding of traditional medicine conditions in routine health information systems is a prerequisite for effective management and regulation of traditional medicine in health systems. This includes addressing forms, incidence rates and outcomes associated with traditional medicine health care.”

From the Summit Declaration: *“Summit participants will address a global overview of policy, legal and regulatory frameworks; formal structures and measures for data collection and the establishment of information management systems; an assessment of education and training programmes for traditional medicine workforce development; and experiences and best practices in the training, accreditation and regulation of traditional health professionals that can significantly improve patient safety and minimise patient harm in the delivery of traditional medicine services.”*

(Even if in some formulations only traditional medicine is mentioned, one may assume that anthroposophical medicine is also common, even if these criteria are not applied now).

*

Public statement

We hereby dissociate ourselves from the association of the Medical Section at the Goetheanum with the WHO (through recognition of the training standards) and with „One Health“, which has taken place without our knowledge. Associations with such organisations do not correspond to the basic anthroposophical principle of liberty in spiritual life, which is absolutely necessary in the sense of truthfulness.

We do not agree with these steps in any way and refrain from them.

Signatories:

Elvira Bart-Kernig*, Maria Becker, Beate Dittmer*, Iris Graßer, Herbert Heinz*, Werner Hendrich*, Edith Höpfl*, Claire Hütter, Angelika Kabus (M), Anni Kirchner*, Angelika Kühnert*, Sabine Langer, Rolf Leipp, Wolfgang Leonhardt*, Jörg Lindt*, Ilona Metz*, Paul Metzger, Angela München*, Almuth Ranft*, Karsten Rentsch*, Karin Ritter*, Barbara Sammler*, Wolfram Sammler*, Werner Schäfer*, Michael Vogt*(?), Mike Wappler, Theresia Wiesinger. (* = Mitglied)

*

If you would like to support our work:

Postfinance Schweiz (CHF):

IBAN: CH 07 0900 0000 4048 8190 0 | BIC: POFICHBEXXX

Volksbank Lörrach (EUR):

IBAN DE 65 6839 0000 0001 4064 85 | BIC: VOLODE66

Account owner: Thomas Heck

We would like to express our warm thanks to all supporters of our work.

*

Imprint

What else is happening at the Goetheanum!

Publisher: *Thomas Heck und Eva Lohmann-Heck*, Dorneckstr. 60, 4143 Dornach / Schweiz

Email: thomas.heck@posteo.ch / www.wtg-99.com

Newsletter (un)subscription on the Website.

Translated by Deepl.com.

Proofread by Dezsö Pallagi