

## L'affaire Wakefield: Shades of Dreyfus & BMJ's Descent into Tabloid Science

By Vera Sharav | Alliance for Human Research Protection |10/30/2017

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**Introduction:** I have undertaken this review of the case against Dr. Andrew Wakefield because the issues involved are far more consequential than the vilification of one doctor. The issues, as I see them, involve (a) collusion of public health officials to deceive the public by concealing scientific evidence that confirms empirical evidence of serious harm linked to vaccines – in particular polyvalent vaccines; (b) the “willful blindness” by the medical community as it uncritically fell in line with a government dictated vaccination policy driven by corporate business interests.

Public health officials and the medical profession have abrogated their professional, public, and human responsibility, by failing to honestly examine the iatrogenic harm caused by expansive, indiscriminate, and increasingly aggressive vaccination policies. On a human level, the documented evidence shows a callous disregard for the plight of thousands of children who suffer irreversible harm, as if they were unavoidable “collateral damage”.

All of the documented evidence and testimonies submitted to the General Medical Council, upon which GMC issued its guilty verdicts against Dr. Wakefield and his two co-defendants in 2010, were subsequently forensically assessed by the UK High Court in March 2012, in the appeal of Professor John Walker-Smith, the senior clinician and senior author of the Lancet case series. The High Court determined that the verdicts of professional misconduct and ethics violations were unsupported by the evidence.

Indeed, the adjudicated evidence refutes the case against Dr. Wakefield; the documents and testimonies demonstrate that there is no evidence whatsoever, to support the charges of professional misconduct, much less the accusation of fraud. The accusation of fraud was hurled by the Editor-in-Chief of the BMJ, a medical journal whose corporate ownership is intertwined with the vaccine manufacturing Behemoths, Merck – with whom BMJ signed a partnership agreement in 2008 – and GlaxoSmithKline which provides additional financial support to BMJ. Among their numerous vaccine products, Merck and GSK manufacture the MMR vaccine.

My commentary is buttressed with details from the [High Court decision](#) (2012); transcripts of testimony before the General Medical Council (2007- 2010); documents and testimony that have been judicially adjudicated; the sworn [deposition of the Deputy Editor of the BMJ](#) with internal BMJ emails(2012); [internal correspondence by CDC](#) officials and CDC-commissioned scientists (2000-2009, some uncovered in 2011; [new documents](#) obtained in July 2017); the [suppressed finding](#) of CDC’s first large-scale epidemiological study (1999) and a [transcript of the closed door meeting](#) of the Epidemic Intelligence Service at Simpsonwood (2000); a transcript of the closed meeting of the US Institute of Medicine Committee on [Immunization Safety Review](#) (2001); the U.S. Grand Jury [criminal indictment](#) of Dr. Poul Thorsen (2011); [transcripts](#) of the UK Joint Committee on Vaccination

and Immunisation (1988); a [confidential report Re: \*Infanrix hexa\*](#) submitted by GlaxoSmithKline to the European Medicines Agency (2012) documenting sudden infant deaths; Cochrane Collaboration MMR reviews (2003, 2005, 2012); HHS [Inspector General investigation report](#) – CDC advisory panel corruption (2009); [CDC scientists letter](#) of complaint about “rogue interests” “questionable and unethical practices” (2016).

### **Background & current climate in the vaccine wars:**

In medicine, the most important clue to resolving the cause of a disease is to identify the trigger. In the case of autism, the exponential increase in the epidemic began in the 1990s is readily documented. In California, the autism prevalence rate increased 600% between 1990–2002. Is it sheer coincidence that beginning in 1991, CDC recommended universal vaccination of newborn infants with thimerosal-laced Hepatitis B vaccine? This was the first in a series of three vaccinations to be administered during the first year of life. The argument that correlation is no proof of causation has been used to prevent meaningful research that could identify the triggers of the autism epidemic. Instead, the focus of vaccine research has been tightly controlled to searching for a genetic cause, or population surveys in epidemiological studies, neither of which have come close to identifying the triggers for autism.

### Autistic children’s severe bowel problems were overlooked by doctors until they were highlighted in the Lancet article (1998)

Although earlier studies had reported the presence of severe bowel problems in autistic children as early as early as 1972,<sup>1</sup> clinicians were uninformed about the phenomenon. Thus, all too often, they dismissed parents’ accounts as incongruent with the prevailing medical opinion. As a result, these children were consigned to the ministrations of psychiatry, whose treatments – i.e., anti-psychotic drugs – precipitated serious adverse effects, without ameliorating the children’s plight.

The corrupting influence of the pharmaceutical industry on medical research and its published literature, has derailed the medical profession from its humanitarian mission and its professional objectivity. A recent review by the *Hastings Center* (June 2017)<sup>2</sup> confirms industry’s corrosive influence.

*“what we can say for certain is that, in medicine, conflict is generally ubiquitous and penalties absent... in the case of financial conflict of interest in medicine, many well done epidemiological studies have demonstrated a bias—that financial relationships between physicians and pharma consistently cause a distortion of the evidence or its interpretation.”*

However, the *Hastings* report, like all academic reviews, provides an abstract view of the landscape, leaving out the people who are affected by those financial relationships. Although Dr. Wakefield was the lightning rod for an unprecedented vilification campaign that has cast him as a pariah, and has disparaged the Wakefield et al, Lancet paper (1998) as “fraudulent”, the campaign has served a far greater objective than “merely” ending Dr. Wakefield’s career as a doctor and researcher. The Wakefield MMR saga is a case study that encapsulates how various, ubiquitous corrupting financial

influences have merged, forming an insurmountable coalition: a coalition capable of terrorizing, and, if need be, annihilating anyone who dares to challenge their enormously profitable, inter-dependent enterprises.

The objective of those who fomented the witch hunt against Dr. Wakefield was to protect their financial stake in the MMR, and to safeguard public policies that ensure high utilization of vaccines. Vaccine stakeholders were (and are) determined to suppress independent vaccine safety research that might reveal inconvenient safety problems that could threaten vaccination rates, resulting in decreased profits.

When Dr. Godlee took principled positions on issues, I admired her. For example, her leading role in the campaign for data sharing; her criticism of the US dietary guidelines which favor Big Agra and its sugar-laden food products; her 2006 editorial [Of Measles and Flu](#),<sup>3</sup> criticized governments for stockpiling of the largely worthless anti-viral drug Tamiflu and for going “*to great lengths to promote and provide [the flu] vaccine in the absence of valid evidence that it does any good.*”

In the same editorial, Dr. Godlee strongly opposed “*plans to pursue Wakefield for misconduct through the General Medical Council,*” calling it “*doomed and dangerous*”, because, she acknowledged, “*so much [overall] research is flawed.*” She further stated: “*Part of the problem is the perception that no one in an official position has taken seriously the concerns of families who believe their children have been damaged by the vaccine.*” In 2014, Dr. Godlee lent support for the release of company documents that substantiate the conclusion that “*the entire ecosystem of drug evaluation and regulation is deeply flawed.*”<sup>4</sup>

Therefore, it strikes me as especially appalling that Dr. Godlee stepped so far beyond her legitimate editorial role, and used the authority of her office as the editor-in-chief of a widely read medical journal to pronounce Dr. Andrew Wakefield guilty of “fraud”, *the most noxious accusation ever leveled against a medical scientist.* She did so, despite having outlined the limits of a medical journal’s role in 2004: “*Journals are ‘in the uncertainty business’: debate rather than pronouncement.*”<sup>5</sup>

In 2010, Dr. Godlee commissioned a series of three articles by Brian Deer, a freelance journalist who had been hired by a Murdoch publication editor (in 2003); the editor stated that he required “*something big [about] MMR.*”<sup>6</sup> Although Deer is neither a scientist, medical researcher, nor a scholar – and despite the knowledge that a complaint had been lodged against him for using “*gutter tactics*”<sup>7</sup> – Deer was given the BMJ bully pulpit to fan the flames against Dr. Andrew Wakefield within the broad medical-scientific community.

As will be documented, Dr. Godlee’s repeated assertions that Deer’s *BMJ* series “*has been intensely scrutinized*” and that his articles had undergone “*external peer review*” are contradicted by internal BMJ email correspondence and the [sworn testimony of the BMJ Deputy Editor](#) who acknowledged in her deposition (in 2012) that Brian Deer’s series of BMJ articles had not ever been subjected to external peer review – as would be expected of an academic medical journal.

Those sensationalist series of articles<sup>8</sup> were published by the BMJ under the banner “*Secrets of the MMR Scare*”, and they were accompanied by an equally brazen editorial framed in the same sensational tabloid journalism style, as is characteristic of a Rupert Murdoch publication. The title of this muckraking editorial declared: [Wakefield’s Article Linking MMR Vaccine And Autism Was Fraudulent](#).<sup>9</sup>

The opening sound bite of the editorial was: [“Clear evidence of falsification of data should now close the door on this damaging vaccine scare.”](#) Dr. Godlee hurled the accusation of “fraud” 10 times in that editorial. Clearly, the editorial and accompanying articles by Deer were crafted for maximum injurious impact, aimed at destroying Dr. Wakefield’s reputation.

For a medical journal to make such serious accusations against a doctor is unprecedented.

It is both egregious and ominous that the editor-in-chief of the BMJ, an influential medical journal, made those accusations without ever providing any substantiating evidence; the accusations were based on a Murdoch-hired reporter’s say-so. The dissemination of the BMJ editorial was steered by a coordinated public relations *blitzkrieg* of articles, editorials, press [releases](#) and CNN [interviews](#) that reverberated around the globe. Television viewers were alerted to the BMJ charge as “breaking news”.

*“Breaking news tonight: Just hours ago, The British Medical Journal (BMJ), did something extremely rare for a scientific journal. It accused a researcher, Andrew Wakefield, of outright fraud.”*<sup>10</sup> ([CNN](#), Anderson Cooper 360 Degrees, January 5, 2011)

The uncritical feeding frenzy was not limited to the mass media. Every major science and medical journal disseminated the vilifying claims in BMJ’s editorial without questioning the veracity of the “fraud” accusation. As I will document, no evidence has ever been presented to substantiate the charge of fraud against Dr. Wakefield. Dr. Godlee lambasted him on [CNN](#), declaring that “*a financial motive was underlying this*”.

She accused Dr. Wakefield of financial motives while concealing BMJ’s major financial conflicts of interest; namely, BMJ’s corporate [partnership with Merck](#), and additional funding from GSK – the two major global vaccine marketers and manufacturers of the MMR<sup>11</sup> vaccine. When those BMJ conflicts were exposed in 2011 [by this author], Dr. Godlee’s response was: “*We didn’t declare these competing interests because it didn’t occur to us to do so.*”<sup>12</sup> In view of the prominence given, by the BMJ, to conflicts of interest and Dr. Godlee’s numerous public denunciations of others who failed to disclose conflicts of interest, her explanation is disingenuous.

The Wakefield vilification campaign was spearheaded by Murdoch in collusion with UK government officials. It was intensified by the BMJ, which by then had entered into partnership with Merck, a company noted for its mobster tactics of intimidation against doctors who dared to criticize the company’s products. Among the internal company documents, submitted as evidence in a class action lawsuit against Merck in Australia, was a “[Doctor Hit List](#)” instructing Merck employees to “[Destroy,](#)” “[Neutralize](#)” or “[Discredit](#)” [Dissenting Doctors](#)”. An email authored by a Merck executive (1999) stated: “*We may need to seek them out and destroy them where they live.*”<sup>13</sup>

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The sustained vilification campaign that has been orchestrated by a powerful network of stakeholders, has effectively imposed strict limits on the permissible parameters of vaccine research, and has served as a warning to others not to venture from the approved paradigm of epidemiological vaccine research. Scientists are well aware that epidemiological studies cannot prove that multi-valent (combined viruses) vaccines do not cause autism, because even the most accurate studies, cannot disprove a causal connection in a relatively small number of cases. Yet, epidemiological studies are the preferred paradigm for vaccine research. The governments of US and UK, and the World Health Organization (WHO), sponsor and rely on epidemiological studies.

The same network of stakeholders, control the channels of information, and public discourse regarding vaccine-related issues. They control the gateways to journal publication, ensuring that reports containing negative findings are not published in influential (high impact) journals, and that favorable reports assuring the safety of vaccines are regularly published and widely disseminated. At least 16 epidemiological studies have been published about MMR vaccines, thimerosal and autism. Indeed, vaccine promoters cite the volume of favorable epidemiological studies as conclusive evidence:

*“16 studies have shown no causal association between vaccines and autism, and these studies carry weight in the scientific industry.”* Dr. Nancy Snyderman, Medical Editor of *NBC Today Show*

*“The science is largely complete. Ten epidemiological studies have shown MMR vaccine doesn't cause autism; six have shown thimerosal doesn't cause autism.”* -- Dr. Paul Offit<sup>14</sup>

Those statements are in the category of propaganda; epidemiological studies cannot prove a “no causal relationship”. The judgment of medical doctors who broadcast propaganda should be discounted as untrustworthy. In fact, those studies have been severely criticized by independent researchers and reviewers – including the Cochrane Collaboration. The studies have been criticized for serious methodological limitations, design flaws, and financial conflicts of interest.<sup>15</sup> Furthermore, CDC whistleblowers and government officials have charged CDC officials with corruption of science.<sup>16</sup> Conclusive evidence contained in thousands of internal CDC correspondence<sup>17</sup> (that were obtained under the Freedom of Information Act) documents a web of elaborate scientific fraud in pivotal CDC-commissioned, Danish epidemiological studies.

- [Internal CDC documents](#) (obtained in 2011) and [additional CDC documents](#) (obtained in July 2017) – they include emails, memoranda, and transcripts of meetings and conference calls; and evidence gathered in the course of [a criminal investigation of Poul Thorsen by the U.S. Inspector General](#) of the Department of Health and Human Services (HHS), reveal massive scientific.

The documents reveal [Evidence of Misconduct Danish- CDC Collaboration](#): a series of CDC studies, and CDC – commissioned Danish epidemiological studies that continue to be widely cited, are shown to have been grossly manipulated to achieve the results sought by CDC. The authors, in collusion with

CDC officials omitted negative data from the published reports. [See Appendix 9]

These Danish studies were followed by a Japanese epidemiological study co-authored by a UK psychiatrist (who was the principal expert witness against Dr. Wakefield). "[No Effect Of MMR Withdrawal On The Incidence Of Autism: A Total Population Study](#)" (2005) by H Honda, Y Shimizu and Professor Sir Michael Rutter, was published in the *Journal of Child Psychology and Psychiatry* (2005):

*“The MMR vaccination rate [sic] declined significantly in the birth cohorts of years 1988 through 1992, and not a single vaccination was administered in 1993 or thereafter. In contrast, cumulative incidence of ASD up to age seven increased significantly in the birth cohorts of years 1988 through 1996 and most notably rose dramatically beginning with the birth cohort of 1993.”*

*“The significance of this finding is that MMR vaccination is most unlikely to be a main cause of Autism Spectrum Disorder, that it cannot explain the rise over time in the incidence of Autism Spectrum Disorder, and that withdrawal of MMR in countries where it is still being used cannot be expected to lead to a reduction in the incidence of Autism Spectrum Disorder.”*

The study was touted as the last word: “[It] should put the final nail in the coffin of the claim that the MMR vaccine is responsible for the apparent rise in autism in recent years.” ([New Scientist](#), 2005)

Independent critics outside of mainstream channels disputed the authors’ claimed findings, and criticized their failure to take into account the following:

Prior to the introduction of the MMR to Japan, the annual incidence of autism spectrum disorder (ASD) was 25 per 10,000. Following the introduction of the MMR in 1988, the annual incidence rate increased to 85.9 per 10,000. As concerns over the encephalitis spike, attributed to the mumps component of the MMR grew, the vaccination rate plummeted. And the ASD incidence rate decrease to 55.8 per 10,000. In 1992, the MMR was replaced with single M, M & R vaccines that were administered in close proximity. [Dr. Wakefield had recommended a one year interval between vaccines, as a safety precaution, to protect children from exposure to multiple viruses at once.]

The incidence of ASD rose sharply in 1994 to 161 per 10,000. The authors failed to question why? And they failed to mention (or to recognize the significance) of three relevant changes in Japan, that likely accounted of the sharp rise in ASD prevalence: (a) In 1993, a changed diagnostic classification (IC -10) vastly inflated the autism prevalence rates; and (b) there were striking increases in vaccination rates the same year; (c) the Japanese encephalitis vaccine (JE-Vax) was given in three separate vaccinations; each one contained the mercury based neurotoxin thimerosal. JE-Vax coverage increased from 43% to 90%; vaccination against measles increased from 65% to 95%, and vaccination against rubella increased from 65% to almost 100%.

- These vaccination increases coincided with the highest peak in autism and ASD in Japan.

*“The fact of a dip in autism followed by a large rise, when vaccinations increased over 150% in 1993 in Japan (according to official Japanese government figures), is actually evidence of at least two things: It is strong evidence of a causal association between the combination of vaccines and autism-like and related disorders. It is also evidence of the existence of a dechallenge/rechallenge case series at a population level.” (Clifford Miller, Esq.)<sup>18</sup>*

Honda, Shimizu and Rutter conceded that: *“Epidemiological data, however, cannot test the very different hypothesis that MMR might involve an increased risk of ASD in a very small number of children who, for some reason, are unusually susceptible to damage from the vaccine.”*

If, as these authors acknowledge, epidemiological studies cannot prove or disprove a causal link of an increased risk, then why, asks pediatrician Dr. Edward Yazbak, do public health authorities continue to fund, support, and rely on ill-suited epidemiological studies, to disprove a clinical reaction –i.e., an adverse vaccine reaction?

*“Over a dozen epidemiological studies from every corner of the world have failed. Some included thousands of individuals and some whole populations. Some have extended over many years and undoubtedly some are on-going. They too will be useless. If just ONE study had been good enough to prove that Wakefield was wrong, the need for others would not exist. The Study of 12 published by Andrew Wakefield in 1998 still stands.”<sup>19</sup>*

- Studies that would be suitable to test the safety of children’s vaccination schedules, which now include multiple, multi-virus vaccines, are off-limits – they are *verboten* – under threat of serious professional and financial repercussion.

The latest case of censorship involves Dr. Anthony Mawson, a professor of epidemiology at the School of Public Health, Mississippi. He treaded on a danger zone when he conducted a pilot study, [the first ever study that compared the health of 666 vaccinated and unvaccinated children](#).<sup>20</sup> The paper passed peer review twice: it was accepted for publication in November 2016 by the *Journal Frontiers of Public Health*, and was posted on its website, garnering 80,000 hits within 4 days. It was then “de-accepted” after “*a firestorm erupted on Twitter*”. The article was again peer reviewed and accepted for publication by *Journal of Translational Science*, and was posted on its website in May 2017.

Once again, the vaccine thought police prevailed and the journal “de-published” the report without explanation. [Dr. Mawson’s study was later republished.] This recent example of censorship prompted Dr. Edward Fogarty,<sup>21</sup> Chairman of the Department of Radiology at the University of North Dakota, School of Medicine to comment:

*“As an academic and clinical imager whose specialty is grounded in the ethics of transparency, it is terribly disturbing that this manuscript is getting censored. It begs the question as to why. Nowhere else in academia do we see the degree of censorship of inquiry than in this arena. In fact, the economic, professional and political risks of anyone driving*

*safety science in this sphere of U.S public health is so great that it has served to muzzle virtually an entire professional class.*

*Concerned physicians who are surgeons, radiologists, pathologists, primary care physicians, and even pediatricians face whispered threats of loss of licensure for even speaking out from within the profession.”*

Academics and journalists have been intimidated into silence on the issue of vaccines.<sup>22</sup> [See Appendix 10] Indeed, the suppression of essential vaccine safety issues from mainstream information channels can now even be felt when using internet search engines such as google. My suspicions were aroused when I was unable to locate articles critical of vaccine policies written by non-mainstream authors; articles I had previously located. My suspicions were validated when I came across a Reuters headline: [“GSK and Google Parent Forge \\$715 Million Bioelectronic Medicines Firm](#) (2016).

Public health officials and healthcare professionals with financial conflicts of interest and/ or political aspirations are pushing our “democracies” backward, in (what I perceive as) a sinister direction, in which government dictates medical decisions, bureaucratically eliminating our right to free choice. In 2008, proposals to enact mandatory vaccination policies were emphatically rebuffed by Dr. Hamish Meldrum, the chairman of the British Medical Association (BMA), who called proposals for compulsory vaccination “*a Stalinist approach.*” He told BBC that forcing parents to vaccinate their children was “*morally and ethically dubious.*”<sup>23</sup>

Today, government regulators across Europe and Australia have embarked on an aggressive drive to eliminate parental choice; they seek to dictate mandatory vaccination policies.<sup>24</sup> The Italian Minister of Health, Beatrice Lorenzin, is on record making the outlandish, irresponsible, false claim that in 2013, 270 children in London died of measles.<sup>25</sup> The UK government documented 4 deaths in 25 years due to measles.<sup>26</sup> [See Appendix 2] This June, Farah Jameel, a General Practitioner, filled a motion with the BMA calling for mandatory childhood vaccinations; she accused parents who have reached an informed decision to reject some vaccines for their children, of “*displaying negligent behaviours.*”<sup>27</sup> The [European Centre for Law & Justice](#) filed a case involving compulsory vaccination with the European Court.<sup>28</sup>

This (lengthy) review of the issues involved in the Wakefield saga was prompted by Dr. Godlee’s assertions, misrepresentations, and persistent accusation of fraud hurled against Dr. Wakefield. My purpose is to direct readers’ attention to legally adjudicated evidence, and internal documents that serve as primary evidence refuting those allegations. In accordance with the mission of the Alliance for Human Research Protection, I invite your honest appraisal of the relevant evidence – which I do not believe you have examined before – and urge you not to accept filtered information that has been skewed to promote corporate interests. The search for truth should not be controlled by institutional “authorities” behind closed doors. Those who conceal their overriding corporate/institutional financial stakes in this issue cannot be trusted.



Our mission also is to emphasize the importance of eyewitness accounts by patients and parents about adverse effects or injuries following the ingestion of drugs or following vaccination. These testimonies are not simply “anecdotal” (as scientists tied to vaccine industry – directly or indirectly – would have you believe). Parental observation should be taken seriously; they should not be derided and dismissed by physicians, who (often unwittingly) prescribe treatments whose safety has not been properly tested, or whose serious adverse effects are concealed.

The commentary that follows and the accompanying 11 Appendices [that will be posted on the AHRP website shortly] are substantiated by: legal documents, transcripts of GMC proceedings, transcripts of closed door meetings of public health officials, and confidential internal correspondence and memoranda.<sup>29</sup>

First, and foremost, the irrevocable UK [High Court Decision](#) (March 7, 2012)<sup>30</sup> in the case of Professor John Walker-Smith, senior clinician and senior author of the *Lancet* study, who “*had joint overall responsibility for the project*”, and was a co-defendant of Andrew Wakefield before the GMC. In rendering the High Court decision, after thorough assessment of all the evidence, testimonies and verdicts by the UK General Medical Council (GMC), Justice John Mitting overturned the verdicts and excoriated the entire GMC proceedings as: “not legitimate,” “perverse,” “unsustainable” and “untenable.”

The 2012 [Deposition](#)<sup>7</sup> of Jane Smith, BMJ Deputy Editor and accompanying Internal BMJ correspondence submitted in evidence in a libel case brought by Dr. Wakefield against Brian Deer, Dr. Fiona Godlee and the BMJ. Ms. Smith, who co-authored the editorial with Dr. Godlee and Associate BMJ Editor, Dr. Harvey Marcovitch, charging Dr. Wakefield with “fraud”, testified under oath that Brian Deer’s BMJ articles were not peer-reviewed; they were only reviewed by these three BMJ editors (and a lawyer, of course). The deposition and internal correspondence are evidence that Dr. Godlee’s repeated assertions, that Deer’s *BMJ* series “*has been intensely scrutinized*, and that the series had undergone “*external peer review*”, were made in the knowledge that they are false.

The disclosure statements, appended to 9 BMJ articles penned by Deer (2010 -- 2012), are farcically misleading. “*The author has completed the unified competing interest form...and declares no support from any organisation for the submitted work; no financial relationships with any organisation that might have an interest in the submitted work in the previous three years; BD’s investigation led to the GMC proceedings referred to in this report, including the charges. He made many submissions of information but was not a party or witness in the case, nor involved in its conduct.*”

The BMJ editors knew (or should have known) that the statements are false. In fact, [Deer’s formal complaint](#), against Andrew Wakefield, John Walker-Smith, and Simon Murch, was filed with GMC February 25, 2004:

*“I write to ask your permission to lay before you an outline of evidence that you may consider worthy of evaluation with respect of the possibility of serious professional misconduct on the part of the above named registered medical practitioners.”*<sup>31</sup>

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In 2006, his identity as the person who filed the complaint was confirmed by Justice Eady in a High Court [Decision](#) regarding an earlier defamation suit by Dr. Wakefield against Brian Deer, the *Sunday Times* and Channel 4. “Mr. Deer had made a complaint to the GMC: His communications were made on 25 February, 12 March and 1 July 2004.” Indeed, it was Deer’s complaint that initiated the GMC investigation, and served as the blueprint for GMC’s investigation, charges, and verdicts. It also served to buttress his professional career during the next 8 years.

- Despite judicial confirmation of Deer’s role, this materially important fact was concealed from readers of both *The Sunday Times* and the *BMJ*.

As an academic medical journal, the *BMJ* editor had a duty (at the very least) to submit Deer’s highly controversial, defamatory articles, for external peer review by unbiased academic reviewers. Not only were the articles not peer reviewed, at least two of Deer’s articles are appended with the *BMJ* editorial declaration: “*externally peer reviewed.*”<sup>8</sup> Why, if not to deceive the medical community, and other readers of the *BMJ*, did the *BMJ* editors make such a patently false declaration?

In September 2011, Dr. Godlee made a video presentation titled, “[Lessons from the MMR Scare](#),” in which she promoted the *BMJ*- Deer series to American scientists at the Center for Information Technology, National Institutes of Health. She quoted Albert Einstein’s admonition: “*The right to search for truth implies also a duty; one must not conceal any part of what one has recognized to be the truth.*” But then she proceeded to violate that very tenet of an honest search for truth.

### **BMJ has failed to report the adjudication of the High Court and its significance**

- The failure by the *BMJ* to report the decisive High Court decision and the significance of its adjudication of the evidence, demonstrates the biased, unfair, judgmental position that the journal and its editor-in-chief, have adopted regarding Dr. Andrew Wakefield.

*BMJ* editor Godlee suppressed publication of an independent scientist’s analysis of the Lancet children’s pathology documents;<sup>32</sup> the analysis contradicted her declaration that Dr. Wakefield is guilty of “elaborate fraud.” Her categorical position makes a mockery of *BMJ*’s public declaration: “[Evidence Underpins everything we do – it’s what makes us one of the world’s most trusted knowledge providers.](#)”

Inasmuch as I doubt that many (if any) of you are familiar with either the relevant legal documents, or the internal government documents, I have included extensive excerpts from the High Court Decision [Appendix 1], and documents that pertain directly to Dr. Godlee’s pronouncements that Dr. Wakefield is guilty of fraud, and her assertions that Brian Deer’s *BMJ* articles were peer-reviewed. However, I encourage everyone who believes in due process to examine the [High Court decision](#) (2012) and the [BMJ deputy editor’s deposition](#), and the *BMJ* email exchanges for yourself.

Furthermore, in 2011, editor Godlee’s claimed: “*We are unaware of any peer reviewed paper replicating Andrew Wakefield’s research or confirming his claims to have identified a new syndrome*

of regressive autism and inflammatory bowel disease.”<sup>33</sup> Her claim is contradicted by a large body of published evidence. Since publication of the case series in the *Lancet* 1998, the link between gastrointestinal disease and autism, has been confirmed and amplified in hundreds of studies. [See partial bibliography in Appendix 11] But these studies are deliberately ignored by the influential, “high impact” medical journals whose dependence on pharmaceutical industry funding has rendered these gatekeepers of science, purveyors of promotional hype, serving as “useful idiots”, much as Leftist academic publications did when they served as apologists for Stalin’s political purges and murderous reign of terror.

The following points will be covered in my response (with ample excerpts from documented evidence, and Dr. Godlee’s editorials & press releases).

1. What the *Lancet* article stated and what the criticism following publication was;
2. A description of the clinical purpose of the study and the single non-clinical scientific component – a blinded re-analysis of the children’s biopsy tissues;
3. How the GMC case against Dr. Andrew Wakefield, Professor John Walker-Smith & Dr. Simon Murch was contrived by powerful vested interests;
4. What the charges and verdicts by the General Medical Council (GMC) were against three doctors who co-authored the *Lancet* article;
5. How conflicts of interest corrupted the GMC panel & proceedings; the case was built on a pivotal false premise without which there was no case;
6. How the irrevocable decision by the UK High Court (2012) in the appeal of Dr. Wakefield’s co-defendant, Professor John Walker-Smith, overturned all of the crucial GMC professional misconduct charges and verdicts for lack of evidence to support them; thereby shattering the BMJ editor’s allegation of “fraud” against Dr. Wakefield;
7. What the real “crimes” for which Dr. Wakefield continues to be lynched are, and how they have nothing to do with medicine, ethics, or science;
8. How a class action vaccine-injury lawsuit would pose a serious threat to government and Pharma;
9. How the Wakefield controversy encapsulates erosion of public trust in industry-dominated medicine; it galvanized a major call to arms to combat distrust in vaccines;
10. Two concurrent challenges threatened vaccine orthodoxy galvanizing vaccine stakeholders to mobilize;
11. How the conclusion of three commissioned Cochrane MMR reviews are not supported by the reviewers’ own assessment of the evidence base; the Mayo Clinic reviews dispute MMR effectiveness;
12. How the Wakefield vilification campaign was initiated by a Murdoch editor seeking “something big [on] MMR” and was hatched and launched in Murdoch’s Sunday Times;
13. How high- ranking UK government officials and the editor of the *Lancet* were actively involved, adding weight and momentum to the slander campaign against Dr. Wakefield;

14. How elementary standards of journalism were abandoned by a journalist who created the story by secretly filing the [formal complaint](#) with the GMC thereby providing the grist for his story line over a period of 8 years;
15. How children's confidentiality was breached with impunity;
16. How Dr. Fiona Godlee argued in an editorial (2006) against the GMC prosecution of Dr. Wakefield, then in 2011, she led the charge in the vilification campaign;
17. How the GMC panel found no evidence to support Deer's allegation of "scientific fraud";
18. How Dr. Godlee declared Dr. Wakefield guilty of "scientific fraud" and "falsification" without citing a single instance of fraud or falsification; she apparently relied on a reporter's say-so;
19. Sworn testimony by BMJ Deputy Editor confirms that Deer's articles were not peer reviewed contrary to BMJ's false and deceptive declarations. BMJ provided an academic veneer to Deer's articles, deliberately misleading the medical community and the public. BMJ also failed to disclose Deer's role in creating the GMC case against Dr. Wakefield;
20. Why the BMJ imprimatur was needed to divert attention from evidence of far-reaching, scientific fraud in pivotal CDC-sponsored Danish vaccine studies uncovered in internal documents;
21. What the seven objectives were that propelled the malevolent BMJ-led anti- Wakefield inquisition, & why it was far more lethal than the Sunday Times
22. How Dr. Godlee rejected a substantive scientific commentary that refuted the charge of fraud and falsification;
23. How histological grading sheets were distorted and deconstructed into "fake evidence", and how the editor-in-chief expanded her dragnet accusing all of Wakefield's co-authors, the Lancet editor, and the Royal Free Hospital, of institutional research misconduct;
24. The GMC verdict was predetermined, driven by a coterie of powerful institutional stakeholders, whose pervasive institutional [financial interests](#) colluded to foment an inquisition: (a) the extensive pharma ties of the Murdoch media empire and Murdoch family, including the Murdoch Childrens Research Institute in Australia; (b) involvement of MedicoLegal Investigations, an arm of the Association of British Pharmaceutical Industries; (c) GMC corrupting conflicts of interest; (d) GMC expert witnesses' conflicts; (e) BMJ's undisclosed [corporate partnership](#) with Merck and its financial ties to GSK;
25. What the GMC conflict of interest charges against Dr. Wakefield are; in light of the indisputable evidence of pervasive conflicts of interest in medicine, in what conceivable way are his conflicts different from the norm and practice? Evidence that refutes the COI charges against Dr. Wakefield;
26. Summary of the facts: BMJ's defamatory accusations are refuted by judicially adjudicated evidence; beyond BMJ's overriding conflicts of interest, ethical and professional standards --[International Committee of Medical Journal Editors \(2008\)](#) and the [Code of Conduct and Best Practice Guidelines for Journal Editors \(2011\)](#), which Dr. Godlee is a member of – were violated;

27. BMJ editor-in-chief provided an academic sheen to a public lynching; and she called for an end to the debate about an autism link to vaccines;
28. A concerted push for compulsory childhood vaccination is fueled by a fear mongering campaign.

- APPENDIX 1: Extracts from the **UK High Court Decision** in the appeal by Professor John Walker-Smith (March 7, 2012).
- APPENDIX 2: Historical record of measles mortality, measles vaccine, & measles outbreaks;
- APPENDIX 3: JCVI transcripts (1988 -1992) document deception & cover-up that shielded GSK's defective MMR vaccine, Pluserix;
- APPENDIX 4: Vaccine Damage Payments Act, 1979: Parliament debated government payment responsibility, 2000; 2015; National Vaccine Injury Compensation Program 1988-2017;
- APPENDIX 5: Japan curbs vaccination requirements, bans MMR & consistently ranks high in health, life expectancy and low infant mortality;
- APPENDIX 6: Reports document doctors committing suicides during stressful GMC FTP Proceedings;
- APPENDIX 7: Commentary with original pathologists' diagnostic evaluation of Lancet children's biopsy slides submitted for publication by David L. Lewis, Research Microbiologist, National Whistleblowers Center, (September, 2011);
- APPENDIX 8: GlaxoSmithKline dubious record of concealing the most harmful risks linked to its drugs and vaccines; confidential report (2012) reveals a litany of severe adverse effects linked to *infanrix Hexa* – including 36 deaths within days of vaccination;
- APPENDIX 9: Corrupted vaccine “science”; evidence of outright fraud; manipulated safety assessments sacrifice children as collateral damage, to protect high utilization of vaccines;
- APPENDIX 10: Cyber Propaganda – “weapons of mass deception”;
- APPENDIX 11: Partial bibliography: peer-reviewed reports confirm vaccine safety hazards.

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### 1. What the *Lancet* 1998 article stated:

*The Lancet* study was published as an “Early Report.”<sup>34</sup> It was presented as an observational case series of twelve children; it suggested a link between the children’s gastrointestinal disorder and developmental regression. The thirteen co-authors of the report were members of the Royal Free Hospital’s Inflammatory Bowel Disease Study Group. The tentative conclusion stated:

*“We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers... Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another.”*

An addendum states: “Up to Jan 28, a further 40 patients have been assessed; 39 with the syndrome.” The *Lancet* article explicitly stated that the study did not prove a link between the MMR vaccine and autism; it called for further research:

*“We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described. Virological studies are underway that may help to resolve this issue... We have identified a chronic enterocolitis in children that may be related to neuropsychiatric dysfunction. In most cases, onset of symptoms was after measles, mumps, and rubella immunization. Further investigations are needed to examine this syndrome and its possible relation to this vaccine.”*

Some have been critical of the study for failing to conform to the scientific standards of a controlled clinical trial. But the authors never claimed it was a randomized clinical trial; it was a case series. “It wasn’t supposed to be “a scientific sample” or a statistical measure of anything.”<sup>35</sup> In December 1996 (fourteen months prior to publication of the *Lancet* article) Professor Walker-Smith gave a presentation at the Wellcome Trust before an international scientific meeting, titled, “Enterocolitis and Disintegrative Disorder Following MMR – A Review of the First Seven Cases.”<sup>36</sup> He reported the: “preliminary details concerning seven children, all boys, who appear to have enterocolitis and disintegrative disorder, probably autism, following MMR.” These 7 children, the High Court confirmed, were part of the *Lancet* group.

Others have criticized Dr. Wakefield for “making inductive statements on the basis of 12 cases.” Viewed from a non-contentious historical perspective, this study is an example of how scientists identify a new condition based on a small number of patients. For example, Dr. Leo Kanner was the first scientist to identify the condition of “early infantile autism” in 1943. The basis for this identification was his case series involving 11 children.<sup>37</sup> And Dr. Hans Asperger’s paper (1944) described 4 cases of “autistic psychopathy” which laid the foundation for the recognition of Asperger’s syndrome.<sup>38</sup> These small studies are considered seminal works. More recently, a paper in a journal published by the BMJ Group (2004)<sup>39</sup> described findings of cerebral changes in 9 infants who underwent diffusion tensor imaging.

If initial (necessarily small) studies were to be disqualified, the door to new discoveries and medical progress would be shut off. Large-scale epidemiological studies reveal broad trends and correlations, but they cannot prove that a specific risk factor causes, or does not cause the disease being studied. Furthermore, the prohibitive cost of large studies limits such studies to those sponsored by government and large healthcare providers.

## **2. The clinical purpose of the study was to obtain a diagnosis in the hope of finding effective treatment.**

The senior clinician and senior author of the case series reported in the *Lancet* paper was Professor Walker-Smith, a foremost internationally recognized pediatric gastroenterologist, and former editor-in-

chief of the [\*Journal of Pediatric Gastroenterology & Nutrition\*](#). Professor Walker-Smith's responsibilities included: review of available developmental records, assessment of each child's gastroenterological, neurological and developmental symptoms; determination of which diagnostic tests each child would undergo; establishment of a diagnosis for 11 of the children, and prescription of subsequent treatment. He oversaw a team of 5 expert clinicians including a neurologist and child psychiatrist.

Several letters written by Professor Walker-Smith were submitted in evidence during the GMC proceedings. For example, in a letter<sup>40</sup> to Dr. Pegg, Chairman of the Royal Hospital Ethics Committee (November 11, 1996), he emphasizes the therapeutic aim of the study:

*"These children suffer from a disease with a "hopeless prognosis" in relation to their cerebral disintegrative disorder. They have often not had the level of investigation which we would regard as adequate for a child presenting with such a devastating condition.*

*In relation to their gastrointestinal symptoms, which will be present in all the children we investigate, these have often been under-investigated. We have so far investigated five such children on a clinical need basis; all in fact have proved to have evidence of chronic bowel inflammation. One child has already had a significant response to enteral feeding. Certainly there is a measurable benefit to the child."*

- i) establishing a diagnosis and excluding metabolic and other causes.*
- ii) commencing on a therapeutic regime.*

*This whole study is parent/patient driven as every case referred has been initiated by the GP by the parents of the child. I can confirm that children would have these investigations even if there were no trial. I must make clear that we would not be investigating children without gastrointestinal symptoms.*<sup>30</sup> [[High Court Decision](#), Par. 6, hereafter the decision is cited as HC]

After the study was completed (in October 1997) Professor Walker-Smith wrote to Dr. David Salisbury, Principal Medical Officer and Director of Immunisation at the Department of Health (DoH), to inform him about the important finding of "a whole new syndrome".

*"On the issue of autism, I am completely astounded by the clinical features of these children with autism and bowel inflammation. Very often the gastrointestinal symptoms have been ignored by a succession of the doctors and the findings on ileo-colonoscopy appear to be quite distinctive. This seems to me a whole new syndrome which is in urgent need of clarification."*<sup>30</sup> [HC Par. 8]

- The judicially adjudicated documents confirm, that Professor Walker-Smith was the senior clinician, who supervised the clinical investigation, and evaluation of the children's medical condition, and that "he had joint overall responsibility for the project." [HC Par. 22]

Professor Walker-Smith knew, that scientists who study of biopsy tissues (histopathologists), often differ in their interpretations – especially when there are subtle differences that were previously not studied. To address that problem, he instituted rigorous practices to review the biopsies of the Lancet children. He convened weekly clinical reviews by the entire clinical and scientific team,<sup>41</sup> including the general pathologists who had produced the initial reports. And he added a recognized expert histopathologist in intestinal disease, Dr. Amar P Dhillon (APD), who was assisted by Dr. Andrew Anthony (AA). All intestinal biopsy tissues underwent four rounds of microscopic review.

The final step of the study, entailed a non-clinical component, a blinded re-analysis of the Lancet children’s biopsies, compared to a control group of children, whose biopsy tissue samples were provided by the St. Bartholomew (Royal London Hospital).

The grading sheets, for the endoscopic and histopathological findings by Dr. Dhillon and Dr. Anthony, together with Professor Walker-Smith’s clinical judgment, were the basis for the children’s diagnoses identified in [Table 1 of the Lancet](#). The children’s diagnoses were arrived at, through the collaboration of expert scientists, who contributed to the determination of the children’s subsequent treatment. *The Lancet* (1998) stated:

*“biopsy samples of ileum and colon were assessed and reported by a pathologist (SED). Five ileocolonic biopsy series from age-matched and site-matched controls whose reports showed histologically normal mucosa were obtained for comparison. All tissues were assessed by three other clinical and experimental pathologists (APD, AA, AJW)”*

### **3. The GMC case against Dr. Andrew Wakefield, Professor John Walker-Smith & Dr. Simon Murch was contrived by powerful stakeholders with vested interests in ensuring high vaccination rates**

Most complaints to the GMC, are filed by a patient or relative against a doctor, alleging preventable harm. There were no complaints against any of the three doctors, by a parent of any child. The other source of complaints, that have prompted a GMC investigation, have emanated from the Association of the British Pharmaceutical Industries (ABPI), whose complaints were crafted by Medico-Legal Investigations (MLI), from 1996 until its demise in January 2013.<sup>42</sup> MLI billed itself as: “a confidential service for the pharmaceutical industry and health sectors”. MLI was funded entirely by ABPI, acting as its “police force”, while working closely with government health authorities.

*“The company asserts that it has investigated over eighty research studies in conjunction with the Association of British Pharmaceutical Industries, leading to disciplinary proceedings against 27 doctors at the GMC, all but one of whom were found guilty of serious professional misconduct [involving] research related matters.”<sup>43</sup>*

*“Liaison with PCT [Primary Care Trust] and LREC [Local Research Ethics Committee]; Preparation of statements of evidence and supporting documentary evidence for submission to GMC in preferred format; Liaison between GMC and complainants during the build-up to the*



*disciplinary hearing; Completion of case and final preparation for hearing under the auspices of the solicitors acting for the prosecution...”*

MLI notes that it can “locate patients’ GP records very quickly thanks to having good relationships with many UK PTCs.”<sup>44</sup>

The case against Dr. Wakefield and his two co-defendants, was contrived and filed by Brian Deer, on assignment for Murdoch’s *Sunday Times*. Deer had been explicitly commissioned to get “something big [on] MMR”.<sup>6</sup> As a Murdoch-commissioned reporter, Deer gained access to numerous influential sources.

Doors to confidential information that Deer would not otherwise have obtained – including confidential medical records – were opened. Deer was essentially providing the ammunition, while garnering material for his “story”. The case was crafted as a relentless assault, aimed at destroying Dr. Wakefield’s professional career and reputation, for which Deer won kudos, and advanced his own career.

- An MLI newsletter (2004) confirmed that Deer was assisted by MLI “in strictest confidence”.<sup>45</sup>  
Among MLI’s services to its pharma clients was crafting complaints to initiate GMC investigations.

The GMC hearings were calculated to: (1) end the line of research into the relationship between the MMR and autism; (2) prevent parents from filing legal action; and (3) to destroy the professional standing of the senior doctors in order to achieve 1 and 2. [GMC proceedings are noted for being high pressured, prejudicial, & extremely stressful. Defendants in GMC proceedings are presumed “guilty unless proven innocent.” Reports have documented a startling number of doctors who have committed suicide during GMC proceedings. [See Appendix 6]

The UK government had indemnified GSK from MMR injury following the Pluserix debacle. [See Appendix 3] The government, therefore, had a vested interest in protecting the vaccine and the vaccination program. [Martin J. Walker](#), a British author whose 30 year career has focused on investigating corporate lobby groups, involved in pharmaceutical marketing, and the cover-up of adverse reactions, attended the entire GMC Wakefield, et al hearings. His characterization of those hearings:

*“The GMC hearing could be part of a law school learning module on abuse of process, nowhere more so than in its origins. How could it be possible for a single pro-vaccine journalist to have such command of the medical-legal process that he can initiate one of the biggest prosecutions in GMC history against three doctors whose research casts doubt on the safety of MMR?”<sup>46</sup>*

The GMC prosecutor tried, but failed, to establish that, although the twelve Lancet children had behavioral problems associated with autism, they were not medically ill. Therefore, she argued, the

invasive diagnostic medical interventions, the children were subjected to, were not medically justified. Her allegations were forcefully refuted, by the testimony of Dr. Murch, who stressed the empirical reality of the children's intestinal symptoms, and defended the diagnostic interventions.

*“Ours was a thoughtful approach to complex cases. We were no more interventionist than the centres in Italy or France or other centres in Britain... A diagnosis of autism is not a signal to stop looking for the cause”.*

Dr. Murch also noted that research on mitochondrial dysfunction, measles virus, and inflammatory bowel disease, had been under way at the Royal Free well before 1996.<sup>47</sup> Dr. Wakefield was the Director of Research of the Inflammatory Bowel Disease Study Group at the Royal Free School of Medicine.

He published more than 130 scientific reports, including three related articles in the *Lancet*<sup>48</sup> prior to the 1998 article. In 1994, Dr. Wakefield sent a letter to Dr. David Salisbury: *“to express his fear that the programme of re-vaccination [with the MMR] of children might cause "a potential catastrophe" in the form of an epidemic of Crohn's disease.”*<sup>30</sup>

Dr. Wakefield's 1995 *Lancet* article (co-authored by the chairman of his department) was a retrospective study involving 3,545 adults, who had received the live measles vaccine in 1964, and their unvaccinated partners (2,541) who served as a comparison group. The findings suggested that the measles virus – whether contracted naturally or the result of a vaccine – *“may play a part in the development not only of Crohn's disease but also of ulcerative colitis.”* Upon discovering those publications, parents of autistic children who also suffered from severe bowel problems, contacted Dr. Wakefield, seeking his help. In May 1997, he was promoted to Reader in Experimental Gastroenterology.<sup>49</sup> His research into infectious causes of bowel disease, had led him to discern a correlation between Crohn's disease and the measles virus.

#### **4. The charges against Dr. Wakefield and his two co-defendants: subjecting vulnerable children to research under the guise of clinical care. The key charges & verdicts were as follows:**

- (1) *“The children described in the Lancet paper were admitted for research purposes under Project 172-96; the purpose of the project was to investigate the postulated new syndrome following vaccination. The Lancet paper failed to state that this was the case, and the Panel concluded that this was dishonest, intentional and irresponsible.”* [quoted in High Court Decision, Par. 149]
- (2) Children were subjected to invasive tests *“that were not clinically indicated”* – e.g., spinal taps and endoscopic procedures such as colonoscopies and biopsies – for research purposes under 172-96;
- (3) *The study lacked ethics committee approval;*
- (4) *“Some of the children were not routine referrals to the gastroenterology department, in that they lacked a history of reported gastrointestinal symptoms and had been referred for*

*investigation of the role played by the measles vaccination or the MMR vaccination in their developmental disorders.”*

- (5) The description of the children’s diagnosis in the Lancet paper [Table 1] and the description of the referral process as “consecutively referred” was “inaccurate,” “irresponsible,” and “misleading.”
- (6) The GMC justification for its verdicts: *“The Panel has heard that ethical approval had been sought and granted for other trials and it has been specifically suggested that Project 172-96 was never undertaken and that in fact, the Lancet 12 children’s investigations were clinically indicated and the research parts of those clinically justified investigations were covered by Project 162-95. In the light of all the available evidence, the Panel rejected this proposition.”*
- The pivotal allegations against Dr. Wakefield, from which all the others stemmed, was that the study described in the Lancet paper was commissioned by the Legal Aid Board; that the children were subjected to medically unjustifiable, therefore unethical, invasive diagnostic tests, to substantiate a diagnosis made-up for legal purposes.
  - When the case was subjected to genuine judicial review, the allegations collapsed. After a thorough assessment of all the evidence and testimonies, the [High Court](#) determined that there was no evidence to support any of these allegations. The six GMC verdicts were overturned. The deliberative judgment of the [High Court](#) was unconditional.

Additionally, the GMC panel found Dr. Wakefield guilty of “dishonesty in regard to his writing of a scientific paper that had major implications for public health”, and failure to disclose a conflict of interest, involving funding from the Legal Aid Board (LAB), a government agency which holds the purse strings that enable ordinary citizens to obtain legal assistance for a judicial determination. And he was charged with “callous disregard”, for having caused:

*“blood to be taken from a group of children for research purposes at a birthday party, which the Panel found to be an inappropriate social setting. He behaved unethically in failing to seek Ethics Committee approval; he showed callous disregard for any distress or pain the children might suffer, and he paid the children £5 reward for giving their blood. He then described the episode in humorous terms at a public presentation.”*

One blood sample was taken from these developmentally normal, healthy children for research purposes, to serve as controls, for comparison with autistic children with bowel disease. Each of the parents had been contacted prior to the party; they were fully informed, and each gave permission (some of the parents were medical doctors). The children had agreed to give blood – including two of Dr. Wakefield’s own children.<sup>50</sup> For the children the setting, a private side room within a familiar sports center, was not strange or intimidating.

The blood was taken by a qualified, experienced medical professional, not Dr. Wakefield; the equipment used was appropriate, sterile and the type commonly used. The children were not put in harm's way, nor were they exploited. According to testimony, they did not suffer any pain, nor did any child become distressed. The children were likely proud to be contributing to medical science. At the end of the party the children were surprised to receive £5 as a thank you gesture.<sup>51</sup> [Of note: most healthy research volunteers receive monetary compensation for their participation.]

As for Dr. Wakefield's failure to obtain approval from the Research Ethics Committee (REC) for the taking of blood from these children: first, according to the National Research Ethics Service, "*Not all research conducted within the UK requires approval from an NHS REC*".<sup>52</sup> Dr. Wakefield testified that it was his "*understanding at that time was that such approval was not necessary unless the subjects of the research were National Health Service patients. Accordingly, as he put it, the question of Ethics Committee approval never crossed his mind*".<sup>51</sup> The issue was confounded, however, by Dr. Wakefield's videotaped satiric presentation at a conference of parents and professionals. The GMC panel took his fictional parody to be an accurate description of the actual event. Had anything like his simulated portrayal occurred, parents would surely have complained; none complained.

- Whereas the GMC panel placed much credence to this trivial incident, the GMC avoided touching upon the issues of paramount importance; namely, the scientific merit of the study, and whether the MMR might have contributed to autism.  
[Conflict of interest charges against Dr. Wakefield are discussed in section 25.]

On Day 197, GMC issued this statement: "*The Panel wish to make it clear that this case is not concerned with whether there is or might be any link between the MMR vaccination and autism.*" [GMC Transcript]

## **5. Conflicts of interest corrupted the GMC panel & proceedings; the case was built on a pivotal false premise, without which there was no case**

The GMC first appointed Professor Dennis McDevitt, a clinical pharmacologist, to chair the fitness to practice (FTP) panel that would judge Dr. Wakefield and his co-defendants, notwithstanding his copious financial ties to pharmaceutical companies, including the manufacturer of the MMR, and his membership on the sub-committee of the Joint Committee on Vaccination and Immunization (JCVI) panel, ARVI (Adverse Reactions to Vaccines). Both ARVI and JCVI had approved the Urabe containing MMR vaccine Pluserix – despite evidence of it causing meningitis.<sup>53</sup> Prof. McDevitt was forced to step down, following the exposure of his copious conflicts of interest, by the news magazine, *Private Eye*.<sup>54</sup>

Following the exposé, GMC appointed Dr. Surendra Kumar, again disregarding his conflicts of interest.

- Dr. Kumar was a [GMC council member](#). Since the GMC had a vested interest in the case, how could one of its own members serve as the chair of a panel empowered as judge and jury?

Furthermore, Dr. Kumar had long ties to numerous government committees, including the Medicines & Healthcare Products Regulatory Agency (MHRA); and he owned shares in GSK, manufacturer of the MMR. After the GMC verdicts were issued, Dr. Kumar advocated overturning UK's voluntary vaccination policy. He recommended mandatory pre-school vaccination.

The principal expert witness for the GMC was Sir Michael Rutter, a Professor of developmental psychopathology, at the Institute of Psychiatry, Kings College and the Maudsley Hospital.<sup>55</sup> Professor Rutter testified that Dr. Wakefield had a duty to disclose his role as expert witness in MMR litigation. However, Prof. Rutter concealed from the panel his own role on behalf of GlaxoSmithKline as a highly paid expert, who had prepared a draft report, in preparation for the MMR litigation in the UK.

Prof. Rutter also concealed those conflicts of interest in his published articles, in which he denied an association between MMR and autism.<sup>56</sup> And in 2007, Dr. Rutter testified on behalf of the US government, in the Omnibus Autism Proceeding, against efforts to obtain compensation for more than 5,500 autistic children.<sup>57</sup> Dr. Rutter also testified that the dramatic increase in the prevalence of autism, was not real. [Extensive, overriding financial conflicts of interest are discussed in section 24]

The GMC case was built on a central false premise; namely, that the Lancet clinical observation study, was commissioned by the Dawbarns law firm, paid for by the Legal Aid Board (LAB),<sup>58</sup> and conducted under Project 172-96, to support a lawsuit. The GMC panel conflated two different studies. The study that Dr. Wakefield, Dr. Murch, and Professor Walker-Smith were accused of performing had been approved, and was slated to be conducted AFTER the Lancet pilot study. However, as was adjudicated by the [High Court](#), the Lancet observational case series was NOT Project 172-96:

*“None of the children fitted the hypothesis to be tested under Project 172-96, in that none of them had both received a single or double vaccine. Project 172-96 was never undertaken.”*  
[HC 19; 138]

Throughout the 3 years of its investigation, and another 3 years of hearing testimony, the GMC panel disregarded the testimonies and evidence, refuting the premise that the Lancet case series was commissioned by LAB. The panel continued to conflate two studies, because all the other significant charges were constructed on the basis of that central false assumption. Indeed, all the other charges about the nature and purpose of Dr. Wakefield's research, and the case against him collapses, hang on this false premise.

- The High Court determined that GMC's guilty verdict *“stands or falls with the overall finding that the investigations of the Lancet children were undertaken under Project 172-96.”* [HC Par. 22]

The gastroenterological unit of the Royal Free Hospital had a large number of medical specialists, who were involved in the diagnostic assessment of the Lancet children. The battery of diagnostic tests and tissue analyses involved expert pediatric gastroenterologists and pathologists. Dr. Susan Davies, the Consultant Histopathologist at the Royal Free (1992 – 2002) was responsible for preparing and presenting all tissue samples of the Lancet children (and tissue samples of many others who were treated at the Royal Free gastroenterologist unit). She testified that the determination of each child's diagnosis was made on the basis of expert clinical judgment and evaluation by a collaborative team of physicians.<sup>149</sup>

Only three of the senior doctors, who co-authored the Lancet study, were tried by the GMC, in accordance with the complaint filed by Brian Deer, in which he accused the three doctors. GMC found all three guilty: [Dr. Wakefield](#) and [Professor Walker-Smith](#) were erased from the medical registry, losing their license to practice, whereas Dr. Murch kept his license, having accepted the panel's "insight." ["Insight", referred to Dr. Murch having stated that he "very strongly, indeed, vigorously" supported the continued use of MMR.]

At least two eyewitnesses to the lengthy GMC FTP hearings (from July 2007 to January 28, 2010) described it as, "a political show trial for the vaccine industry."<sup>59</sup> No parent of any of the Lancet children, who the GMC alleged were victimized by the accused doctors, had made any complaint. In fact, they [expressed support](#) for the doctors. Defense lawyers, however, decided to call no parent as a witness fearing that a particularly hostile prosecution would deal harshly with any parents who testified. An [open letter](#) in support of the 3 accused doctors, signed by parents of 8 of the 12 Lancet children states:

*"Many of us had been to several other doctors in our quest to get help for our children but not until we saw Professor Walker-Smith and his colleagues were full investigations undertaken. Throughout our children's care at the Royal Free Hospital we were kept fully informed about the investigations recommended and the treatment plans which evolved. All of the investigations were carried out without distress to our children, many of whom made great improvements on treatment so that for the first time in years they were finally pain free."*  
(2010)

Following the GMC guilty verdict<sup>60</sup> the *Lancet* [retracted](#) the paper based on two GMC "findings": "the claims in the original paper that children were "consecutively referred, and that the investigations were "approved" by the local ethics committee."

Professor Walker-Smith appealed the GMC verdict to the High Court; the cost of the appeal was paid by the Medical Protection Society (MPS). MPS, however, refused to cover the fees for Dr. Wakefield who, at the time was unable to meet the prohibitive cost of mounting such an appeal as an individual.

- **When the GMC verdicts were subjected to a genuine forensic judicial review (2012), the fatal flaws and lack of substantiating evidence were exposed, and the verdicts were overturned.**

A commentary by Sir Iain Chalmers titled “[Skilled Forensic Capacity Needed To Investigate Allegations Of Research Fraud](#)” (2011) provides a cautionary tale about another case of false allegations of research fraud and an unfounded guilty verdict by the GMC.<sup>61</sup> Had Dr. Godlee, or her fact-checkers, bothered to honestly examine both sides of the evidence, and testimonies in the GMC transcripts – before making the outrageous, unsubstantiated charge of fraud – she would have likely stopped short. GMC’s failure to build an evidence-based case, even after a protracted 6 years of investigation and hearings, suggests that the guilty verdicts were likely predetermined.<sup>62</sup> This is further suggested by the fact that:

- Three months before any sentences were issued the BMJ published a commentary by Brian Deer, in which he predicted: “*the panel will undoubtedly decide that serious professional misconduct occurred*”. Deer further predicted: “*Wakefield should be struck off*.”<sup>6</sup>
- BMJ editor Godlee dispensed with every precept of academic due process, and staked her reputation, by declaring Dr. Wakefield guilty of fraud, apparently relying solely on a reporter’s say-so.  
“Deer unearthed clear evidence of falsification. He found that not one of the 12 cases reported in the 1998 Lancet paper was free of misrepresentation or undisclosed alteration, and that in no single case could the medical records be fully reconciled with the descriptions, diagnoses, or histories published in the journal.”

## **6. The 2012 High Court decision demolished the BMJ editor’s entire case of “elaborate fraud”:**

The High Court decision in the appeal of Professor Walker-Smith covered all of the most serious medical ethics charges that were brought against Professor Walker-Smith, Dr. Wakefield and Dr. Murch – and they were utterly repudiated. Justice Mitting applied forensic methodology to ascertain the credibility, relevance, and truthfulness of the testimonies and the documented evidence. He evaluated ALL the evidence, the testimonies of both sides, and he considered the “*broad spectrum of medical opinion*” to reach an impartial, reasoned decision.

The High Court determined that, the GMC panel’s reasoning that led to the guilty verdicts was, upon examination, shown to be so poor, that the verdicts bore no relation to the evidence. Justice Mitting dismantled, invalidated, and overturned all of the serious GMC charges and verdicts against Professor Walker-Smith for lack of evidence. Those charges and absence of substantiating evidence apply equally to Dr. Wakefield. Indeed, Dr. Wakefield’s name is cited 141 times in this definitive decision; the decision, therefore, has direct relevance to his case.

Justice Mitting determined that the entire GMC process was fatally flawed, and the panel was guilty of:

*“fundamental errors... distortion of evidence, inadequate analysis, inadequate and superficial reasoning and explanation, inappropriate rejection of evidence, ‘flawed’ and ‘wrong’ reasoning, and ‘numerous and significant universal inadequacies’....”*

The following High Court determinations had relevance for the entire team involved in the research led by Dr. Wakefield and Professor Walker-Smith:

1. The clinical observation “Early Report” published in the *Lancet* was NOT the study commissioned by attorneys paid by the Legal Aid Board under Project 172-96; that project was never carried out;
2. The *Lancet* study was NOT performed in accordance with the Project 172-96 protocol;
3. The responsibility for evaluating the children’s medical history, medical condition, and the determination of the diagnoses of 11 of the 12 children rested with Professor Walker-Smith, the senior clinician and senior author who “*had joint overall responsibility for the project*”;
4. The case series study was clinically motivated; the diagnostic tests were appropriate; and the children received proper clinical care;
5. Children were NOT subjected to invasive tests “*that were not clinically indicated*”;

*“Professor Walker-Smith’s evidence was that [a child’s] condition could not just be explained by constipation – a symptom of an underlying disease rather than a disease. Rectal bleeding and anaemia, of sufficient severity to require his general practitioner to give iron, was untypical of constipation. A colonoscopy would offer the opportunity to demonstrate whether or not there was ongoing “infection” (i.e. inflammation) in the gastrointestinal tract.” [Par. 69]*

6. There was nothing unethical, much less fraudulent, about the clinical diagnostic procedures the children underwent in an effort to determine the diagnosis and appropriate treatment;

*“Professor Walker-Smith and Dr. Murch gave detailed evidence about the results of the investigation which, in their view, confirmed the presence of bowel inflammation, suggestive of Crohn’s disease. Their evidence was unequivocally supported by Dr. Victor Miller who said that he was “absolutely certain that this child had active disease that required clinical management”.[43]*

7. The *Lancet* study had implicit ethics approval under Professor Walker-Smith’s broad research authority (162-95) which extended to everyone involved in the project:

*“the Lancet twelve children’s investigations were clinically indicated and the research parts of those clinically justified investigations were covered by Project 162-95 [the general*



*permission given to Professor Walker-Smith in September 1995]”; [Par. 20] “because it was a clinically driven investigation which did not require Ethics Committee approval.”[Par. 153]*

8. The diagnosis of inflammatory bowel disease (IBD) identified in Table 1 of the *Lancet* article correctly represented the expert diagnostic evaluation by Professor Walker-Smith, who considered all of the diagnostic tests -- including Dr. Dhillon’s pathology findings.

The High Court affirmed the integrity of the “*appropriately amended*” diagnosis of each child following the clinical investigations of the study:

*“In every case investigations were followed by a discharge letter [ ] which set out a diagnosis of the child's condition and by a recommendation for treatment. [The discharge notes were appropriately amended. [Par. 68] In some cases, the treatment produced an apparent marked improvement in gastrointestinal symptoms and behavior.” [Par. 19]*

9. The term “consecutively referred” in the *Lancet* article was appropriate; it did not have the misconstrued meaning imputed to it by the GMC panel;

*“This [Lancet] paper does not bear the meaning put upon it by the panel. The phrase "consecutively referred" means no more than that the children were referred successively [to the Department of Paediatric Gastroenterology], rather than as a single batch. The words did not imply routine referral.”[par. 157]*

10. The GMC panel’s finding that the children were subjected to research in accordance with 172-96 was based on medical records, according to the panel’s own statement: “*the panel has concluded, on the basis of the medical records, that the programme of investigations that child 2 underwent was for research purposes.*” [Par. 47]

Justice Mitting assessed the evidence which the GMC panel had rejected without a valid explanation. He concluded that medical records written by doctors, who have no expertise in diagnosing a complex newly identified syndrome, are “*of no significance*”; *[such] medical records provide [only] an equivocal answer.*”

*“The findings [sic] that the referrals of four children were not routine because the referring doctors did not mention intestinal symptoms in their referral letters was factually accurate as to the contents of the referral letters, but of no significance. In each case, Professor Walker-Smith elicited gastrointestinal symptoms at his outpatients clinic. The finding [sic] that all four children "lacked a history of gastrointestinal symptoms" is wrong unless the panel intended only to refer to the contents of the referral letters. [Par.158] [Extensive excerpts of the decision in APPENDIX 1]*

The children had been referred to the pediatric GI department of the Royal Free Hospital by their GP. The children must have had bowel symptoms that perplexed the GP who sought help from GI specialists. Justice Mitting’s determination that medical records of doctors who lack expertise to

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diagnose a complex newly identified syndrome, are “of no significance,” was validated by a [Wake Forest study report](#).<sup>63</sup>

*“Prospective controlled studies suggest that as many as 70% of autistic children exhibit chronic GI-related symptoms, including diarrhea, constipation, abdominal distension, failure to thrive, weight loss, feeding problems, and abdominal pain related to extreme irritability, aggression, and self-injury...[However] retrospective chart review studies have shown no increase in GI symptoms in ASD children. In ASD children who undergo endoscopic and histologic examinations, inflammatory pathology is reported with high frequency.” (SJ Walker, PLoS One, 2013)*

Of note: The GMC had the opportunity, but chose not to appeal the severe censure by the High Court. The attorney representing the GMC acknowledged that GMC had no additional evidence to substantiate its guilty verdicts. The High Court decision, therefore, became irrevocable.

- The [High Court decision](#) ruled out the very plausibility of a charge of “fraud”

Justice Mitting dissected all the evidence, and found GMC’s verdict of professional misconduct unsustainable, inasmuch as no evidence supported the verdicts. Given the lack of evidence to substantiate misconduct, the charge of “fraud” is rendered preposterous. The High Court decision demolished every aspect of the BMJ editor-in-chief’s case against Dr. Wakefield. Her accusation of “elaborate fraud” and “falsification of records” were fabricated – there was not a shred of evidence to substantiate her accusations.

Dr. Godlee’s unsubstantiated pronouncements of fraud were themselves fraudulent. Her case against Dr. Wakefield rested entirely on Brian Deer’s allegations; the same allegations that were the sole basis for the 2004-2010 GMC proceedings and verdicts that the High Court utterly discredited. Following his exoneration by the High Court, Professor Walker-Smith described the Kafkaesque GMC prosecution in his memoir *Enduring Memories* (2012), in which he poignantly reflects:

*“The central issue for me over all the years from the time the first complaint had been made to the GMC by the journalist, was the following. Who or what was behind the decision ab initio to take his complaint against me so very, very seriously? I pondered the central mystery of the Hearing for me. Was there another influence behind the GMC, an invisible Deus ex machina?”*

#### The Deus ex machina lurking in the shadows

As will be demonstrated, a sinister coalition lurking in the shadows (or behind a smokescreen) had indeed framed and orchestrated the Wakefield persecution.

- Long before Dr. Wakefield stepped into the public arena, many people in the UK had grown to distrust NHS officials’ assurances about the safety of the MMR vaccine. The seeds of public

distrust had been sown by UK public health officials ten years before Dr. Wakefield's *Lancet* article.

The UK Department of Health (DOH) approved the MMR Pluserix vaccine manufactured by (then) *SKFrenchBeckman* in 1988; the year that Canada had withdrawn the vaccine after six months use, due to signals of a meningitis risk posed by the Urabe component in the vaccine.<sup>64</sup> In March 1997, John Horam of the Department of Health assured Parliament :

*“Before the introduction of MMR vaccine [in 1988], the JCVI gave careful consideration to available information from Finland, Sweden and the USA on the safety, efficacy and efficiency of the vaccine and from trials conducted by the public health laboratory service communicable disease surveillance centre in about 10,000 immunised UK children.”*<sup>65</sup>

The statement was false: neither Finland, nor Sweden, nor the U.S. used the Urabe MMR vaccine that the Joint Committee on Vaccination and Immunization (JCVI) selected for children in the UK. The US Centers for Disease Control and Prevention (CDC) chose Merck's version of the MMR, which did not contain the Urabe strain.<sup>66</sup> The JCVI approved the vaccine containing the Urabe component despite knowledge that it posed the risk for meningitis. JCVI and officials of DoH deceived the British public with reassurances of the MMR safety, while actively concealing the risk.<sup>53</sup> Furthermore, the UK government secretly indemnified SKB [GSK] from all liability.<sup>67</sup> [For details uncovered in the JCVI meeting transcripts, see Appendix 2]

## **7. The “crimes” for which Dr. Wakefield continues to be publicly lynched have nothing to do with medicine, ethics or science: his “crimes” posed a financial threat to stakeholders in vaccines**

(a) Dr. Wakefield's public statements at a public press conference arranged by the director of the Royal Free Medical School, following the publication of the *Lancet* article, Dr. Wakefield expressed his concerns about the safety of the MMR vaccine, and its possible link to autism, which was increasingly recognized as a public health crisis.<sup>68</sup> He recommended that the 3-in-1 MMR be separated into three single antigen vaccines – a policy already in effect since 1992, in Sweden, Norway, Denmark, and Japan.<sup>69</sup> This option was available at the time, through the UK National Health Service (NHS). His statement propelled him and the *Lancet* report into the spotlight, enraging UK government officials and MMR manufacturers.

The issue was further polarized by the UK government when NHS eliminated the option of a single measles vaccine and the DOH withdrew its UK license. *SmithKline Beecham* (SKB)<sup>70</sup> launched a replacement MMR vaccine in 1998, and stopped selling the single antigen vaccine in the UK.

- It was a marketing decision in collusion with UK government health officials.

Dr. Salisbury, who was the UK chief MMR strategist, warned against the single measles vaccine, with specious claims about "major problems" with the quality and storage of the single vaccine. UK parents with means sought a private clinic, or crossed the channel to France, to purchase the single vaccine.

(b) Dr. Wakefield agreed to serve as an expert witness, in a class action lawsuit, on behalf of parents of autistic children, against the MMR manufacturer. Such an unprecedented legal action in the UK was facilitated by a confluence of four factors between 1988 and 1994:

- The Consumer Protection Law (1987) enabled class action suits to go forward within a time limit;
- The Legal Aid Act (1988) provided sufficient government funding to support class action suits;
- The UK MMR Pluserix debacle of 1988 -1992;<sup>71</sup> [See Appendix 2]
- Controversy over a UK Measles Rubella re-vaccination campaign in 1994, which resulted in a significant drop in MMR vaccination rates well before Dr. Wakefield's public statements.<sup>72</sup>

Indeed, contrary to the assertions of vaccine stakeholders, who blamed Dr. Wakefield for fueling a decline in “*herd immunity and resurgence in morbidity*”, the High Court Decision in Professor Walker-Smith's successful appeal of the GMC verdicts viewed the issue impartially, noting that:

*“Dr. Wakefield's research coincided with the growth of increased public concern about a possible link between the triple vaccine for measles, mumps and rubella (MMR) and the occurrence of developmental disorders in young children, often diagnosed as autism. Some parents had begun to investigate the possibility of litigation against the manufacturers of the MMR vaccine.”*<sup>30</sup> [Par. 2]

## **8. A class action vaccine-injury lawsuit, would pose a serious financial and political threat**

The discovery process of such a lawsuit, would undoubtedly uncover documents in company and government files; documents that would likely reveal safety hazards concealed from the public; they might, possibly, reveal the risk of autism for some children. In fact, GSK, whose MMR vaccine was selected by the UK government, has a long record of deceptive practices. [See Appendix 8] Indeed, GSK's internal documents have confirmed that company officials had concealed most severe risks of GSK products. For example, GSK concealed the increased suicide risk of its antidepressant, Seroxat (Paxil). More recently, GSK concealed the risk of sudden infant death following vaccination with *Infanrix Hexa* vaccine.<sup>73</sup>

A class action lawsuit, thus posed a serious threat to vaccine stakeholders; the evidence that would be uncovered would likely undermine public trust in vaccines, and in government officials, who denied the risks, while colluding with pharmaceutical executives to conceal the evidence of harm from the public. Any suggestion that casts doubt about the safety of a vaccine could result in a reduction in the number of children vaccinated; thereby decreasing profits and threatening the government policy built on the “herd immunity” model.

In a 2000 editorial,<sup>74</sup> Dr. Tom Jefferson articulated the concern of vaccine stakeholders who feared the prospect of a legal action:

*“The impact on parents of a perceived causal link with a chronic disease that could threaten the life and wellbeing of their children is understandably great. Inevitably, in a proportion of cases the worry and emotion spills over into a threat of legal action against governments, manufacturers or individuals. This has the effect of taking the matter outside the scientific and healthcare arena and into the realm of the judiciary.”*

The real issue that generated such hostility to the Wakefield study was the financial threat that it posed:

The pharmaceutical industry exerts inordinate control over both scientific journals and mass channels of communication. Scientists and investigative reporters have been intimidated into silence on the issue of vaccines.<sup>75,76</sup> When Dr. Wakefield suggested that it might be safer to split the triple MMR vaccine into separate vaccines, he stepped on the Third Rail of medicine. That suggestion posed a financial threat to vaccine manufacturers’ future marketing plan that could not be ignored. His suggestion threatened not only the MMR<sup>77</sup> but other combined multi-valent vaccines -- i.e., pentavalent, hexavalent, heptavalent – in the pipeline.

The pharmaceutical industry’s interest in promoting multi-valent vaccine products has numerous financial benefits such as, increased profits for higher priced multi-vaccine products, the means for limiting – actually denying – the ability to choose one vaccine over another; multi-valent vaccines facilitate mandatory vaccination policies. A consortium of vaccine stakeholders launched an orchestrated, sensationalized, and unrelenting campaign to demonize Andrew Wakefield, in order to protect their financial interests. [See details in Appendix 9]

The Wakefield controversy intensified the debate about vaccine safety on both sides of the Atlantic, in Australia and New Zealand. Legitimate questions were raised about the validity of the scientific evidence cited by public health officials and academics, who defend vaccination policies, assuring doctors and the public that the MMR vaccine – indeed, all vaccines in the childhood vaccination schedules – have been tested and proven safe.

## **9. The Wakefield controversy encapsulates the erosion of public trust in industry- dominated medicine**

Public assurances about the safety of drugs ingested by pregnant women, was based on a long held “scientific axiom”; namely, that drugs cannot cross the placenta to cause harm to a developing fetus. This “scientific dogma” was overturned by the reality of thousands of babies born with birth defects caused by thalidomide. [Read, [“From the Holocaust to Thalidomide: A Nazi Legacy”](#)]

*“Vaccines were once thought of as an axiomatic good, a longed-for salvation in the form of a syringe, banishing crippling and deadly infections like polio, smallpox and tetanus.”<sup>78</sup>*

Public trust in the U.S. Public Health Service (PHS) was undermined by the Tuskegee Syphilis experiment (1932 to 1972), followed by the “1976 swine flu fiasco”, when the PHS and CDC declared the H1N1 swine flu an “epidemic”, and declared the strain to be “*genetically related to the 1918 flu pandemic, that killed more than 100 million people*”. The basis for that flu scare mongering campaign was the detection of H1N1 in one military base (Fort Dix) for less than three weeks, during which 13 soldiers were hospitalized, and one death was attributed to the “swine flu epidemic”.

- The government launched the National Influenza Immunization Program, and aggressively promoted the H1N1 flu vaccine. The epidemic never materialized; but the vaccine caused Guillain Barré syndrome in 500 people, and resulted in 25 deaths.<sup>79</sup>

In the UK, the government launched a National Pandemic Flu Service hotline, as the Chief Medical Officer, Sir Liam Donaldson led a frenzied fearmongering campaign, warning the public that “*Swine flu could kill 65,000 in the UK*”,<sup>80</sup> and that half of UK’s children might fall ill. In fact, there were 138 deaths attributed to the Swine flu. What is unclear is whether the hastily approved vaccines against swine flu prevented any deaths at all. What is certain is that GSK’s Pandemrix which was given to 30 million Europeans, caused narcolepsy.<sup>81</sup>

*“This government-led campaign was widely viewed as a debacle and put an irreparable dent in future public health initiative, as well as negatively influenced the public’s perception of both the flu and the flu shot in this country.”* ([Public Health Legacy of the 1976 Swine Flu Outbreak](#), 2013)

#### Public awareness of the corrupting influence of industry on public health policy

Growing public awareness of the corrupting influence of industry on medical practice and public health policy has further fomented skepticism and distrust. In his article, “Postmodern Medicine,” in *The Lancet* (1999) JA Gray acknowledged that when science became a branch office of politics and business, it squandered its historic reputation for scientific objectivity and rationality.

*“ In postmodern medicine, risks and adverse effects will receive a much higher priority...postmodern society has different priorities - concern over values as well as evidence, preoccupation with risk rather than benefit, and the rise of the well-informed patient.”*

The failure of the academic and public health medical establishment, to address the mounting empirical evidence, of a spiraling number of children, who each year become afflicted with serious neurodevelopmental disorders – including autism and ADHD – many occur in close proximity to being vaccinated – demonstrates an utter lack of concern for children’s wellbeing. This failure constitutes unprecedented medical negligence.<sup>82</sup> By disregarding empirical evidence of serious harm, public health officials have provided legitimacy, to those who distrust their assurances about the “proven” safety of childhood vaccines, vaccination schedules, and their timing. And that all the vaccines in the schedule are essential, and effective in warding off deadly disease.

## **10. Two challenges threatened vaccine orthodoxy, galvanizing vaccine stakeholders to mobilize**

- Dr. Wakefield lent validity to that distrust in government assurances that all childhood vaccines and vaccination schedules are proven safe.
- CDC's first large-scale scientifically sound CDC epidemiological study, analyzed the medical records of 400,000 infants born between 1991 and 1997, and assessed the relative risk of autism for the children at different ages. The evidence documented an increased 7.6 relative risk of autism<sup>83</sup> from exposure to thimerosal. "Increased Risk Of Developmental Neurologic Impairment After High Exposure To Thimerosal-Containing Vaccine In First Month Of Life, [Abstract](#), 1999
- This CDC study finding had the potential of blowing the lid off the entire CDC children's vaccination schedule.

From this case forward, studies that could document scientifically valid evidence of a vaccine safety hazard are avoided. In June 2000, CDC epidemiologist, Dr. Frank DeStefano (a co-author of the concealed 1999 CDC study findings) expressed enthusiasm for the initial proposal of CDC's Danish study project, which he thought, provided "a good opportunity" to conduct research using clinical data, to examine whether there is an autism MMR relationship.

*"The availability of data from pregnancy, as well as blood specimens, is particularly attractive. The blood spot component would be very valuable just by itself to try to confirm the exciting findings from the small NIH study. If these are true biomarkers for autism, it would be great to see if they identify high risk groups of kids for a vaccine-autism association. In addition to MMR, the study should include all infant and childhood vaccines to look at issues of multiple antigens, vaccine additives, etc. Serologies for measles and rubella in the maternal and cord blood might also be worth considering."* (June 1, 2000 email)<sup>84</sup>

However, CDC never funded the kind of clinical study that Dr. DeStefano anticipated "would be very valuable". CDC has not funded such a clinically valuable study, precisely because such a study could "identify high risk groups of kids for a vaccine-autism association"—thereby undermining vaccine orthodoxy and CDC's industry-influenced Childhood Vaccination Schedule. Thus, clinical studies focused on detailed, biological examinations that could identify vaccine risk factors, are not approved or funded, neither by UK nor US government research funding sources. [[Appendix 9](#) provides details of how those disturbing CDC findings were concealed, and the data underwent four years of manipulation until the risk vanished.]

Andrew Wakefield continues to be crucified for having conducted a clinical investigation of the intestine whose results (a) identified the presence of inflammation in the intestine unique to children with autism; and (b) finding measles virus RNA in biopsies of the small intestine (ileum) of these children.

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The most recent corroboration of Dr. Wakefield's finding (a) was published October 2017 in [PLoS One](#):

*“As many as 91% of children with ASD may be affected by debilitating GI symptoms such as constipation, diarrhea, or food allergy and/or intolerance [13, 14]. Developmental delays associated with ASD do not account for these symptoms, as GI symptoms are significantly more common in children with ASD as compared to children with developmental delays without ASD [15]. Many GI abnormalities reported may be unique to individuals with ASD. For example, dysfunction in enterocytes carbohydrate transportation [16], inflammation that is not fully consistent with a classic GI disorder [13, 14] and imbalances in the enteric microbiome [17–19] have all been reported.”<sup>85</sup>*

In 2000, the [Brighton Collaboration](#), an international network of public health officials, vaccine manufacturers, and a coterie of academics funded by them – was launched to provide authoritative, uniform definition standards<sup>86</sup> for the determination of what adverse events following vaccination are defined as AEFIs. In 2005, the Brighton Collaboration acknowledged:

*“With the increase in vaccine coverage in both developed and developing countries, the reduction in target vaccine-preventable diseases, has also come a growing concern for the safety of immunizations. This is due to an increase in the absolute number of adverse events following immunizations (AEFIs).”*

*“Unfortunately, unlike efficacy, the “safety” of a vaccine cannot be measured directly. Safety can only be inferred indirectly from the relative absence of multiple, likely adverse events following immunization. To then best address concerns about real or perceived risks of immunization in a scientific manner, several components need to be in place. For example, regulatory agencies need to ensure that adequate trials for safety and efficacy are conducted prior to licensure of new vaccines (and that good manufacturing practices are in place and maintained).*

*However, due to practical limitations of prelicensure trials, such as limited sample size and study duration, the principal focuses for collection of data on rare events are postlicensure studies by various stakeholders (e.g., the public health and clinical care communities, regulators, and manufacturers).”<sup>87</sup>*

#### Post-licensure studies avoid scientifically recognized methods for detecting drug/vaccine safety hazards

- Challenge/Dechallenge/Rechallenge is scientifically recognized as providing scientific proof of causality of adverse events following exposure to a pharmaceutical product.<sup>88</sup>

The literature about drug development refers to positive re-challenges as one of the most effective,



most persuasive, most cost-effective means, for determining rare but serious adverse side effects of drugs. It is an especially powerful tool, for detecting rare adverse effects that go undetected in epidemiological studies.

*“In pharmacology, the most powerful proof of causation is a single well-documented challenge-dechallenge-rechallenge case report that shows event A caused adverse event B. Unlike evidence from RCTs [randomized clinical trials] and systematic reviews, the evidence from a single well documented spontaneous report of a Challenge-Dechallenge-Rechallenge (CDR) case is often the strongest form of proof of causation if not irrefutable.”<sup>89</sup>*

*“A major omission in all of the papers published as purported evidence of no link between MMR, autism and other ailments is the absence of any attention at all on rechallenges as a drug research and development tool. If this were to be applied to the MMR children, then each and every one of them could well be recognised as the conclusive living scientific proof of a causal connection between their ailments and the MMR vaccine.”<sup>90</sup>*

Vaccine stakeholders also avoid studies that compare the health of vaccinated vs. unvaccinated children.

[CDC official Coleen Boyle testified](#) before a Congressional hearing (Rising Autism Rates, 2012) at which she acknowledged: *“We have not studied vaccinated versus unvaccinated [children]”*. At the same hearing Dr. Alan Guttmacher, Director of the National Institute of Child Health & Human Development (NICHD) refused to answer.

- If studies are not designed to investigate adverse effects following vaccination (challenge), and do not document the effects following revaccination (rechallenge) – in accordance with childhood vaccination schedules – those rare but serious hazards will not be detected.
- Furthermore, if no studies are designed to document the difference in the rate of neurological disorders, including autism, between vaccinated and unvaccinated children, it ensures that no evidence will be detected linking MMR or thimerosal to autism.
- However, the failure to document the risk – by avoiding studies designed to reveal the risk – does not mean that no evidence exists. It means that more children will be put in harm’s way, while the evidence connecting harm to vaccines remains undetected.

[[Appendix 9](#) details how vaccine safety assessments are controlled, manipulated, and redefined by an international consortium of vaccine stakeholders who control the channels of information in both scientific journals and the media to ensure high utilization of vaccines.]

Recently, Dr. John Ioannidis, the foremost proponent of evidence-based medicine, raised a provocative question in his article, [“Does Evidence-Based Hearsay Determine the Use of Medical Treatments?”](#) (2017) If the question is applied to vaccines, the answer is a resounding, yes, because there is no

authentic evidence base, to support the widely publicized claims made about vaccine safety, merely conjecture. Therefore, the basis for those safety claims can be characterized as hearsay.

## 11. Commissioned Cochrane Collaboration MMR reviews: 2003, 2005, 2012:

Both the UK and US governments played a pivotal role in the effort to discredit the Wakefield Lancet study. One approach was to commission MMR reviews, by the reputable Cochrane Collaboration, whose policy on financial conflicts of interest, concentrates on direct funding from industry, not government (as if governments that set public health policies, don't have a conflict of interest in protecting those policies). This heavy dependence on government support leaves the Cochrane open to undue political influence.<sup>91</sup>

In reality, the Cochrane is not wholly independent of either commercial or government funding. In addition to funds obtained from the UK government, for each of the three commissioned Cochrane MMR reviews, funds were also obtained from the European Union Programme for Improved Vaccine Safety Surveillance (EUSAFEVAC); their funds derive from the Brighton Collaboration, which in turn is funded in large part by the US CDC. [Appendix 9 details the interconnected consortiums that control vaccine safety assessments.]

An important caveat to bear in mind “absence of evidence is not evidence of absence.”<sup>92</sup>

Cochrane reviewers can only assess the results of studies that have been conducted and published; they cannot comment on studies that haven't been done – nor can they assess studies that have been done, but remain unpublished, because the negative results conflict with an established health policy, or the commercial interests of the sponsor. Such study findings are concealed and the studies either remain unpublished, or the inclusion /exclusion criteria for data is altered and manipulated to achieve the desired results.

The opening sentence of the Cochrane “[Systematic Review](#)”<sup>93</sup> of unintended events following immunization with MMR (commissioned by EUSAFEVAC) and published in the journal, *Vaccine* (2003, whose deputy editor is CDC's Robert Chen) suggests that the primary objective of the review was to assuage public concern about the safety of the MMR:

*“Public debate over the safety of the trivalent measles, mumps and rubella (MMR) vaccine and the drop in vaccination rates in several countries persists, despite its almost universal use and accepted effectiveness.”*

- “*Universal use and accepted effectiveness*” is not evidence of either safety or effectiveness.

In the 2003 review, Dr. Tom Jefferson and colleagues identified 4,500 articles, screened 120, but only 22 MMR studies were said to have met the criteria for the review. However, even these studies failed to meet scientific standards – as noted by the reviewers:

*“We found limited evidence of safety of MMR compared to its single-component vaccines...external validity of included studies was also low. In addition, inadequate and inconsistent descriptions of reported outcomes (a well-known problem), limited observation periods (maximum 42 days), and selective reporting of results...As MMR vaccine is universally recommended, recent studies are constrained by the lack of a non-exposed control group...*

*We were unable to include a majority of the retrieved studies because a comparable, clearly defined control group or risk period was not available. The exclusion may be a limitation of our review or may reflect a more fundamental methodological dilemma: how to carry out meaningful studies in the absence of a representative population not exposed to a vaccine universally used in public health programs. Whichever view is chosen, we believe that meaningful inferences from individual studies lacking a non-exposed control group are difficult to make.”<sup>93</sup>*

In 2005 the Cochrane reviewers analyzed 31 MMR studies.<sup>94</sup> Again, the stated objective was to assess the MMR effectiveness and safety in light of the “*public debate over the safety of the trivalent MMR vaccine...*” Alas, the evidence again failed to meet that objective:

*“We could not identify studies assessing the effectiveness of MMR that fulfilled our inclusion criteria.”* The reviewers further acknowledged: “*A lack of clarity in reporting and systematic bias made comparability across studies and quantitative synthesis of data impossible.*”

They acknowledged that the evidence for the MMR safety was:

*“largely inadequate... incomplete... [and suffered from] high risk bias. We found only limited evidence of the safety of MMR compared to its single component vaccines from studies that had a low risk bias...”*

Lacking credible evidence, the Cochrane reviewers claimed that the safety and effectiveness of the MMR is demonstrated by “the impact of mass immunization”.

On the basis of that assumption, they declared:

(a) “*No credible evidence of an involvement of MMR with either autism or Crohn’s disease was found.*”

(b) “*the impact of mass immunisation on the elimination of the diseases has been largely demonstrated.*” (c) “*...lack of confidence in MMR has caused great damage to public health*”

However, declaration (a) is refuted by the principle, “absence of evidence is not evidence of absence”; declaration (b) is disputed by those who argue that most of the infectious diseases for which children are being vaccinated have been eliminated in the developed world, largely due to improved standards of living, clean water, hygiene, and medical care. [See Appendix 5] Declaration (c) is refuted by statistical evidence documented by the UK Office of National Statistics data demonstrating that NO

evidence of “great damage to public health” is due to low vaccination coverage. [See Appendix 2: Historical record]

In widely disseminated promotional public statements,<sup>95</sup> the lead author, Dr. Vittorio Demicheli, and the co-chair of the Cochrane Collaboration Steering Group, Mark Davies touted the quality of the MMR review as providing “*sound evidence*” on which to base public decision:

*“If this principle had been applied in the case or the MMR dispute, then we would have avoided all the fuss.”* (Dr. Domicheli)

*“This review exemplifies what Cochrane reviews are all about - for the first time all the evidence that is available on the efficacy and safety of MMR vaccine has been gathered together into one report.”* (Dr. Davies)

Unfortunately, the Cochrane reviewers’ conclusions are not supported by the reviewers’ own careful assessment of the six studies in its review that related to autism:

1. “Autism and Measles, Mumps, and Rubella Vaccine: No Epidemiological Evidence for a Causal Association”. Taylor B et al. *The Lancet*, 1999

*“The study demonstrates the difficulties of drawing inferences in the absence of a non-exposed population or a clearly defined causal hypothesis”.*

2. “Pervasive Developmental Disorders In Preschool Children”. Fombonne E. et al *JAMA*, 2001

*“The retrospective cohort study by Fombonne et al tested several causal hypotheses and mechanisms of association between exposure to MMR and pervasive development disorders (PDD). The number and possible impact of biases in this study was so high that interpretation of the results is impossible”.*

3. “Neurologic Disorders After Measles-Mumps-Rubella Vaccination”. Mäkelä A, Nuorti JP, Peltola H. *Pediatrics*, 2002

*“The retrospective person-time cohort study by Makela assessed the association between exposure to MMR and encephalitis (EN), aseptic meningitis (AM) and autism (AU) in a cohort of 535,544 Finnish children... They concluded that there was no evidence of association. The study was weakened by the loss of 14% of the original birth cohort and the effects of the rather long time frame of follow up. What the impact of either of these factors was in terms of confounder is open to debate, however the long follow up for autism was due to the lack of a properly constructed causal hypothesis ...” [Between 11% and 20% of adverse event data was missing.]*

4. “A Population-Based Study of Measles, Mumps, And Rubella Vaccination And Autism”. Madsen KM, Hviid A, Vestergaard M, Schendel D, Wohlfahrt J, **Thorsen P**, Olsen J, Melbye M. *The New England Journal of Medicine*, 2002

*“The study by Madsen reported no increased risk of autism or other autistic spectrum disorders between vaccinated and unvaccinated children. The interpretation of the study by Madsen was made difficult by the unequal length of follow up for younger cohort members as well as the use of date of diagnosis rather than onset of symptoms for autism.*

*The follow up of diagnostic records ends one year (31 Dec 1999) after the last day of admission to the cohort. Because of the length of time from birth to diagnosis, it becomes increasingly unlikely that those born later in the cohort could have a diagnosis i.e. there was extensive under-counting of autism cases in the MMR group”. [Between 11% and 20% of adverse event data was missing in the study.]*

This was one of six pivotal CDC-commissioned and co-authored Danish epidemiological studies; the principal investigator was Dr. Poul Thorsen, a criminally indicted fugitive from justice. A recent [report](#) by the World Mercury Project (WMP, August 2017)<sup>96</sup> utilizes its newly obtained internal CDC documents, pertaining to the Danish studies, to update the saga of “Poul Thorsen Fugitive Researcher”.

CDC documents reveal that the study published by the *New England Journal of Medicine* violated US and Danish mandatory ethics review:

*“Not only was this paper fatally flawed in design, but it was conducted illegally. Madsen, Thorsen and their team did not have the legally required ethical clearances to access the data they used in this study.”(p. 10)*

*“when CDC officials including Coleen Boyle, Marshalyn Yeargin-Allsopp, Joanne Wojcik, and Diana Schendel became aware, in 2009, that Poul Thorsen failed to obtain legally required ethics permissions for the autism bio and genetic data projects, CDC employees participated in a cover-up with the Danish grantees. These CDC officials knew that the psychiatric registry records were reviewed without required permissions and they covered it up.”*

#### [Evidence of Misconduct Danish-CDC Collaboration:](#)<sup>97</sup>

The internal CDC emails document how CDC officials colluded with the Danish scientists in efforts to cover-up the illegality of the study. They attempted to maneuver “retrospective” IRB approval for the already published *NEJM* (2002) report and another that was in the process of publication; “Validity of Childhood Autism in the Danish Psychiatric Central Register” was published by the *Journal of Autism and Developmental Disorders* (2010). Both studies “were conducted and the results published without legally required ethics clearances.”

*“These are serious ethical violations....CDC cannot retrospectively apply this policy. In fact, the CDC specifically told Dr. Schendel [that] annual IRB certification from the Danes would be required at the outset of funding. Furthermore when the money went missing, and Poul resigned, he confirmed via emails he had applied for and obtained ethical clearances (which turned out to be a lie) the new principal investigators were sure they needed ethical clearance (IRB approval).”*

A letter to the editor in chief of the NEJM, co-signed by all 8 co-authors of this “Definitive Madsen MMR Study”, emphasized the political value of their study, which (they claimed) “refuted Wakefield and provided strong support for the MMR vaccine program”. [Read details Appendix 9]

5. Age at First Measles-Mumps-Rubella Vaccination In Children With Autism And School-Matched Control Subjects: A Population-Based Study In Metropolitan Atlanta. DeStefano F, Bhasin TK, Thompson WW, Yeargin-Allsopp M, Boyle C. *Pediatrics*, 2004

*“The design of the [sic] study assessing the association between MMR vaccine and the onset of autism [sic] compared the distribution of ages at first MMR vaccination in children with autism (cases) and controls. DeStefano provided inadequate explanations for missing data...excluded more than a third of cases”.*

The explanation for the “excluded more than a third of cases” was provided by Dr. William Thompson, a senior CDC scientist and a co-author of the *Pediatric* 2004 study, who broke his silence in 2013, and disclosed how the data went missing. He provided documented evidence of CDC fraud and malfeasance.

In taped conversation over a 10 month period with Dr. Brian Hooker (a biochemical engineer, and a father of an injured child) Dr. William Thompson, senior CDC scientist and co-author of the *Pediatrics* (2003) study, described in detail how the findings reported in *Pediatric* were crafted. He stated that when he and his CDC co-authors, found a statistically significant 3.6 increased relative risk, of a causal relationship between MMR and autism, in African American boys, who were administered the vaccine prior to 24 months and prior to 36 months, they sought ways to eliminate that 360% increased risk.

Dr. Thompson stated that the published analysis in *Pediatrics* omitted 260 African American boys from the dataset. He further stated that CDC scientists destroyed the original data.

[Read the details, including the publication saga of the re-analysis of the complete CDC

6. “MMR Vaccination and Pervasive Developmental Disorders: A Case-Control Study”.

Smeeth L, Cook C, Fombonne E, Heavey L, Rodrigues LC, Smith PG, Hall AJ. *The Lancet*, 2004

*“The study assessed the association between exposure to MMR and the onset of autism and other PDD [sic] based on data from the UK’s General Practice Research Databased (GPRD) studies (Black 2003; Smeeth 2004) the precise nature of controlled unexposed to MMR and their generalisability was impossible to determine...”*

*The [Smeeth] study appeared carefully conducted and well reported, however, GPRD-based MMR studies had no unexposed (to MMR) representative controls. In this study the approximately 4% to 13% seemed to be unexposed controls regarded by the authors as representative. Such a small number may indicate some bias in the selection of controls.”*

Numerous UK authors have relied on the GPRD data – most notably, epidemiologist, [Dr. Elizabeth Miller](#), a WHO consultant, who was head of the UK Immunisation Department for 15 years – to support the claim that there is “*no evidence of an association between thimerosal and autism*”. However, senior CDC epidemiologist expressed serious doubts about the reliability of the UK GPRD.

Shortly before he left CDC to head the epidemiology department at GSK, Dr. Tom Verstraeten sent an email to Dr. Robert Chen, Chief of CDC’s Vaccine Safety for National Immunization Program (NIP) in which he raised serious doubts about the reliability of the UK GPRD database:

*“I think two issues are important in assessing the potential strength of the GPRD study:*

*1. Maximum exposure and 2. Unbiased controls.*

*I’m not sure if the GPRD is that reliable that you can be sure that low exposure is really low exposure and not underscertainment in the database.” (June 26, 2001)*

[Read about the permutations Dr. Verstraeten’s CDC Vaccine Safety Datalink study findings underwent in Appendix 9]

- The Cochrane reviewers noted these studies’ bias, the lack of controls, the missing data, and, they even stated that “*generalizability was impossible*”. How then, could they justify the widely publicized conclusion, “*No credible evidence of an involvement of MMR with either autism, or Crohn’s Disease*”?

The widely circulated Cochrane press release was sheer propaganda; its headline declared:

[“Cochrane Library Publishes the Most thorough Survey of MMR Vaccination Data”](#). It was disseminated by the American Association for the Advancement of Science (AAAS *EurekAlert*, which touts itself as “The Global Source for Science News”). The news alert invoked the two institutions’ “authoritative” status. Cochrane delivered the findings that the UK government had commissioned, but without scientifically valid evidence to support the widely broadcast claim:

*"There was no credible evidence behind claims of harm from the MMR vaccination. This is the conclusion drawn by the Cochrane Review Authors, an international team of researchers, after carefully drawing together all of the evidence found in 31 high quality studies from around the world."*<sup>7</sup>

- To repeat, studies not designed to detect evidence of MMR involvement in autism, are not likely to report such evidence. However, this does not mean that no evidence exists. ([Absence of Evidence is Not Evidence of Absence](#), 2016) An accepted concept in computer science, applies equally to meta-analyses in medicine, “garbage in, garbage out.”

Incisive, detailed analyses of the studies followed on the heels of the widely publicized Cochrane “findings”.

Several critics noted that the Cochrane reviewers lent authority to studies of dubious quality which they admitted were deficient and compromised by:

- “*bias in the selection of controls*”; “*lack of a properly constructed causal hypothesis*”; “*extensive under-counting of autism cases in the MMR group*”; “*missing adverse event data*”; and in one study, “*more than a third cases were excluded*”.

A detailed analytic dissection by Edward Yazbak, MD,<sup>98</sup> critiqued the fact that the Cochrane reviewers’ conclusions were based on 31 sub-standard epidemiological studies. He highlighted empirical evidence – real world evidence – that rendered the reviewers’ conclusions untenable:

*“Many affected children have specific patterns of urinary polypeptides, high serum measles and MMR antibody titers and elevated myelin basic protein auto-antibody levels. In fact, it will be safe to say that it is impossible to find one normal child who has evidence of both MMR antibody and myelin basic protein auto-antibodies in his serum or his cerebrospinal fluid or one child, who regressed after MMR vaccination, who does not have at least one of the following: the typical enterocolitis of autism, a suggestive pattern of urinary polypeptides, evidence of measles virus genomic RNA, elevated serum measles virus antibody, MMR antibody or myelin basic protein auto-antibodies.*

*These are not suspicions. These are facts - rock-solid facts. In many children, two regressions have been clearly documented by health-care providers, photographs and videos. The first regression occurred shortly after the first MMR vaccination and the second, much more*



*severe, after the MMR booster at age 4 or 5, following a period of relative improvement. This biphasic course, or challenge-dechallenge-rechallenge, has been accepted as evidence of causation by the courts and by a special committee of the Institute of Medicine.”<sup>98</sup>*

The stated objective of the 2012 [Cochrane Collaboration](#) MMR Safety Review<sup>99</sup> remained:

*“to review existing evidence on the absolute effectiveness of the MMR vaccine in children” and “to assess the worldwide occurrence of adverse events, including those that are common, rare, short-term and long-term, following exposure to the MMR.”*

In this review 33 new trials were added, and a total of 64 MMR studies were assessed, after rejecting 4,889. The reviewers acknowledged that the problems with the evidence base remained the same as it was in 2003 and 2005; namely, the studies failed to meet valid scientific standards:

*“There was a lack of adequate description of exposure (vaccine content and schedules) in all cohort studies. Another recurring problem was the failure of any study to provide descriptions of all outcomes monitored. A lack of clarity in reporting and systematic bias made comparability across studies and quantitative synthesis of data impossible.”*

*“The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate... The methodological quality of many of the included studies made it difficult to generalise their results.”*

The Cochrane reviewers determined that the measles component is 95% effective after one dose. That determination is challenged by extensive reviews by scientists at the Mayo Clinic that focused on the immunogenicity and effectiveness of the MMR vaccine in preventing measles (2007, 2015, 2017).<sup>100</sup> They note that population-based studies have revealed 2-10% measles vaccine failure even after two vaccine doses.

*“...in countries with high measles vaccine coverage, outbreaks have revealed measles vaccine failure among individuals previously vaccinated with two doses of measles-containing vaccine... It was anticipated that a two-dose MMR vaccination program would lead to substantial reductions in measles morbidity and measles elimination; however, various studies have approximated that 2–10% of individuals vaccinated with two MMR doses may not develop or sustain protective measles humoral immunity, allowing a gradual accumulation of individuals susceptible to infection and subsequently, the occurrence of viral outbreaks.”*

The Mayo Clinic researchers also note that:

*“current technological advances may indeed serve to better identify specific biomarkers of vaccine immunogenicity, and/or any potential adverse reactions presented in response to one or several group(s) of vaccines.”* ([Variability in Humoral Immunity to Measles Vaccine: New Developments](#), 2015)

The Cochrane review assessed the mumps component of the MMR as only (69% — 81%) effective using the Jeryl Lynn mumps strain, and only (70% --75%) effective in the Urabe strain.

*“The highest risk of association with aseptic meningitis was observed within the third week after immunisation with Urabe-containing MMR... whereas administration of the vaccine containing Moraten, Jeryl Lynn, Wistar RA, RIT 4385 strains is associated with [a significant risk of] febrile convulsion in children aged below five years.”*

Given the serious nature of the acknowledged adverse effects associated with the mumps component in the MMR – i.e., meningitis and convulsions – coupled with the vaccine’s low level of effectiveness, and the poor quality – “largely inadequate”—studies reviewed, the Cochrane reviewers’ “conclusion” is unsupported by the evidence in their review.

Cochrane reviewers are not free of competing interests. While Dr. Jefferson’s role as “a consultant for a legal team advising MMR manufacturers” is duly disclosed, and his copious consulting work on behalf of numerous pharma companies is elsewhere disclosed,<sup>101</sup> nevertheless, it raises the issue of the uneven and unfair playing field, if only because (I strongly suspect that) a consultant to the legal team representing litigants against MMR producers would *ipso facto* be unacceptable as a reviewer by the Cochrane.

In 2016, the BMJ feature, “Head to Head” posed the question: [Is the Timing of Recommended Childhood Vaccines Evidence-Based?](#)<sup>102</sup> Prominent Cochrane Collaboration reviewers, Dr. Jefferson and Dr. Demicheli, who have examined the quality of vaccine safety / efficacy data responded as follows:

*“the answer to the question is a simple NO. No field trials have compared the effectiveness and harms of all vaccines used according to various schedules listed in the recent BMJ infographic... The full evidence base to make such complex decisions as the timing of each vaccination, in conjunction with developmental issues and the effect each vaccine has on the response to the others, is seldom fully available when vaccination schedules are devised.*

***“because detailed reports for most clinical trials of vaccines are not available, and have not been independently reviewed, we cannot be certain of vaccines’ harms profiles.”*** [emphasis added]

*“The evidence base used in designing schedules is incomplete... We should start by carrying out a more accurate assessment of the magnitude of disease threats. Those vaccines not targeting impending or credible threats should then be phased out or delayed.”*

## **12. How the Wakefield vilification campaign was initiated by a Murdoch editor seeking “something big [on] MMR”; how it was hatched and launched in Murdoch’s *Sunday Times***

Dr. Wakefield was caught in the crosshairs of Rupert Murdoch's global news media empire<sup>103</sup> whose journalistic specialty is using "fear and smear" to destroy reputations. By 2000, Murdoch New Corporation owned over 800 companies in more than 50 countries<sup>104</sup> – employing 53,000 – reaches more than a billion people. Murdoch's pernicious, inordinate influence on UK politics is amply documented;<sup>105</sup> News Corp. has been described as a "toxic corporate culture"<sup>106</sup> that operated like a "shadow state."<sup>107</sup>

"Gutter journalism" is the cornerstone of the Murdoch media *modus operandi*

The pernicious Murdoch journalism methods came into public view during Parliamentary hearings (2011 & 2012)<sup>108</sup> when the phone-hacking scandal (2005—2011) was laid bare.<sup>109,110</sup> The Murdoch brand encouraged reporters and editors to use any means in pursuit of "a story." The Murdoch tabloid reporting methods to obtain personal information in confidential files include: bullying, intimidation, deception, bribery and criminal methods such as phone hacking,<sup>111</sup> and Mafia methods.<sup>112</sup> These tactics have been described as "*unbridled aggression*" within "*a culture of no accountability.*"<sup>113</sup>

The information obtained was used to ruin reputations and careers, and to unduly influence public policies and elections; when necessary, the threat of blackmail was used. Murdoch's media empire has subverted the function of journalism to support Murdoch's corporate business interests. Under the stewardship of his son, James,<sup>114</sup> more than 27 different journalists ordered more than 1,000 illegal searches.

Rupert Murdoch has been described by the editor of *Newsweek* as "*the man whose name is synonymous with unethical newspapers.*" His tactics earned him the epithet, "Leader of a Crime Syndicate."<sup>115</sup> Harold Evans, the former editor of *The Sunday Times*, quoted Rupert Murdoch stating: "*I give instructions to my editors all around the world, why shouldn't I in London?*" Murdoch used /uses journalism to entrench himself in the UK power structure to ensure the most favorable climate for Murdoch businesses. Murdoch and his operatives developed close ties – including sexual relationships<sup>116</sup> – with high ranking UK government officials including: Prime Ministers, Parliament, public agencies, the police, the justice system and the press – all of whom became agents for the Murdoch media empire. This interconnected web of relationships facilitated: "*dictating public policy, dragging down ministers and governments, overriding democratic, judicial and police processes and intimidating, humiliating or marginalizing all who got in their way.*"<sup>117</sup>

*"Murdoch's papers possessed the ultimate deterrent: the threat to investigate and publish details of the private lives of anybody who crossed them. Even those whose cupboards were empty of skeletons feared their families might be vulnerable. That is what gives a dominant media company its unique power: in effect, it can, tacitly if not explicitly, blackmail almost anybody, and it's no use going to the police because, if they're not actually being paid by the press, they're scared too."*<sup>118</sup>

Even prime ministers<sup>119</sup> live in fear of a Murdoch media "expose." Former Prime Minister, Gordon Brown, whom Rupert Murdoch opposed, testified about the vicious political maneuvers the Murdoch

media empire engages in to ensure that the Murdoch family's commercial interests come first. An example was bullying an employee of the National Health Service to divulge medical information about Brown's son's cystic fibrosis, and then publishing the story in a front-page tabloid headline.<sup>120</sup>

*“in 1995 Blair made a transcontinental pilgrimage to a News Corp conference on Hayman Island off Australia, where he spoke to the assembled executives of News Corporation and held talks with the Kingmaker... According to the diaries of Piers Morgan, the former News of the World editor, an apologetic Blair told him; ‘Piers, I had to court him. It is better to be riding a tiger’s back than let it rip your throat out. Look what Murdoch did to former Labour leader Neil] Kinnock’.”<sup>118</sup>*

The series of defamatory articles by Brian Deer were commissioned in 2003 by Paul Nuki, the Features editor of the *Sunday Times*.<sup>121</sup> *The Sunday Times* was acquired by Rupert Murdoch in 1981, and in 1983, it published fabricated “Hitler Diaries” claiming this to be a “world scoop.” When the truth was revealed, an editorial apology to its readers stated: “*Serious journalism is a high-risk enterprise.*” Indeed, as has been documented,<sup>107,111</sup> the culture at Murdoch publications --its editorials and newsrooms endorse the credo: “*do whatever it takes to get the story, take no prisoners, destroy the competition, and the end will justify the means.*”<sup>122</sup> As Deer tells it in the [BMJ](#), Nuki told him “*I need something big [on] MMR*”<sup>6</sup> as “*litigation was pending in the High Court over alleged damage to children from the MMR vaccine.*”

The request for “*something big on MMR*” likely came from a government health official by way of Nuki's father, Professor George Nuki, was a member of the UK Committee on Safety in Medicines that had approved GSK's MMR vaccine, Pluserix, disregarding the risk of meningitis. (See, Appendix 2) In 2007, Paul Nuki left *the Sunday Times* for the National Health Service whose Information website “NHS Choices” he managed until 2015.

In December, 2003, a sympathetic, made-for-TV movie, “Hear the Silence”, about Wakefield and families with autistic children was shown. The film was viewed by 1.2 million on the first night that it screened. It was acclaimed by some – including Dr. Ben Goldacre who called it “moving and convincing” and *The Guardian*, which called it “very well done.” But Murdoch columnist, David Aaronovitch panned it, calling it “a travesty of truth.” Dr. David Salisbury, the chief MMR strategist, boycotted a discussion about the MMR-autism link following the screening of the film, and encouraged doctors to do likewise. The attacks were so vicious that Juliet Stevenson, the actress who played a mother of an autistic child, stated:

*“It was devastating to find we live in a country where you can't ask questions, particularly in the crucial area of the wellbeing of tiny children. I was in bad shape for a while after that. I just wanted to hide away.”<sup>123</sup> (2008)*

Why the features editor of Murdoch's *Sunday Times* sought out Brian Deer to attack Dr. Wakefield is explained by Deer himself. In an email, dated August 6, 2010, which Deer sent to Dr. Fiona Godlee,

he bragged about his special talent: "[I freely admit to being semi-notorious for packing into \[a\] single highly readable and apparently bland sentence rats' nests of complexity and implication.](#)"<sup>124</sup>

Deer's articles<sup>125</sup> in *The Sunday Times*<sup>126</sup> and *The Times of London*<sup>127</sup> set in motion an unrelenting inquisition aimed at destroying Dr. Wakefield's professional reputation by undermining his credibility as a scientist and doctor. Murdoch's brand of journalism, through Deer, transformed Andrew Wakefield into an unscrupulous, conniving, greedy villain who subjected vulnerable, disabled children to horrific invasive tests not medically justified, and furthermore betrayed the public trust, putting children at risk of infectious diseases long eradicated in the industrialized world. Deer described his Wakefield series as "*the largest Sunday Times medical investigation since thalidomide.*"<sup>6</sup>

### **13. High ranking UK government officials and the editor of the Lancet added weight and momentum to the Murdoch-initiated slander campaign against Dr. Wakefield.**

High ranking government officials propelled the vilification of Wakefield. First was Dr. Evan Harris, a physician and member of the House of Common's Science and Technology Committee and the British Medical Association's Ethics Committee, whose father – like Paul Nuki's father – had served on committees that had medicine licensing authority, including ARVI – the adverse vaccines reaction committee—the committee that failed to withdraw Pluserix for four years. [See Appendix 2] As a Member of Parliament Dr. Harris enjoyed the patronage of Merck and GSK. He accompanied Deer to the meeting with Dr. Richard Horton, *The Lancet* editor-in-chief, when Deer lodged his first complaint against Dr. Wakefield at a meeting (February 18, 2004). Dr. Harris wrote an editorial to accompany Deer's first article in the *Sunday Times*; and he launched a defamatory attack in the House of Commons.<sup>128</sup> Dr. Harris failed to disclose that he was the recipient of a Glaxo Wellcome Fellowship, a relevant factor to any discussion about the MMR vaccine.

When presented with Deer's allegations, the three senior authors, and another author, refuted the allegations in [letters](#) published by *The Lancet* in 2004. The letters were accompanied by a [Statement](#) by the editors of the *Lancet* following their review, which found no substance to Deer's allegation, save the "*perception of a possible conflict of interest by Dr. Wakefield*". However, Dr. Horton's subsequent actions would indicate that he had likely come under pressure from his publisher (and/or others), for having published the "heretical" Wakefield et al. article. The CEO of the publisher / owner of *The Lancet*, Reed-Elsevier, was Sir Crispin Davis who was also a board member of GSK, manufacturer of the MMR vaccine; the vaccine used in the UK. So, on the Friday before the first of Deer's *Sunday Times* articles was published, Dr. Horton appeared on the BBC evening news stating:

*"If we knew then what we know now we certainly would not have published the part of the paper which related to MMR, although I do believe there was and remains validity to the connection between bowel disease and autism."*<sup>129</sup>

This declaration by Dr. Horton and his follow-up statements claiming that there was "*a fatal conflict of interest*", and the research was "*fatally flawed*", ignited a media explosion just before Deer's *Sunday*

*Times* article appeared. Whether intentional or not, Dr. Horton lent credibility to Deer's allegations of concealed conflicts of interest. The day after Deer's initial article in the *Sunday Times* was published (Feb. 22, 2004)<sup>130</sup> officials at the highest level of government; the Chief Medical Officer of England, Sir Liam Donaldson and the British Prime Minister, Tony Blair repeated Deer's allegations:

*"There is absolutely no evidence to support this link between MMR and autism. If there was, I can assure you that any government would be looking at it and trying to act on it. I hope, now that people see that the situation is somewhat different to what they were led to believe, they will have the triple jab because it is important to do it."*<sup>131</sup> (Tony Blair)

*"If the paper had never been published, then we would not have had the controversy and we wouldn't have had the seed of doubt sown in parents' minds which has caused a completely false loss of confidence in a vaccine that has saved millions of children's lives."*<sup>131</sup> (Donaldson)

The message issued by the chief UK Medical Officer, sent a warning to medical journal editors It signified to editors not to publish articles that raise "*the seed of doubt*" about vaccine safety. Health Secretary, Dr. John Reid, called upon the GMC to hold an inquiry "*as a matter of urgency.*"<sup>132</sup>

In his book, *MMR: Science and Fiction* (2004)<sup>133</sup> Dr. Horton presents an alternative (fictional) narrative to support his BBC statement claiming ignorance about Dr. Wakefield's work on behalf of the Legal Aid Board, until it was brought to his attention in 2004. Dr. Horton appeared as an important witness for the prosecution at the GMC hearings in 2007, and reiterated in his sworn testimony, his ignorance about Dr. Wakefield's involvement in a legal challenge. However, his 1997 correspondence – a year prior to the 1998 article – with the solicitor Richard Barr, who was scheduled to argue the case. And in 1998, the *Lancet* published a letter<sup>181</sup> by Dr. Wakefield in which he acknowledges his collaboration with the LAB. These documents refute Dr. Horton's claimed ignorance.

Dr. Horton describes his behind the scene interaction with an unnamed "medical regulator" at a dinner he attended (on February 23, 2004) at which they discussed: "*possible lines of investigation*" for the GMC to pursue in developing the Wakefield case. He noted that:

*"the GMC had not a clue how to begin... As we talked over coffee while the other dinner guests were departing, he [the medical regulator] scribbled down some possible lines of investigation, and passed me his card, suggesting that I contact him directly if anything sprang to mind. He seemed keen to pursue Wakefield, especially given ministerial interest. Here was professionally led regulation of doctors in action - notes exchanged over liqueurs in a beautifully panelled room of one of medicine's most venerable institutions (p7-8)*

Five days after the *Sunday Times* ran the first of Deer's Murdoch-commissioned articles (February 22, 2004), and months before the MMR case against GSK was to be tried, Justice Nigel Davis presided over a crucial secret hearing, in which he denied an appeal by parents seeking reinstatement of government funds for legal action on behalf of 2,000 disabled children who suffered harm, allegedly following MMR vaccination.<sup>134</sup> His secret decision (which remains unpublished) effectively shut the

door on the possibility of a lawsuit against vaccine manufacturers in the UK. As noted above, in the US, although most applications for compensation for vaccine injury were rejected by the special court of the NVICP – in particular, those that claimed autism as the injury – thousands of children have been compensated, primarily for encephalitis or seizure disorders.<sup>135</sup>

Underscoring the interconnected relationships among the powerful stakeholders with a vested interest in vaccines, Justice Davis is the brother of Sir Crispin Davis. A complaint to the Judiciary Conduct Investigations Office about this conflict of interest, elicited a judiciary press statement: “*the possibility of any conflict of interest arising from his [Justice Davis] brother’s position did not occur to him.*”<sup>136</sup> In June 2004, Crispin Davis was knighted by the Tony Blair government. [Pervasive institutional conflicts of interest in L’Affaire Wakefield, are discussed in section 23]

If you were seeking “Immunization Information” on the official government [National Health Services \(NHS\)](#) website in 2004 and 2006, you would have been referred to Brian Deer’s personal website for “*the facts that parents weren’t told about the MMR scare.*” “The facts” were mere allegations under investigation. Such a public endorsement of Deer as the source of reliable information about “the MMR scare” by the NHS, suggests close collaboration between government officials who sought to provide the appearance of credibility to Deer and his *Sunday Times* articles.

#### **14. Elementary standards of journalism were abandoned when Deer secretly filed the formal complaint**

Journalism ethics preclude a reporter’s personal involvement in the issue about which he reports. However, as is the norm for journalists working for Murdoch publications, Deer violated more than one standard of journalism in pursuit of his “*big MMR story.*”<sup>137</sup> Three days after his first *Sunday Times* story was published, he secretly filed a [formal complaint](#)<sup>31</sup> with the GMC against Dr. Wakefield, Professor John Walker-Smith, and Dr. Simon Murch. Deer’s itemized list of allegations served as the blueprint<sup>Error! Bookmark not defined.</sup> that the GMC panel used to formulate its charges and guilty verdicts. By filing the complaint Deer set in motion the “case against Wakefield,” which for a period of 8 years was the subject of his 34 reports<sup>138</sup> -- 9 were published in the *BMJ*.

Deer denied his role as the person who made a formal complaint that initiated the GMC investigation for years. And both the *Sunday Times* and the *BMJ* concealed Deer’s role from their readers—even after it was confirmed by Justice Eady in a High Court [Decision](#)<sup>139</sup> in December 2006:

*“Well before the [Channel 4] programme was broadcast Mr. Deer had made a complaint to the GMC: His communications were made on 25 February, 12 March and 1 July 2004.”*

Even after the judicial confirmation, Deer continued to vehemently deny that he had done so:

*“I did not lay the initial complaint against Wakefield. This allegation is a fabrication, albeit rather a small one in the MMR issue. The GMC asked me for my journalistic evidence arising from published stories.” (2009)<sup>140</sup>*

Deer's formal complaint and the urging of the Secretary of Health triggered a GMC "fitness to practice" (FTP) investigation. After filing his complaint, Deer worked closely in secret with the lawyers who were preparing the GMC prosecution of the three doctors, an arrangement from which both Deer and the GMC benefitted. The process was drawn out for more than three years, followed by protracted hearings that extended close to another 3 years. The extremely stressful nature of a GMC investigation is documented in three reports that revealed many suicides by physicians during GMC Fitness to Practice hearings. [See Appendix 5]

In May 2005, fourteen months after Deer filed his official complaint, Field Fisher Waterhouse, the law firm hired by the GMC, provided Deer with a letter designating him as an "[informant rather than a complainant](#)". This is a semantic distinction that was used to shield Deer from being called as a witness and subjected to cross-examination in the GMC's hearings – as is required of complainants (who are usually patients lodging a complaint against a physician who they allege had injured them).<sup>141</sup> By declaring Deer an *informant*, he was essentially given a free pass to broadcast unfounded accusations that sullied reputations and ruined careers.

Deer's own words show that he understood precisely that by filing the complaint he became an interested party, and his journalistic objectivity was thereby invalidated:

*"If I am as central to the GMC's case as the cranks and liars say, why would I publish a front page and two inside pages story which wasn't true? Indeed, if it wasn't substantially true it would be a very serious libel indeed, and bound to be found out. It would amount to professional suicide."<sup>140</sup>*

## **15. Children's confidentiality breached with impunity**

As a Murdoch-commissioned reporter, Deer gained access to numerous influential sources Doors to confidential information that Deer would not otherwise have obtained – including confidential medical records – were opened. Deer was essentially providing the ammunition to build the case, while garnering material – scoops for his "story" – in his relentless assault aimed at destroying Dr. Wakefield's professional career, winning kudos and advancing his own career.

A complaint was filed with the editor of the *Sunday Times* about Deer's "gutter tactics" Rosemary Kessick, the mother of a child in the Lancet study accused Brian Deer of having falsified his identity to gain an interview, and then proceeded to use, what she termed, "gutter tactics."<sup>7</sup> The GMC had illegally obtained legal documents relating to the MMR litigation from the Legal Aid Board in violation of the Legal Aid Act of 1988. Deer posted on the internet, the names and confidential medical information about the children described in the Lancet article, in violation of the *Data Protection Act* (1998).<sup>142</sup>

The issue of how Brian Deer gained access to confidential patient records arose both in relation to articles in the *Sunday Times* and to posts on his website. But there was no opportunity to question him



about it in a public forum. Someone who had authority to access confidential medical and legal records illegally provided such documents to Deer.

The issue of breach of confidentiality arose again when Deer boasted in a *BMJ* Rapid Response comment (February 2010): “[I know the names and family backgrounds of all 12 of the children enrolled in the study, including the child enrolled from the United States.](#)” *BMJ* readers expressed outrage, demanding to know how he came by such information. Who provided this confidential personal information, and under whose authority? Professor Dodge, Hilary Butler and John Stone had expressed the view that: “*probably the most alarming aspect of the already disturbing MMR debacle was the provision of the medical records of vulnerable children to a tabloid journalist*”. Bill Welsh, President Autism Treatment Trust wrote:

*““Unless ‘medical ethics’ is a one-way street applicable only to Dr Wakefield and his colleagues there was apparently a monumental breach of ethics at the Royal Free Hospital. In today’s pervert laden Britain there have been far too many examples of slipshod attention by medical supremos to the safety of children. Perhaps Ari Zuckerman or Michael Pegg would be kind enough to enlighten us regarding what action was taken.*

*But what about Richard Horton, Lancet Editor, surely he knew earlier than anybody that the journalist had obtained confidential records. Why did he personally not actuate a police enquiry? The list of doctors who knew but were content to do nothing is becoming endless.*

*It would appear that the destruction of Dr Andrew Wakefield et al was paramount. Ethics, integrity, rectitude and even common sense lost out in the race to destroy the careers of three fine physicians.”*

The *BMJ* covered up this medical/legal ethics violation by removing online posts from readers who objected to the breach of confidentiality. An editorial note (March 24, 2010) stated: “*Following a legal complaint several responses have been removed.*”

## **16. Dr. Godlee argued against a GMC FTP prosecution in an editorial in 2006**

In 2005 and 2006, a series of articles appeared in the media calling for the suspension of the imminent GMC prosecution of Dr. Wakefield and colleagues.<sup>143</sup> Dr. Godlee’s [editorial](#)<sup>3</sup> was among these; she argued that prosecuting Wakefield for misconduct would be “*doomed and dangerous*” because it would expose the reality, that “*so much research is flawed.*”

*“plans to pursue Wakefield for misconduct through the General Medical Council seem doomed and dangerous. Doomed if the main charge is publishing flawed research because that would set an impossible precedent. So much research is flawed, the GMC would be overwhelmed. Dangerous because, even if successful, the case would refuel the controversy and present Wakefield’s supporters with a platform.*

*Part of the problem is the perception that no one in an official position has taken seriously the concerns of families who believe their children have been damaged by the vaccine. The denial that the vaccine has caused the damage [sic] doesn't sound very sympathetic and leaves Wakefield with a monopoly on taking these concerns seriously.”*

In another editorial “[The GMC: Out of Its Depth?](#)” she lamented the fact that the GMC was itself shown to be unfit to rule on fitness to practice:

*“the GMC currently seems overwhelmed by the turning tide of public opinion, with its leadership out of its depth and lacks the wisdom needed to navigate its way through. That the president of the GMC, Sir Graeme Catto, did not resign after Janet Smith delivered her damning report last year was a surprise to many.”* (2005)

- Given the widely discredited GMC tribunals and proceedings, why did Dr. Godlee make the 180 degree turnaround in 2010?

Defamatory anti-Wakefield attacks escalate in both the *Sunday Times* & *The Times of London* (2009)

In 2007, Murdoch’s son James took over the reins of News Corporation,<sup>144</sup> and in 2009 he joined GSK’s board of directors with high praise from its chairman:<sup>145</sup> “*He will also be an excellent addition to the board's corporate responsibility committee, an area where he has shown particular leadership at BSkyB and News Corporation.*” Two weeks later, *News International* published a new series of 5 defamatory articles and editorials that attacked Dr. Wakefield’s integrity. Deer’s slanderous allegations of “fixed [falsified] data,” in the *Sunday Times*<sup>146</sup> were supplemented by a series of scurrilous articles in *The Times*<sup>147</sup> in which Dr. Wakefield was accused of being “*callous, unethical and dishonest.*” A commentary in the [Australian National Review](#) (2015) noted that:

*“The strong connection between the Murdoch family and the pharmaceutical industry fuelled the fabrication of lies against Wakefield and hid the dangers of vaccine from the public. From the board of vaccine maker GSK, James Murdoch watched how the researcher’s integrity was shattered and the correlation between MMR vaccine and mental and physiological health problems nullified.”*

## **17. The GMC panel found no evidence to support Deer’s allegation of “scientific fraud”**

The most serious allegation that Deer made in his complaint to the GMC in 2004, was “scientific fraud.”<sup>31</sup> The definition of fraud:<sup>148</sup>

*“Fraud can be fabrication, falsification, and plagiarism of data or even deception in conduct. Fabricating data involves creating a new record of data or results. Falsifying data means altering the existing records. It is the deliberate distortion or omission of undesired data or results.”*

To substantiate scientific fraud the accuser must show that the original findings were altered or changed to advance a particular interest or theory that the original findings do not support. The GMC

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prosecutor attempted to pursue Deer's allegation of "research fraud" against Dr. Wakefield, by suggesting that the provisional diagnosis and a review of the histopathology slides of the children's gut biopsies by Dr. Murch and Dr. Davies differed from the subsequent description in Table 1 of the *Lancet*. The GMC prosecutor had to abandon the allegation of fraud when it became apparent during testimonies, including the histopathologist, Dr. Susan Davies, who had at first questioned the diagnosis.<sup>149</sup> Deer's allegation of fraud against Dr. Wakefield, hinged on his acting like a lone wolf. The credible testimonies totally refuted the allegation.

Dr. Davies provided a description of the systematic, weekly reviews by the entire team of clinicians and histopathologists; each of who examined in great detail, the clinical aspects, the pathology slides and continually amended reports about each individual child. She stated:

*"you did not have only one person reporting, and so everybody took it in turn to report on anything that came in from whatever source... the weekly meetings were a vital part of the care of each child. These were working meetings where all information was collated in terms of the state of understanding at that time for each child... you have to treat them differently from the adult, where there are questions like cow's milk protein sensitive enteropathy."*

*"I think it would be fair of me to say I was a little sceptical about making that diagnosis until, within our Friday meetings, I was shown other features from electromicroscopy, et cetera, and I developed an understanding of how little changes did make a big difference to the management within the paediatric framework."*

No charges of "fraud" or "falsification" were ever made against Dr. Andrew Wakefield by any investigation pursuant to Deer's GMC complaint – not by the editors of the *Lancet*, not by the Royal Free Hospital, nor by the GMC panel. The charge of fraud was not made by anyone other than Deer, because there was no evidence to substantiate the claim. However, Deer's incendiary allegations of fraud gained traction when the BMJ commissioned, published, endorsed, and widely publicized his articles.

### **18. BMJ editor-in-chief, Dr. Godlee amplified GMC charges declared Dr. Wakefield guilty of "elaborate fraud" and "falsification"**

In January 2011, the BMJ editor-in-chief went far beyond the GMC charges when she escalated the propaganda campaign against Dr. Wakefield, issuing a BMJ editorial pronouncement:

["Wakefield's article linking MMR vaccine and autism was fraudulent: Clear evidence of falsification of data should now close the door on this damaging vaccine scare...the paper was in fact an elaborate fraud."](#)

Dr. Godlee cited no evidence of "elaborate fraud" or any instance of "falsification of records". Nevertheless, her unsubstantiated, categorical verdict delivered a mortal blow – the coup de grâce – to

Dr. Wakefield's reputation; her pronouncement reverberated around the globe. Even journalists who are hostile to Dr. Wakefield, have observed that Deer's BMJ series (2011) essentially recycled his *Sunday Times* articles<sup>150</sup> published in 2009<sup>146</sup> and 2010.<sup>151</sup> The BMJ resorted to the promotional hype techniques of tabloid journalism, claiming that the articles provide "new evidence."

In the first of the BMJ commissioned series<sup>152</sup> by Deer – [How the Case Against the MMR Vaccine was Fixed](#)<sup>8</sup> – he took pride in his accomplishment:

*"My investigation of the MMR issue exposed the frauds behind Wakefield's research. Triggering the longest ever UK General Medical Council fitness to practise hearing and forcing the Lancet to retract the paper... it led to Dr. Wakefield and Walker-Smith being struck off the medical register."*

This article was appended with a deceptive, false BMJ editorial declaration: "[externally peer reviewed](#)."

In sworn deposition<sup>7</sup> [excerpted below] BMJ deputy editor acknowledged that the declaration was not true; Deer's article had not actually undergone peer review. The declaration was a deceptive ploy, made, no doubt, to provide the mantle of academic legitimacy to Deer. Deer's charge of fraud – in his GMC complaint, in the *Sunday Times*, and the *BMJ* – relied on the inconsistency between the Lancet diagnoses of the children and early GP records that, at the time of the study, were not available neither to Dr. Wakefield, nor any of the clinicians and researchers on the team. How, then could Dr. Wakefield have falsified those records or the information contained in those records?

Furthermore, these rudimentary GP records were dismissed by the High Court as irrelevant -- "*of no significance*" – because they are merely one set of records that are (understandably) less detailed and less reliable than subsequent expert medical evaluations of the 12 Lancet children's condition and diagnoses were based on. Deer used these irrelevant early GP records to dispute that the children had an inflammatory bowel disease and a regressive form of autism. All of these early clinicians' impressions lacked both the expertise of the specialists and the knowledge gained from specialized diagnostic tests which enabled these medical specialists to detect previously unsuspected, underlying bowel disease in the children.

It is not surprising that GPs and consultants interpreted the children's symptoms differently; therefore, the medical records were not identical. However, clinical disagreement, or lack of detail in a GP record, does not constitute fraud. It is astounding and disingenuous for Dr. Godlee to have (apparently) accepted Deer's premise that gives more weight to GP records than to the evaluation of expert medical specialists.

*"Deer shows how Wakefield altered numerous facts about the patients' medical histories... Deer unearthed clear evidence of falsification. He found that not one of the 12 cases recorded in the 1998 Lancet Paper was free of misrepresentation or undisclosed alteration, and that in no single case could the medical records be fully reconciled with the descriptions, diagnoses or histories published in the journal."*

[“Brian Deer explains what the latest revelations add to our knowledge of the Wakefield saga... Deer compared these with what was published in the Lancet. He found that their data had been substantially misrepresented in order to give the result Wakefield needed.”](#)

## **19. Sworn testimony by Deputy Editor & internal correspondence confirm that Deer’s BMJ articles were not peer reviewed**

Internal BMJ correspondence entered as evidence in a legal defamation suit against the BMJ reveals that the written, published and publicized assertions repeatedly made by the BMJ editor-in-chief; namely, that Deer’s *BMJ* articles had undergone “intense scrutiny” and “external peer review” – are false. In her [sworn deposition](#)<sup>7</sup> (June 2012) Jane Smith, BMJ Deputy Editor and “fact checker,” who stated that she “*worked very closely*” with the Editor-in-chief, and with Deer, acknowledged under oath that Brian Deer’s *BMJ* articles had not undergone external, independent peer review.

The evidence shows that BMJ editor-in-chief failed to perform basic due diligence.

BMJ deputy editor Smith testified that the editor-in-chief had expressed the view (on July 14, 2010) that “*it would be worth getting [the articles] sent for peer review.*” But for reasons not known to the deputy editor, Dr. Godlee dispensed with that requirement of the [International Committee of Medical Journal Editors, Recommendations](#) (2008)

*“Unbiased, independent, critical assessment is an intrinsic part of all scholarly work. Peer review is the critical assessment of manuscripts submitted to journals by experts who are usually not part of the editorial staff. Peer review can therefore be reviewed as an important extension of the scientific process...A peer-reviewed journal submits most of its published research articles for outside review.”*

BMJ failed to subject the articles to independent peer review, or to read the testimonies of the three defendants, each of whom disputed the false charges and offered evidence to back up his testimony. The GMC transcripts contained both sides of the argument, and were available to the BMJ editors; but they chose not even to read them. Not only was Dr. Wakefield denied an opportunity to rebut the charges made by the BMJ, deputy-editor, Ms. Smith, who was responsible for comparing the GMC transcript with Deer’s articles, acknowledged under oath that she never read the testimonies of Dr. Wakefield or Professor John Walker-Smith. She read only those segments from the GMC transcripts that supported Deer’s case against Dr. Wakefield.

The BMJ editors disregarded entirely the testimonies and evidence that might cast doubt on the extremely injurious assertions made in an editorial that they each signed. Furthermore, the testimony shows that the editorial review of Deer’s articles, and so-called “fact-checking” process, was guided (if not directly supervised) by Deer.

Question Re: Deer's article, "How the Case Was Fixed" [Exhibit 2]: "You knew that this was something very serious that was being alleged, don't you think if there was going to be rigorous fact checking you should have made some effort to find out what Dr. Wakefield said about those issues?"

- Smith: "Well, Mr Deer in general knows what Mr Wakefield says about those issues. We were satisfied from the checking that we did, that everything Brian said in those articles stacked up." [p. 53]

Question: "As the British Medical Journal don't you think you had obligation in fact checking these serious allegations to look beyond what Mr Deer said and to look and see what was said on the other side of the coin?"

- Smith: "We were satisfied that, no, we didn't feel we had an obligation to do that." [p. 54]

Question: "Are you telling this judge and this jury under oath that when accusing a man of fraud in an article like this you don't think you had any obligation to investigate the facts of what that individual said about the issues?"

- Smith: "The information in article one comes from, largely from the GMC transcripts and the GMC hearing... the way that these cases were described in the Lancet Paper was a complete fabrication, and we were satisfied with that. There wasn't much point asking Mr. Wakefield what he thought because we know he would deny it. We knew that before we started." [p.55]

Question: "But you don't know what was said in the GMC hearing by Dr. Wakefield or Professor Walker-Smith [because you haven't read their testimony]... In supposedly confirming Deer's findings is it fair to say that you did not make an effort to look at what Dr Wakefield testified in that 6 million word transcript about those findings, or the issues covered by those findings?" Smith: Yes [p.88]

In an email that Deer sent to Dr. Godlee, he stated: "I am getting a little nervous about others stepping in and claiming my investigation as their own, and I am also slightly anxious lest we have another communication breakdown and your people go off trying to check my work, which I requested, without talking to me about how this might be done." [Exhibit 39, p.79]

- This suggests that the BMJ "fact checking" of his articles was supervised by Brian Deer.

In another email communication Deer advised the editor-in-chief:

"If you plan to use my tables, which I think are rather powerful, you might need to peer review the legitimacy of the exercise I have carried out since they are freshly generated by me and involve interpretation of the paper."

- Ms. Smith acknowledged that BMJ did not have those tables peer reviewed either. [p. 84]

Question: “In all of the investigation that you did was there ever anything on a single page of the GMC record, or in any document that you looked at that showed that Dr. Wakefield had altered a document, that he had erased something or written over something, or changed the language on a document?”

- Smith responded under oath: “*I did not see anything of that sort.*” [p.67]

Question: “And just so it is clear, there is no evidence that he actually altered any documents or any medical records, any charts, anything like that, correct?”

- Smith: “*That is correct.*” [p. 68] She indicated that she asked Dr. Harvey Marcovitch “[*who used to assess our filler paper articles, which are very short personal pieces by doctors*]...*to make a “swift review” of Deer’s article “for pediatric issues...to make sure it made medical sense.*” [p. 91] “*Marcovitch was not asked to review the medical or scientific accuracy of Deer’s articles;*” nor was he asked to review whether the children’s diagnoses were accurately described in the Lancet. [p.92]

Dr. Marcovitch, a pediatrician, was a BMJ Associate Editor who co-authored with Dr. Fiona Godlee and Jane Smith, the editorial: “[Wakefield’s Article Linking MMR Vaccine And Autism Was Fraudulent.](#)” He had [deep institutional vested interests](#): he was Chairman of GMC Fitness to Practice Panels; the [syndications editor for BMJ Publishing Group](#); and listed his affiliation as [an employee of the BMJ Group](#) in the journal *PLoS* (2010).

- Clearly, Deer’s *BMJ* articles were never peer reviewed by any legitimate standards. Thus, the BMJ declaration appended to his articles, “*externally peer reviewed*”—is an intentional falsification –ie, fraudulent.

## **20. The BMJ declaration of fraud diverted attention from documented evidence of scientific fraud in pivotal CDC- Danish studies; its principle investigator, criminally indicted for fraud**

The BMJ imprimatur was needed to focus on Andrew Wakefield and convince the medical community and the public that his research had no scientific merit, that he committed fraud, that he posed a danger to public health, and that he had created a “MMR scare” to enrich himself. The strategy served to avert attention from the far-reaching, consequential scientific fraud committed not only by Poul Thorsen, but by CDC-commissioned Danish scientists in collusion with CDC’s own scientists.

In 2010, Aarhus University, the center for CDC-sponsored Danish epidemiology studies whose CDC grants were administered by Dr. Poul Thorsen, uncovered a \$2 million “shortfall”. Thorsen was the leading CDC-commissioned scientist, the [Master Manipulator](#)<sup>153</sup> who authored the “definitive” Danish epidemiological studies that were crafted and manipulated to exonerate the mercury additive, Thimerosal in vaccines, as not triggering autism. An investigation by CDC confirmed that financial documents had been forged.

- In 2011, at the very time that the BMJ intensified the savage persecution Dr. Wakefield, [internal CDC correspondence](#)<sup>154</sup> (obtained following a Freedom of Information Act request by the parent group, Coalition for Mercury Free Drugs (CoMeD) documented conclusive evidence of scientific fraud. In their letter of complaint addressed to Daniel Levinson, Inspector General (IG) of the Department of Health and Human Services (HHS) CoMeD outlined the case against Thorsen:

*“Criminal investigations now ongoing in Denmark reveal key ‘independent’ studies, purportedly showing mercury does not cause autism, were, in some cases, financially and ethically compromised by our own national health agencies. For example, the CDC assisted in the design, data manipulation, review and publication of these studies. The resulting and seemingly biased epidemiological studies cannot prove safety or establish the current levels of mercury in vaccines as “safe.” Moreover, the original datasets have been “lost” or withheld from independent review so that even the published findings cannot be confirmed, much less properly reviewed.”*

- The documented evidence in the internal correspondence led to a criminal investigation by the IG, resulting in a 22-count criminal indictment by a federal Grand Jury. Poul Thorsen was indicted for 13- counts of fraud, including document falsification, and 9- counts of money laundering , embezzlement, and stealing \$1 million in CDC grant money (among other charges). Thorsen fled to Denmark and remains on the [IG’s most wanted fugitives](#).
- Thorsen’s numerous co-authored, CDC-sponsored publications in the most influential journals continue to pollute the scientific literature as none have been retracted. New evidence uncovered in September, 2017, by World Mercury Project, reveals that Thorsen and his collaborators did not obtain permission from an Institutional Review Board (IRB) to conduct the that was published in the [New England Journal of Medicine](#) (2002) and the [Journal of Autism and Developmental Disorders](#) (2010)

As copiously documented in Appendix 9, the duplicity of public health officials is also revealed in transcripts of closed door meetings such as: the [Epidemic Intelligence Service](#), the UK [Joint Committee on Vaccination and Immunisation](#), the [Institute of Medicine Committee on Immunization Safety Review](#), a [confidential report by GlaxoSmithKline](#) submitted to the European Medicines Association.

CDC officials launched multiple international vaccine consortiums composed of manufacturers and other stakeholders in government and academia, to counteract the Wakefield impact and to prevent other scientists whose research findings threaten vaccination policy from gaining public traction. They systematically conceal serious adverse effects following vaccination by re-defining what constitutes a vaccine-related adverse effect, and they tightly control the content and flow of information about vaccine safety.



## Medical journals maintain a wall of silence RE: evidence of fraud by CDC & its commissioned scientists

Nowhere is this control of information regarding vaccine science better demonstrated than the wall of silence maintained by academia and its medical journals. They averted their gaze from Poul Thorsen's crimes and failed to retract – or even to examine – the studies whose findings were manipulated by illegitimate methods – as documented in internal correspondence between CDC officials and Danish-commissioned researchers. Instead, the editor-in-chief of a respected medical journal was enlisted to lead the charge of a delegitimizing campaign against Andrew Wakefield.

- In January 2011, Dr. Godlee issued an editorial that will tarnish her legacy forever: [Wakefield's Article Linking MMR Vaccine And Autism Was Fraudulent.](#)

The editorial was signed by the editor-in-chief, the deputy editor, and the associate editor who was also the [syndications editor for BMJ Publishing Group.](#) They pronounced Dr. Wakefield guilty of “scientific fraud” without evidence of a single specific example of an altered fact or deception to meet the definition of scientific fraud. No instance of Dr. Wakefield having “fabricated data” or “falsified or altered records” was ever presented as evidence. Such charges were not made by the GMC, for lack of evidence. BMJ Editor-in-chief, Dr. Godlee lent credence to the defamatory charges in Murdoch's *Sunday Times*.

The BMJ pronouncement of fraud was made on the mere say-so of a freelance reporter hired by a Murdoch editor to provide “*something big on “MMR.”*”

[“Deer shows how Wakefield altered numerous facts about the patients' medical histories... Deer unearthed clear evidence of falsification. He found that not one of the 12 cases recorded in the 1998 Lancet Paper was free of misrepresentation or undisclosed alteration, and that in no single case could the medical records be fully reconciled with the descriptions, diagnoses or histories published in the journal.](#)

[Brian Deer explains what the latest revelations add to our knowledge of the Wakefield saga... Deer compared these with what was published in the Lancet. He found that their data had been substantially misrepresented in order to give the result Wakefield needed.](#)

### **21. The objectives of the BMJ campaign were:**

- To disqualify the scientific merit of the Lancet study;
- To delegitimize Dr. Wakefield's entire research oeuvre;
- To convince the medical community that Dr. Wakefield must be shunned;
- To demonize Andrew Wakefield as a pariah;
- To “[close the door](#)” by delegitimizing that entire avenue of research;
- To discourage public debate about the safety of national vaccination policy;
- To ensure compliance with the vaccination schedule and protect industry's profit-margins

To accomplish these goals, Dr. Godlee, became the executioner-in-chief of a malicious smear campaign.

In her zeal, she upbraided the *Lancet* editor for [“leaving the door open for those who want to continue to believe that the science, flawed though it always was, still stands. We hope that declaring the paper a fraud will close that door for good.”](#)<sup>9</sup>

Lacking a shred of evidence, Dr. Godlee staked her reputation by making a litany of unsubstantiated assertions of “fraud” based on allegations by Brian Deer, her trusted “authority”.

- [“elaborate fraud and falsification...unethical treatment of the children. There is no doubt that it was Wakefield... A great deal of thought and effort must have gone into drafting the paper to achieve the results he wanted: the discrepancies all led in one direction; misreporting was gross.”](#)

Deer misattributed the determination of the children’s diagnoses to Andrew Wakefield and no one else – as if Dr. Wakefield had operated as a lone wolf. Those allegations were refuted by the documented evidence and testimonies presented to the GMC. In fact, Professor Walker-Smith, the senior clinician and author was fully responsible for all clinical aspects and jointly in charge of the scientific investigation throughout the entire study and its publication. Professor Walker-Smith was not duped by Dr. Wakefield.

The determination of each child’s diagnosis was made on the basis of expert clinical judgment and evaluation by a collaborative team of physicians. The evidence and testimonies were provided by numerous specialists – both from the Royal Free Hospital and independent experts – and the evidence was adjudicated by the High Court and determined to be factually true and persuasive. The High Court overturned the baseless GMC verdicts of professional misconduct for lack of evidence.<sup>30</sup> The charge of fraud against Andrew Wakefield was fabricated.

None of the co-authors of the Lancet paper had ever disputed the accuracy of the published data.

They disavowed Dr. Wakefield’s public statements suggesting the polyvalent MMR may be to blame for the children’s autism and bowel disease, and his recommendation of using the mono-valent measles vaccine until the safety of the MMR is demonstrated by evidence.

By twisting the facts, misconstruing the assessments of the expert histopathologists’ testimony confirming the accuracy of the reported children’s diagnoses in the *Lancet*, and by ignoring the authors’ testimonies and correspondence, she invented an absurd scenario; she turned the blinded tissue assessment – which was added to ensure against bias – into an accusation. The Deer/ Godlee misrepresentations of the records were refuted by [Dr. Susan Davies](#)<sup>155</sup> and [Dr. Amar Dhillon](#),<sup>156</sup> the pathologists who co-authored the paper, who submitted letters to the BMJ editor.

The *Lancet* paper explicitly indicated (at the foot of Table 1) that the final histopathologists’ assessment of the children’s biopsy tissues was blinded to ensure against bias. How, then, does one explain Dr. Godlee’s gross misrepresentations in her infamous editorial in which she twisted an appropriate blinded biopsy tissue review into a crime?

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“[Wakefield’s] coauthors seem to have been unaware of what he was doing under the cover of their names and reputations. As the GMC panel heard, they did not even know which child was which in the paper’s patient anonymised text and tables.”

Another of Dr. Godlee’s farfetched assertions was that the GMC didn’t include the charge of fraud due to time limitations:

- “although the scale of the GMC’s 217 day hearing precluded additional charges focused directly on the fraud, the panel found him guilty of dishonesty concerning the study’s admissions criteria, its funding by the Legal Aid Board, and his statements about it afterwards..... ”

All of these assertions are belied by the fact that the GMC investigation was protracted over a three-year period followed by hearings spread over another three years. The GMC did not charge any of the doctors with “fraud” because it could not find any evidence whatsoever.

## **22. A scientist’s substantive commentary refuting the charge of fraud was rejected by the BMJ**

In September 2011, Dr. David Lewis<sup>157</sup>, a microbiologist, the recipient of the Science Achievement Award by the editors of *Annals of Internal Medicine* in 2010; whose experience includes examining colonic biopsies at the University of Georgia, and his publications include reports in the *Lancet* and *Nature Medicine*, submitted a commentary for publication to the BMJ. The commentary was a detailed critique and refutation of Deer’s first BMJ article, “Wakefield’s “autistic enterocolitis” under the Microscope” (April 2010).

In this BMJ article, Deer resurrected his allegation of fraud against Dr. Wakefield– which he had made in his GMC complaint. Despite the fact that the GMC prosecutor had abandoned pursuing that charge (in 2007) for lack of any evidence, and despite persuasive testimonies by the pathologists who refuted such a possibility,<sup>149</sup> the BMJ published Deer’s unsubstantiated outrageous allegations that Dr. Wakefield had acted alone and fabricated the children’s bowel disease diagnoses in *“a deal with a solicitor hammered in a lawsuit.”*

Dr. Lewis submitted his manuscript for publication, accompanied by the original grading sheets that had been prepared by Dr. Dhillon and Dr. Anthony, for 11 of the 12 Lancet children, and the “missing” photomicrographs of biopsy slides. These slides and grading sheets had been submitted in evidence to the GMC. Dr. Lewis analyzed the biopsy slides and grading sheets, and concluded that the diagnostic determinations were made in good faith; that Table 1 in the Lancet article reported the children’s diagnoses accurately; and there was no basis for the BMJ charges of fraud against Dr. Wakefield. The documents, he wrote, *“leave no doubt that Dr. Wakefield did not make up the diagnosis of colitis as Deer alleged.”* [Read Appendix 6]

- Indeed, a few months later, the High Court adjudicated the evidence supporting the accuracy of the children’s diagnoses as reported in Table 1 in the Lancet. The Court’s determination effectively demolished the allegation of falsification.

Dr. Godlee rejected Dr. Lewis' commentary, and suggested that he submit a "rapid response" comment instead. [Note: rapid response comments only appear in the online electronic version; they can (and have) disappeared. BMJ shielded Deer by removing (or not posting) readers' "rapid response" critiques of his allegations.<sup>158</sup>]

### **23. Grading sheets were distorted and deconstructed into "fake evidence"; accusations of institutional research misconduct were extended to all the co-authors, the Lancet editor, and the Royal Free Hospital**

Dr. Dhillon's grading sheets that were submitted by Dr. Lewis with his manuscript as supporting documentation for publication, were twisted and forged into ammunition. On November 9, 2011, Dr. Godlee assumed the self-appointed role of prosecutor, judge and jury, issuing defamatory judgements against all 12 co-authors of the Lancet article whom she accused of misrepresenting normal children as having inflammatory bowel disease:

*"Previously unpublished histopathology grading sheets... remove any remaining credibility from the claim that the Royal Free doctors had discovered a new inflammatory bowel disease associated with MMR... it is impossible to reconcile them with what was published in the Lancet. How could two consultant histopathologists have reported healthy biopsies and then put their names to such a text?"*

What's more, the editor-in-chief expanded her dragnet, accusing the hospital, and the medical school of *Institutional Research Misconduct.*

*"The articles, by investigative journalist Brian Deer, also showed that the conflicts of interest were not confined to Wakefield. They drew in his then employer, the Royal Free hospital and medical school. Now part of University College London, the Royal Free issued public statements of support for national immunisation policy while privately holding business meetings with Wakefield over purported diagnostic kits, single vaccines, and autism products meant to be sold on the back of the vaccine crisis."*

Furthermore, Dr. Godlee dispatched a letter to House of Commons Select Committee on Science and Technology, calling for a Parliamentary investigation: *"MMR fraud needs parliamentary inquiry as new information puts spotlight on Wakefield's co-authors."*<sup>159</sup>

In her press release, Dr. Godlee declared:

*"Institutional misconduct is too important to be left to the institutions themselves...the MMR scare, and the enormous harm it has caused to public health, it would compound the scandal not to heed the warnings from this catastrophic example of wrongdoing."*

She called upon UCL *to "immediately initiate an externally-led review of its role in the vaccine scare."*

Editor Godlee disregarded entirely Dr. Davies' GMC testimony<sup>149</sup> and Dr. Dhillon's cogent statement<sup>160</sup> in which he explained clearly, and in detail, how the BMJ mischaracterized the

significance of his grading sheets, pointing out that they “represent an incomplete record of my observations.”

*“In 1998 the series of cases in the Lancet paper was unusual, if not unique, and it was one of the aims of the study to explore the significance or otherwise of the subtle histological changes in autistic children with gastrointestinal symptoms. Prejudgment of the significance or otherwise of the histological changes in isolation in the 1998 study cases would have been inappropriate previously, and remains so now.”<sup>160</sup>*

Dr. Dhillon criticized the authors of the BMJ articles and editorial for their “lack of understanding of the essential difference between the systematic documentation of specific microscopical features in a grading sheet” and the “overall integration of clinical information with diverse lines of investigation” that go into the final diagnosis.

*“There [was] a joint review by clinicians and pathologists to evaluate the significance of the microscopic observations in light of additional clinical, endoscopic, radiologic, and laboratory data that has been obtained after the ‘diagnostic’ biopsy has been reported. –It is not unusual for the clinical significance of microscopic observations to be reinterpreted and altered by this process, and it could be that the histological diagnostic interpretation subsequently has to be corrected.*

*–It is a mistake to apply uncritically adult gastrointestinal biopsy histopathological thresholds of normality vs abnormality to children. –The expert gastrointestinal pathologist and gastroenterologist commentators have tried to assess the diagnostic implications of data represented in histopathological grading sheets alone. –This is a fundamental mistake: the significance of the histopathological component of any diagnostic equation depends on consideration of the histopathology within the complete clinical context*

*...the final diagnostic assignment of colitis has to be made in the light of full clinical/endoscopic/ radiologic/ laboratory data; and response to treatment. Bowel disease is not diagnosed by gut mucosal histopathology in isolation...the changes were not severe in any of the slides, but it is not unusual for gut mucosal biopsies to show little abnormality even in clinically well defined cases of gastrointestinal disease, particularly in children...in the context of a comprehensive clinicopathological review by trusted clinical colleagues, the designated diagnosis of colitis seemed to me to be plausible.”<sup>160</sup>*

It is noteworthy that Justice Mitting, in his unbiased probing evaluation of the evidence, fully grasped the complexity involved, in rendering a diagnosis, when the abnormalities in children’s intestinal tissues, are subtle and small, but are clinically significant, signaling a previously undiagnosed disease in children. He understood, what the GMC panel, and editor-in-chief of a prestigious medical journal, refused to accept. That is, to recognize that disagreements among experts are to be expected, especially when a new syndrome is introduced. Indeed, the British Society of Gastroenterology [Guidelines](#) (July 1997) confirmed that: “It is not unusual for pathologists to disagree about the degrees of mild to moderate inflammation shown in a biopsy, nor to disagree about their clinical significance.”<sup>161</sup> However, when a jury is rigged

and its verdict predetermined to find the defendant guilty of “misconduct” – as was the GMC panel – such jurors will not be persuaded or dissuaded by evidence.

To bolster the Deer-BMJ “interpretation” of fraud, and to counteract Dr. Lewis’ critique, Dr. Godlee commissioned the opinion of Dr. Ingvar Bjarnason, a gastroenterologist at King's College Hospital. He stated “*in my opinion, and that of those to whom I spoke, there is no justification whatsoever for calling this an enterocolitis.*” However, when asked by a reporter from the journal *Nature* whether the BMJ charge of fraud was justified, he stated: “*The forms don't clearly support charges that Wakefield deliberately misinterpreted the records. The data are subjective. It's different to say it's deliberate falsification.*”<sup>162</sup> (*Nature*, Nov. 2011) When confronted with Dr. Bjarnason’s statement expressing doubt about “*deliberate falsification*”, both Deer and Dr. Godlee modified their stance when responding to the journal *Nature*:

*“Deer notes that he never accused Wakefield of fraud over his interpretation of pathology records. But he says that records read to him from the Royal Free pathology service clearly stated that the children's gut biopsies were within normal limits, even though they were reported in the Lancet paper as having enterocolitis.”*

*“Fiona Godlee, the editor of the BMJ, says that the journal's conclusion of fraud was not based on the pathology but on a number of discrepancies between the children's records and the claims in the Lancet paper.”*

However, they did not retreat from their stance in the BMJ. Dr. Lewis’ [Rapid Response](#) was further truncated by the editor. She eliminated any reference to evidence that undermined the BMJ-Deer allegations of fraud. [Appendix 7 contains the full version of Dr. Lewis’ response.] When Dr. Lewis posted his unexpurgated commentary on the website of the National Whistleblowers Association (NWA), on whose board of director he serves, Deer sent a flurry of threatening letters to the executive director of the organization,<sup>163</sup> in which he maliciously disparaged Dr. Lewis’ professional credentials. His interaction with the BMJ editor-in-chief led Dr. Lewis to conclude that the BMJ narrative regarding the Wakefield MMR- autism controversy was “*more tabloid than science.*”

In January 2012, he filed a [report](#)<sup>164</sup> with the UK Research Integrity Office (UKRIO) and the University College of London (UCL) [the parent institution of the Royal Free Hospital], documenting [Apparent Egregious Ethical Misconduct by BMJ and Deer](#):

*“There is no doubt that BMJ's editors and Brian Deer appear to be deeply involved in creating an elaborate deception...To support their new fraud theory, Godlee, Deer, and the BMJ's lawyers engaged in the most reprehensible conduct I have ever witnessed involving any scientific journal.”*<sup>165</sup>

Dr. Godlee had stated that the GMC rulings served as “[the core data](#)”<sup>166</sup> upon which she based her infamous declaration, “[the MMR Study was an Elaborate Fraud.](#)” and her assertion that there is “[clear evidence of falsification of data.](#)” However, as has been demonstrated, when the evidence was subjected to a genuine forensic judicial review, the fatal flaws of the GMC case against the three

doctors were exposed, and the charges and guilty verdicts were deemed to be untenable by the High Court for lack of any evidence to substantiate the charges.

The GMC had declared the three doctors guilty of “*serious professional misconduct*” for the following:

*“the children were admitted for research purposes under Project 172-96; the purpose of the project was to investigate the postulated new syndrome following vaccination; subjected the children to invasive tests that were not clinically indicated and were contrary to their clinical interest...repeatedly breached the fundamental principles of research and clinical medicine.”* And the panel concluded that the description of the referral process as “*consecutively referred*” was “*inaccurate,*” “*dishonest*” “*intentional*” “*irresponsible,*” and “*misleading.*” [As quoted in [High Court Decision](#), Par. 149, 153]

Professor Walker-Smith was able to appeal the GMC guilty verdicts to the High Court (the cost defrayed by his insurance). Justice John Mitting conducted a thorough forensic examination of all the testimonies and documented evidence that had been presented at the GMC hearings – but the evidence was ignored by that panel. Justice Mitting determined that there was no evidence to substantiate the GMC findings of “professional misconduct”. Indeed, the evidence refuted the guilty verdicts. The [High Court](#) decision unequivocally overturned all of the verdicts against Professor Walker-Smith. [Read Appendix 1] Those charges apply to all three doctors. Thus, the High Court decision effectively rendered the BMJ accusations of “fraud” implausible and indefensible.

#### **24. Let’s examine the pervasive, significant conflicts of interest of the adversaries vis-à-vis COI charges against Dr. Wakefield**

Every adversarial player in the Wakefield Inquisition had major financial interests<sup>167</sup> that were threatened by Dr. Wakefield’s MMR research.

(1) The initial attacks on Dr. Wakefield were launched by the *Sunday Times*, and were widely spread by Rupert Murdoch’s multinational media network.<sup>168</sup> Murdoch’s news empire has the distinction for spreading “fake news” reports and forged documents. His “*drumbeat of misinformation*” misled people into believing that Saddam Hussein was involved in the 9/11 attack, in support of the Bush - Blair invasion of Iraq. His media network on both sides of the Atlantic broadcast propaganda in support of the war “*as a path to cheap oil and a healthy economy.*”<sup>169</sup> [See section 11]

The Murdoch family’s financial ties to pharmaceutical companies. In particular, the family’s ties to vaccine manufacturers GSK and Merck (and its subsidiary CSL) are far reaching and extensive. In February 2009, James Murdoch joined the GSK board of directors;<sup>170</sup> soon after *News International* published a series of 5 defamatory articles and editorials attacking Dr. Wakefield; three in the *Times*<sup>147</sup>

and two in the *Sunday Times* by Brian Deer.<sup>151</sup> The Murdoch -*Times* blitz campaign continued until 2010, when the BMJ assumed the role of chief publicist for anti-Wakefield propaganda.

The [Murdoch Childrens Research Institute](#) (MCRI) in Australia was founded by Rupert Murdoch's mother Dame Elizabeth, in 1986. His daughter-in-law, Sarah Murdoch, has been the [ambassador](#) for the MCRI and a member of the development board since 2000, and board member since 2014. MCRI served as the testing site for the

H1N1 swine flu vaccine in pediatric trials. It was tested in children aged 6 months to 9 years, proclaiming "*the data support Australian Government recommendations for the immunization of children with H1N1.*"<sup>171</sup> MCRI website states:

*"Vaccine and Immunisation Research Group (VIRGo) is the largest and longest standing child and adolescent vaccine population research and clinical trials program in Australia...is one of the leading sites internationally. VIRGo is a collaboration between the between the Murdoch Childrens Research Institute and the Melbourne School of Population and Global Health at the University of Melbourne. Vaccine and immunisation research is conducted in three complementary programs: clinical trials, epidemiology and social research in vaccine hesitancy. The group's work in these programs provides policy support regarding best use of vaccines in national schedules."*

[Uncensored](#), a website of a group of New Zealand journalists quoted the following statement from the MCRI website in 2016: [This statement has disappeared from the MCRI website.]

*"Research focuses on clinical trials of new vaccines in healthy infants, children and adolescents, the epidemiology of vaccine preventable diseases (VPDs) and evaluation of the impact of population-delivered vaccine programmes....Promotion of collaborations with Australian and overseas immunisation researchers, policy-makers, service providers and the vaccine industry."*

Other news outlets that attacked Dr. Wakefield include *Reuters News Service*, whose CEO in 2007 was on the Board of Merck. Reuters' previous CEO, Sir Christopher Hogg, was Chairman of GSK in 2004, while also a non-executive director of Merck.<sup>172</sup> His wife, Dr. Miriam Stoppard, is The *Daily Mirror's* health adviser in residence. Her promotional articles go under such titles as: "[Parents Must Put Their Faith In MMR](#)," in which she reassured parents: "*The triple vaccine can't overload your baby's immune system, which we know is capable of dealing with 10,000 jabs.*" On her own corporate website she states unabashedly: "*The name Miriam Stoppard stands for accessible, practical, caring, authoritative, credible, and reassuring advice. In other words, "the thinking has been done for you!"*"

(2) [Medico-Legal Investigations \(MLI\)](#) was asked "in strict confidence" to advise Brian Deer in his [investigation of Dr. Wakefield](#)

MLI billed itself as: "*a confidential service for the pharmaceutical industry and health sectors.*" As documented above [See, Section 11] MLI was funded entirely by the Association of British Pharmaceutical Industry (ABPI); MLI acted as the Pharma industry's "police force."<sup>42,44</sup> According to



its chairman, MLI worked closely with “health authorities.” Among its services to Pharma clients was crafting complaints to initiate GMC investigations. MLI served as:

*“Liaison between GMC and complainants during the build-up to the disciplinary hearing; Completion of case and final preparation for hearing under the auspices of the solicitors acting for the prosecution. Completion of case and final preparation for hearing under the auspices of the solicitors acting for the prosecution...”<sup>44</sup>*

According to MLI chairman, 26 of the 27 doctors against whom MLI initiated GMC proceedings, were found guilty of “research related matters.” An MLI [Newsletter](#) (March 2004) confirms that MLI was asked to advise “in strict confidence”:

*“the problems found in the paper by Dr Andrew Wakefield (as published in the Lancet) concerning MMR and autism were shared with MLI in strict confidence... We were asked to advise on matters that were clearly quite alarming. It is rewarding to know that our knowledge and understanding of research problems is recognised. Brian Deer's investigation reinforces our view.”*

*“The damage done to the integrity of research is such that it places doubt in the minds of the public about all research... the information provided by Dr. Wakefield not only throws doubt on the work of his colleagues within the medical profession it affects the decision-making process for parents who became totally confused about the rights and wrongs of MMR.”*

(3) Brian Deer, a celebrity at an international pharmaceutical industry conference in the French Alps.

The pharmaceutical industry intensified its effort to contain publicly expressed concerns about vaccine safety. In November 2011, a 3-day conference titled: “[Re-invigorating Immunisation Policy Implementation and Success: From Parent to Partner and from Broadcast to Engagement](#)”, was hosted by *Fondation Mérieux*, in the French Alps. Mérieux Foundation “[partners](#)” encompass the gamut of the pharmaceutical industry; they include all three MMR manufacturers that were defendants in the UK litigation (GlaxoSmithKline, Merck and Sanofi). Other partners include: the CDC Foundation, the Bill and Melinda Foundation, the World Bank, and Islamic Development Bank.

Brian Deer gave the keynote address ““Money, media and retrospection. What drove the MMR crisis, and what lessons should we learn for the future?” He stressed the value of scare techniques: “*nothing travels quite like fear.*” He was also listed as chair of two additional sessions of the conference. The [Fondation Report](#) expressed concern about public perception:

*“public scepticism and anti-vaccine sentiment have increased. A number of health scares, such as the debunked but high profile claim that the MMR vaccine causes autism, have hampered immunisation campaigns. Creeping mistrust of science, and of authorities in general, have also fed into the debate on vaccine safety and efficacy... There was much discussion throughout the conference on whether and how public health authorities, scientists, industry and frontline health professionals should deploy anecdote and emotion.”*

Deer received a British Press Award for his *Sunday Times* articles; at least two of the judges were Rupert Murdoch “luminaries” who were involved in the criminal phone hacking scandal that engulfed Murdoch’s entire news empire in 2009 -- 2012.<sup>173</sup> His awards from the *Press Gazette* and the British Press Awards -- both owned by [Matthew Freud](#), who was married to Rupert Murdoch’s daughter until 2014.

- Questions about the source(s) that have been subsidizing Brian Deer’s pursuit of Dr. Wakefield all these 8 years are shrouded in mystery. But given the impact the Deer articles have had, it is a safe guess that Murdoch’s News Corp has rewarded its commissioned, freelance reporter handsomely.

(4) The GMC is the prosecuting authority in fitness to practice hearings, yet GMC panelists (judges) are not required to disclose their conflicts of interest in the issues being prosecuted.

Following the Pluserix debacle, the UK government assumed financial responsibility for claims against GSK, manufacturer of this unsafe vaccine. Thus, the government had a vested interest in preventing large-scale lawsuits from going forward. The DOH has been at the forefront of the campaign against Dr. Wakefield. Indeed, the Minister of Health, John Reed, called for a GMC investigation of Dr. Wakefield. [As discussed above] both the first and presiding chairs of the FTP panel, selected by the GMC to sit in judgment of Dr. Wakefield, had conflicts of interest. Professor Denis McDevitt, whose conflicts of interest included his role in approving MMR Pluserix, forced him to step down. GMC then selected Dr. Surendra Kumar, a GMC council member, again disregarding Dr. Kumar’s professional and financial vested interests in the case, including an extended relationship with the DOH, and his service on numerous DoH committees.<sup>174</sup>

Chairman Kumar declared that Dr. Wakefield guilty of “*show[ing] a callous disregard for the distress and pain you knew or ought to have known the children involved might suffer*” [from the prick of a needle].<sup>175</sup> After the GMC issued its verdict, Dr. Kumar stated: “*there was no such thing as vaccine damage as well as saying that any parents who claimed that their children had suffered such, would be treated with scorn and contempt.*”<sup>174</sup> He then called for mandatory pre-school vaccination – which would overturn UK’s voluntary vaccination policy.

(5) GMC’s principal expert witness, Professor Michael Rutter (child psychiatrist) denounced Dr. Wakefield, stating that MMR litigation posed a serious conflict of interest undermining the scientific validity of the Lancet case series. Dr. Rutter claimed expertise on disclosure having been a member of his hospital’s ethics committee. However, on his conflict of interest disclosure form, he checked off “none declared”, even though he had consequential, multiple conflicts of interest. He concealed the fact that he was a paid expert witness in at least three lawsuits on behalf of vaccine manufacturers, including for Glaxo in the MMR / autism litigation. He testified that mercury (thimerosal) was not a causal factor in autism, and that the dramatic increase in an autism diagnosis was not real.

Professor Rutter<sup>176</sup> was Deputy Chairman of the Wellcome Trust (1999 to 2004), which was established by the Wellcome Foundation. Its fortune was made on the HIV drug AZT. The [History of](#)

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[Wellcome](#) describes how a series of mergers (between 1995 and 2000) resulted in the creation of GlaxoSmithKline. The Trust's assets in 2007 amounted to £14 billion, a prodigious source of funding for research that supports the interests of GSK. Those significant financial interests, no doubt, played a role in Prof. Rutter's seeming ignorance about vaccine safety assessments such as the following: [See: Appendix 8 and 9]

- In 1990, Professor Hans Wigzell, MD,<sup>177</sup> Rector of the Karolinska Institute, Sweden; a member of the Nobel Committee for Physiology or Medicine, acknowledged the legitimacy of concern about the safety of thimerosal in children's vaccines.
- In 1999, the increased risk of autism from thimerosal was documented in a CDC study in 1999.<sup>178</sup>
- In 2001, an FDA risk assessment: [An Assessment of Thimerosal Use in Childhood Vaccines](#) concluded:

*“some infants may be exposed to cumulative levels of mercury during the first 6 months of life that exceed EPA recommendations. Exposure of infants to mercury in vaccines can be reduced or eliminated by using products formulated without thimerosal as a preservative.”*

Professor Rutter was in a position not only to discredit Dr. Wakefield in his testimony, but in his editorial capacity on 21 medical journal boards, and as the editor of the *Journal of Autism & Developmental Disorders*, Professor Rutter was in a position to prevent the publication of articles that report evidence of a vaccine-autism link or otherwise challenge vaccine orthodoxy; thereby ensuring that the vaccine literature does not contain articles that raise concern about the safety of vaccination policies.

(6) Richard Horton, editor-in-chief of *The Lancet* was another important witness for the prosecution.

Dr. Horton never disclosed his institutional conflict of interest; namely, that the *Lancet* is owned by Reed-Elsevier, which owns 2,460 scientific journals, earning a significant income from pharmaceutical industry advertising and article re-prints. Beyond “normal” business activities Elsevier engaged in outright falsification when it published 6 “fake medical journals” – *The Australasian Journal of Bone and Joint Medicine* – under the imprint, *Excerpta Medica* (2000 – 2005). These “journals” were produced on behalf of Merck for an undisclosed sum of money.<sup>179</sup> They promoted Merck's drugs, Fosamax and Vioxx.

Dr. Horton also failed to disclose that Crispin Davis, CEO of Elsevier, was recruited for the GSK board of directors in 2003, a few months before Deer's first frontal attack article against Dr. Wakefield was launched in the *Sunday Times* (Feb. 2004). Furthermore, Dr. Horton testified against Dr. Wakefield, declaring that he had no knowledge whatsoever about Dr. Wakefield's involvement in a legal challenge. He declared that this posed a conflict of interest so serious that it rendered the study “*fatally flawed.*”

Dr. Horton's claim was not only unsubstantiated; it was contradicted by an exchange of letters between him and attorney Richard Barr, who had been retained to lead the planned Legal Aid lawsuit. These letters, dated a year before the article in the *Lancet*,<sup>180</sup> concerned permission to cite data from papers published in The Lancet in a Fact Sheet about MMR. Barr even refers to pressure on the Lancet by the Medicines Control Agency and the Department of Health, demanding that the references be withdrawn. These letters were presented in evidence at the GMC hearing; they contradict Dr. Horton's sworn testimony claiming ignorance about the planned litigation.

Furthermore, the suggestion that Dr. Wakefield's participation in a legal action constituted a conflict of interest was raised in a [letter](#) to the Lancet editor (1998), by Andrew Rouse, an official with the a regional office of the Department of Public Health, who suggested that "litigation bias" might have influenced the study. Dr. Wakefield [responded](#) in a letter in 1998<sup>181</sup> in which he described his agreement to serve as expert witness on behalf of the Legal Aid Board, an agreement which he alone was involved with.

And in 1996, *The Independent*<sup>188</sup> reported at length about the planned lawsuit and the Royal Free hospital research. In 2004, days after Deer's *Sunday Times* launch, an appeal by the plaintiff parents who had been summarily denied Legal Aid Board funding for the litigation was heard behind closed doors by Justice Nigel Davis<sup>182</sup> who denied the appeal. Justice Davis is Crispin Davis' brother. A complaint about Justice Davis' conflict of interest elicited a judiciary press announcement stating: "*the possibility of any conflict of interest arising from his [Justice Davis] brother's position did not occur to him.*"<sup>183</sup>

A complaint was filed with the GMC by 21 U.S. and U.K. organizations charging key expert witnesses with bearing "*false testimony, misuse of professional position, and failure to disclose conflicting interest*".<sup>184</sup>

(7) BMJ's major undisclosed institutional financial conflict of interest:

Behind the smoke-screen and rhetoric – about "transparency," integrity, ethics, full disclosure, and censure of conflicts of interest – is the reality check. The BMJ Group entered into a [partnership with MSD](#) – i.e., Merck, Sharpe & Dohme in 2008.

[This is the company that drew up a "[doctor hit list](#)" to intimidate doctors who dared to discuss publicly the lethal cardiac risks linked to Vioxx. It is also the company that US Federal Judge Beth Labson Freeman excoriated after examining the evidence in a patent infringement lawsuit involving the multi-billion dollar blockbuster drug Sovaldi, a treatment for hepatitis C. Judge Freeman ruled that Merck was guilty of "[systemic and outrageous deception](#) in conjunction with unethical business practices and litigation misconduct. [Misconduct included] breaching confidentiality and firewall agreements, and lying under oath at deposition and trial."<sup>185</sup>]

The BMJ has never – to this day – fully disclosed to its readers about this partnership or its financial significance. The [stated purpose](#) of the BMJ/Merck commercial partnership is to “*change the face of medical education in Europe, the Middle East, Africa, and Canada with more than half a million registered physicians...*” Effectively, the BMJ/MSD partnership gave Merck extraordinary influence (if not) control of continuing medical education.

In 2011, when this author protested this [failure to disclose](#) the BMJ / Merck partnership, the journal posted a statement about advertising revenue from Merck and GSK; but BMJ still failed to disclose its global partnership with Merck. Judging by the unbridled attack on Dr. Wakefield and his co-authors, the Merck partnership is the far more serious conflict, underpinning the unprecedented, aberrant role the BMJ has played, in the assault on Dr. Wakefield. Had this partnership been disclosed to readers, they would have understood the covert purpose behind the BMJ- commissioned articles and the slanderous editorials, both of which diverged so radically from measured academic discourse.

In September 2011, Dr. Godlee promoted the BMJ- Deer series in a video presentation at the U.S. National Institutes of Health, Center for Information Technology. In her presentation, titled, “[Lessons from the MMR Scare](#),” the BMJ editor-in-chief elaborated on her failure to declare BMJ’s conflict of interest, adding two additional specious claims:

*“we hadn't thought to declare that we receive funds from two pharmaceutical companies which produce MMR vaccine, Merck and GSK. It didn't occur to me on three fronts. One was that to my mind the articles were not pro-vaccine, they were anti-fraud. The second was that these relationships were not within the BMJ but within the publishing group. [T]hat's a distinction which may not be obvious to people but it is obvious to me. And the third which I didn't say at the time - which may make me look stupid - was that I didn't know MMR vaccine was manufactured by GSK or Merck: I just didn't happen to know that. Again it was ignorance, um, but it does show how we can all be caught out, and that's fair enough.”*

Response: (a) there never was any evidence of fraud, only unsubstantiated accusations by Deer; (b) appended to Dr. Godlee’s email signature in 2011<sup>164</sup> the following are listed: BMJ/BMJ Group/ BMA [British Medical Association], proving they are all one corporate BMJ family; (c) claiming ignorance of who the manufacture of the MMR is, doesn’t wash. In 2004, Dr. Godlee, (then) Head of BMJ Knowledge, made a power point presentation to the British National Formulary titled, “The Next MMR – Could We Do Better?” Even a high school student preparing for a class report about MMR would be sure to find out who the manufacturer of the MMR was.

That conflicts of interest in medicine are pervasive has been amply documented.

Dr. Marcia Angell, former Editor-in-Chief of the *New England Journal of Medicine* broke the silence when she wrote: “*It is no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines.*” (2009)<sup>186</sup> D. John Ioannidis, the foremost expert on the credibility of medical research has shown again and again, that much of what biomedical researchers conclude in published studies is flat out wrong. He has charged

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that 90% of published medical information that doctors rely on is flawed, and riddled with conflicts of interest. Most recently, a review of conflicts of interest was published by *The Hastings Center* (June 2017)<sup>187</sup> it found:

*“over 80% of the National Comprehensive Cancer Network authors receive direct personal payments from drug companies, and nearly 50 percent receive research funding from the pharmaceutical industry (research funding, of course, has indirect career benefits). Moreover, many of these academics also receive funding from patient-advocacy organizations, which themselves receive pharmaceutical funding, with estimates ranging from 30 to 71 percent.”*

**By all accounts, conflicts of interest abound; the norm & practice in medicine is aligned with industry.**

## **25. GMC conflict of interest charges against Dr. Wakefield** (GMC charges in italics)

(a) *Dr. Wakefield failed to disclose to the Ethics Committee and to the Editor of the Lancet his involvement in the MMR litigation:*

Response: Knowledge about his work in preparation for a class action lawsuit by the UK government sponsored Legal Aid Board, was known to his co-authors, to administrators of the Royal Hospital, and to Dr. Richard Horton editor-in-chief of the Lancet. Justice Mitting quotes from a letter dated November 6, 1996, written by Dr. Wakefield to Professor Walker-Smith about *“the legal aspect of these cases and the litigation being proposed by Dawbarns”* [High Court. Par. 6] As noted above, Dr. Horton was well aware of the planned litigation as proven by his correspondence in 1997 with the attorney who was slated to file the lawsuit. Furthermore, the lawsuit was the subject of an article in *The Independent* as early as (Nov. 27, 1996)<sup>188</sup>

In 1998, university and journal disclosure requirements were considerably less clear, lacking in specificity. During the period of the Lancet study: *“less than 1 percent of the articles published during that year, in the journals with COI policies contained any disclosures of author personal financial interests while nearly 66 percent of the journals had zero disclosures of author personal financial interests.”* (Krimsky, 2001)<sup>189</sup>

Indeed, it was not until 2012, that the University College of London revised its research governance framework, including disclosure requirements that, it acknowledged, had not been in effect at the time of the Lancet study.<sup>190</sup> As for the allegations by the BMJ editor-in-chief: UCL concluded that there was no case against the authors of the Lancet case series, as there was no evidence to pursue.<sup>191</sup>

(b) *“Dr. Wakefield accepted monies totaling £50,000 procured through Mr Barr, the Claimants’ solicitor to pursue research under Project 172-960*

Response: The sworn testimony of Mr. Martin Else, Head of the Royal Free Hampstead NHS Trust, confirms that the £50,000 from the Legal Aid Board was held in a separate Special

Trustees account (account G106). The money was not paid to Dr. Wakefield; it was first submitted to the UCL medical school, and then transferred by Dean Ari Zuckerman to the Special Trustees account. It was not used until the Lancet study had been completed. The Royal Hospital General Trust fund paid the salary of a lab technician during the 2 years in which the Lancet study was conducted (1996-1998). The technician was not paid with the money provided by Legal Aid Board.<sup>192</sup>

(c): *“Dr. Wakefield failed to disclose to the Editor of the Lancet his involvement as the inventor of a patent relating to a new vaccine for the elimination of the measles virus (Transfer Factor) which he claimed in the patent application, would be a treatment for inflammatory bowel disease (IBD). He did not accept that the invention was envisaged as an alternative vaccine to MMR...He acknowledged that he had envisaged the use of transfer factor for at least a proportion of the population, and that he had a financial and career interest in its success, but he insisted that there was a reasonable argument for non-disclosure. The Panel considered that his actions and his persistent lack of insight as to the gravity of his conduct amounted to serious professional misconduct.”*

Response: Dr. Wakefield suggested to the administrators that the Royal Free Hospital School of Medicine could generate capital by developing biotechnology patents. This patent was submitted in collaboration with the Royal Free.

- Patent law requires strict confidentiality: any disclosure of information related to a patent will result in loss of legal protection for the patent.<sup>193</sup>
- The patent for “Transfer Factor” was NOT for a competing measles vaccine; transfer factor cannot stimulate the production of protective measles antibodies. The patent was for a proposed antidote treatment against adverse reactions to the vaccine. However, it was not tested nor developed.
- Brian Deer retreated from the claim that this was a rival to MMR vaccine; he acknowledged that it was a joint venture with the medical school; and he limited his attack to Dr. Wakefield attempting “to make money”—his assumption seems to be that if it pertains to Wakefield, making money is a crime.
- GMC testimony by Cengiz Tarhan,<sup>194</sup> the Finance officer of the Royal Free Medical School, then Managing Director of the business arm of the University College of London, testified that the patent was not a vaccine against measles, but a therapy that might ameliorate the adverse effects caused by measles vaccine. He further testified that Dr. Wakefield had sought a partnership with pharmaceutical companies to develop the therapy. He further testified that all profits from the patent -- had it become a viable product -- would actually have gone to the Medical School.
- As for two patents that Dr. Wakefield filed, paying the fees with his own money, Mr. Tarhan testified that these were filed in the name of either the Free Medic (UCL’s business venture name) or the Royal Free Medical School.<sup>195</sup> [In 2009, UCL formed a partnership with GSK and

Pentraxin Therapeutics to develop “combined small molecule-antibody treatment for rare disease”.]

(d) Dr. Wakefield was accused of being a capitalist! He was accused of getting paid “a lot of money” in preparation of the litigation:

Response: All expert witnesses are paid for their time, including time spent gathering scientific data in preparation for their testimony. Dr. Wakefield worked for 7 years gathering evidence in preparation for his testimony. Had the government not sabotaged the case from going forward, by withdrawing the funding provided under the Legal Aid Act, it would have been a landmark class action case, the first ever, against a vaccine manufacturer.

- Whether service as an expert witness constitutes a conflict of interest, is disputed. Robert Hantusch, a UK barrister, pointed out in a letter to *The Times* (February 24, 2004):  
“... the courts do not consider that the engagement of someone to act as an expert witness in litigation has the effect that that person is then biased. Indeed, if this were the legal position, no paid professional could ever at any time give evidence to a court.”
- Most mainstream scientists in government and academia receive funding from pharmaceutical companies; those who are considered authorities often serve as expert witnesses on behalf of industry.

Professor Elizabeth Miller,<sup>196</sup> head of UK Immunization Department, Health Protection Agency, Center for Infections, who headed the Health Protection Agency's Immunisation Laboratory for 15 years, and was an adviser to the JCVI, was reported by Private Eye (2001) to have received funding from Aventis Pasteur, Wyeth Vaccines, SmithKline Beecham, Baxter Health Care, North American Vaccine, Lederle Vaccine, and Chiron Biocine.<sup>197</sup> Professor Miller has also been an expert witness for vaccine manufacturers. When she was accused of a conflict of interest in 2004, she responded as follows:

“...there can be no conflict of interest when acting as an expert for the courts, because the duty to the courts overrides any other obligation, including to the person from whom the expert receives the instruction or by whom they are paid.”<sup>198</sup>

Double Standard Hypocrisy: It would seem that “there can be no conflict of interest” when the expert witness testifies on behalf of a drug/vaccine manufacturer, or on behalf of the government. However, a doctor who testifies on behalf of children who suffered harm—that constitutes not only a conflict of interest, but a “high crime” greater than treason.

- The GMC verdict against Dr. Wakefield ended his career as a doctor by crossing him off the medical registry; ended his career as a researcher, by shutting the door to publication in a scientific



journal; and the verdict shut the door on his ability to provide expert witness testimony.

- In light of the indisputable evidence that conflicts of interest in medicine are pervasive, one has to ask, in what conceivable way are Andrew Wakefield's conflicts different from the norm and practice?
- Why has his career-shattering punishment been so disproportionate?  
The answer lies in the fact that whereas the overwhelming majority of conflicts of interest in medicine involve doctors and government agency officials who receive payments from pharmaceutical companies for a variety of services; Dr. Wakefield's research and testimony on behalf of parents of autistic children posed a threat to those companies and to their minions.

## 26. Summary of the facts: BMJ's defamatory accusations against Dr. Wakefield are refuted by the adjudicated evidence

- What led Dr. Godlee to change her position so radically from her opposition to prosecuting Dr. Wakefield in 2006 to taking a leading role in pronouncing Dr. Wakefield guilty of having "*fabricated his research findings*" and "*of widespread falsification over patient selection criteria, clinical histories, and neuropsychiatric diagnoses*"<sup>199</sup> in the absence of a shred of evidence?
- Why would a respected journal editor depart from her legitimate publishing role and join forces with a reporter who gloated in an email to her:  
["My investigation into the MMR issue nailed Wakefield like few doctors in living memory."](#)<sup>200</sup>
- More than likely, the journal's corporate partnership with Merck (in 2008) and its financial ties to GSK control the crusade whose strategy followed the model of George Orwell's *1984*: Andrew Wakefield was transformed into the global pariah of public health. The orchestrated attack was not only used to defend a single vaccine but to defend a global vaccination policy formulated under the direct influence of vaccine manufacturers. [See Appendix 9]
- The irrevocable [High Court Decision](#) not only vindicated Professor John Walker-Smith the senior clinician and senior author of the Lancet article; the High Court dismantled, invalidated, and overturned all of the serious GMC "professional and ethical misconduct" charges, for lack of evidence.

Inasmuch as the Lancet study was a team effort, and the same charges and verdicts were also made against Dr. Wakefield and Dr. Murch, the lack of substantiating evidence pertains to them as well. Indeed, Dr. Wakefield's name is cited in the decision 141 times. The GMC panel's reasoning that led to the guilty verdicts was shown to be so fundamentally "*flawed, superficial, inadequate*" that the verdicts bore no relation to the evidence.

- The irrevocable High Court decision shattered BMJ's case of "elaborate fraud" against Dr. Wakefield. The decision, based on forensic adjudication of all the evidence, ruled out the very plausibility of a charge of "fraud." Thus, BMJ's widely publicized defamatory allegations were themselves fabrications. The BMJ falsified the facts.
- BMJ has failed to report the definitive High Court decision and its significance; the editor-in-chief made no attempt to address the factual collapse of every significant allegation that she has so flagrantly broadcast. BMJ's failure to retract accusations after they have been adjudicated as false, demonstrates biased intellectual dishonesty and untrustworthiness as a source of vetted, credible medical information.
- As recently as February 2017, Dr. Godlee declared on the BBC<sup>201</sup> that the MMR story is an example of "fake news": *"the deliberate spread of misinformation, in fact, outright fabrication; the MMR story caused real public health harm and was based on what turned out to be fraudulent..."*

In April 2017, Dr. Godlee once again made false assertions:

*"The BMJ series by Brian Deer has been intensely scrutinised both before and since publication. No error, except one typographical mistake in one of the appendices, has been identified."*

*"If Wakefield has been libelled he should sue. (He did sue Channel 4 News and then the BMJ. Both led to lengthy legal action and both cases were thrown out.)"*

Dr. Godlee's assertions are proven false by the evidence. Clearly, the sworn testimony by BMJ deputy editor Smith proves that there was not even a semblance of any legitimate, objective, meaningful peer review of Brian Deer's articles. As for the assertion, "No error"! BMJ editor Godlee censored commentaries that refuted the Deer - BMJ allegations.

Surely by 2017, Dr. Godlee knew that the adjudicated evidence by the High Court demolished not only the GMC charges of misconduct, but the very plausibility of the Deer- BMJ charges of falsification and fraud.

#### **BMJ's ethical and professional violations beyond overriding financial conflicts of interest:**

- The BMJ failed to disclose that Deer had initiated the GMC investigation and hearings, by having lodged the complaint against Dr. Wakefield. This is a material fact adjudicated by the High Court in 2006. BMJ's failure to disclose this material fact constitutes institutional deception.
- The BMJ violated conflict of interest disclosure requirements under the [International Committee of Medical Journal Editors \(2008\)](#). Specifically, section 5 of the ICMJE requires disclosure of: *"Nonfinancial associations: any personal, professional, political, institutional,*

*religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.”*

- The BMJ also violated COPE: Code of Conduct and Best Practice Guidelines for Journal Editors (2011): Section 2: Readers should be informed about who has funded research or other scholarly work; editors should ensure [sic] that non-peer reviewed sections of their journal are clearly identified.”
- Deer’s BMJ articles were never legitimately peer reviewed. Thus, the BMJ declaration appended to his articles, “*externally peer reviewed*”—is an intentional falsification —ie., it is fraudulent.

## **27. BMJ editor-in-chief called for an end to the debate about an autism link to multiple vaccines.**

The BMJ defamation strategy was calculated not only to defame Dr. Wakefield; it sought to expunge the Lancet article from the medical scientific literature, to delegitimize scientific research delving into vaccine safety, and to deter others from examining the issue. Dr. Godlee pronounced emphatically: *"This is not a call to debate whether MMR causes autism. Science has asked that question and answered it."*<sup>202</sup>

For the editor of a medical journal to make such a fundamentally anti-science claim reveals just how far removed the issue of vaccine safety is from science. Dr. Godlee’s clarion call to “*close the door*”, is part of a concerted effort by a corporate-institutional juggernaut which is determined to cut off debate, quash further research, and end public discussion about troubling, unresolved vaccine safety issues. The BMJ articles penned by Deer, and Dr. Godlee’s editorials focusing about Dr. Wakefield and the Lancet article are a radical departure from accepted academic discourse and disputation. They are characteristic of tabloid journalism.

Science has not answered “that question”: genuine scientists never regard a subject closed to further examination; skepticism is a fundamental tenet of science. As long as the cause(s) of autism remains uncertain, the potential contribution of vaccines cannot be dismissed without thorough examination. The strong correlation between the increasingly aggressive vaccination schedule in the UK and the US and the ever increasing number of children whose lives are derailed by autism cannot be dismissed as irrelevant.

The stated reason given by the Institute of Medicine for its opposition to the exploration of a possible link between vaccines and autism is that such avenues of research “*would call into question the universal vaccination strategy that is a bedrock of immunization programs could lead to widespread rejection of vaccines.*”<sup>203</sup> Dr. Bernadine Healy,\* former director of the National Institutes of Health rejected such opposition to scientific examination. In her comments about the decision by the US Court of Federal Claims, (known as “the Vaccine Court”) which conceded that Hannah Poling’s exposure to five vaccinations on one day was the cause of her brain damage and autistic behavior, Dr. Healy lauded those who challenge “*sacred medical dogma*”:

L’affaire Wakefield: Shades of Dreyfus & BMJ’s Descent into Tabloid Science | Copyright © 2017 Alliance for Human Research Protection

*“Medicine has moved ahead only because doctors, researchers, and yes, families, have openly challenged even the most sacred medical dogma. At the risk of incurring the wrath of some of my dearest colleagues, I say thank goodness for the vaccine court.”<sup>204</sup>*

\*[Dr. Healy one of the exemplary medical professionals selected by the Alliance for Human Research Protection for its [Honor Roll](#)]:

The scope of the autism epidemic dwarfs the polio epidemics of the 1940s and 1950s. Yet, the issue of vaccine-related injuries constitutes the untouchable, third rail in medicine. The evidence demonstrates how those with a stake in the business of vaccines not only concealed parts of the truth; they deployed “weapons of mass deception” to deceive by manufacturing contrived scenarios to make a litany of unfounded accusations, while suppressing evidence that lends validity to the other side of this most contentious public health issue.

The pandemic rise in autism has been brushed off by the likes of the [Genetic Literacy Project](#) (GLP)<sup>205</sup> as “*a statistical mirage.*” GLP is one of the numerous industry- sponsored “think tanks” secretly bankrolled by the chemical industry giants. They are flooding the internet with propaganda promoting industry’s agenda and enhancing the public image of the chemical/ pharmaceutical industry. Between May 12, 2017 and August 14, GLP disseminated 8 articles proclaiming genetics is to blame for autism.<sup>206</sup> [See Appendix 10: Cyber Propaganda – Weapons of Mass Deception]

Science has been institutionally distorted; hundreds of thousands of children have been, and continue to be harmed because no one in a position of authority would look at the evidence objectively. [See Appendix 9: Monumental betrayal of public trust] The editor-in-chief of the BMJ was enlisted to provide an academic sheen to a crucifixion; and she has delivered with the fervor of a zealot.

As was the case with Alfred Dreyfus, most people accepted the fabricated BMJ version of facts at face value, like a herd of sheep – including many professionals, who should have known better. The medical research community, for a variety of reasons, failed to use their professional skills to examine the evidence and open their eyes to see who is making the allegations, and what their financial motives might be. The medical community pretended that the High Court decision was not relevant to Dr. Wakefield’s case. They failed to examine the decision and to assess the very plausibility of the accusations against him. They failed to sound the alarm, or to recoil from the vicious attacks. No doubt, some were intimidated by how those who had raised substantive criticism were pilloried.

## **28. A concerted push for compulsory childhood vaccination is fueled by a fear mongering campaign**

A headline in *The Guardian* (July 2017) announced, [Small decline in MMR vaccination rates could have dramatic effect, experts warn.](#) It went on to declare: *a 5% drop in measles, mumps and rubella vaccinations could cause a threefold increase of measles cases, costing the public sector millions, US study shows.*” The article quotes Professor Andrew Pollard, Director of the Oxford Vaccine Group and

Chair of the JCVI who stated: “*Immunisation is something that many people think of as personal, but it is actually part of being in a society.*” he said. A similar view was expressed by Dr. Godlee in a BBC interview<sup>201</sup> (2017), when she invoked “*the need for herding as opposed to individual choice.*”

The concept of “*herd immunity*” is often invoked by those who advocate for compulsory mass vaccination. “Herd immunity” is the trump card used to inject fear into the debate, by claiming that a non-vaccinated child poses a dire health threat to the vaccinated herd, in particular to vaccinated children. The argument on its face, defies both science and logic: if vaccines work and protect against infectious diseases, why does an unvaccinated child pose a threat?

However, the very basis for herd immunity is not evidence-based:

*“The immune basis for herd immunity is not well defined... the mechanisms of herd immunity are often not well understood, it is poorly predicted and/or considered in licensure or implementation strategies for new vaccines, and the longterm consequences of preventing natural exposure to agents covered by vaccine are not known.”*<sup>207</sup> (Oxford Journal of Infectious Diseases, 2008)

Furthermore, life-long “herd immunity” only occurred with exposure to the infectious virus.<sup>208</sup> Even CDC and a bastion of vaccine advocacy, Children’s Hospital of Philadelphia, concede that natural immunity was more potent and long-lasting, whereas vaccines offer only short-term protection. “*It is true that natural infection almost always causes better immunity than vaccines. Whereas immunity from disease often follows a single natural infection, immunity from vaccines occurs only after several doses.*”<sup>209</sup> Natural immunity was transmitted to infants through the immunity of the mother. A study in *Pediatrics* (1999)<sup>210</sup> compared measles susceptibility in infants whose mothers were born after 1963 (when the first measles vaccine was introduced) and infants born whose mothers were born before 1963. The results:

*“Infants whose mothers were born after 1963 had a measles attack rate of 33%, compared with 12% for infants of older mothers.”*

Furthermore, numerous measles outbreaks occur in both vaccinated and unvaccinated populations.<sup>100</sup> CDC documented a measles outbreak in Illinois among 100% vaccinated high school and junior high school students:<sup>211</sup> “*This outbreak demonstrates that transmission of measles can occur within a school population with a documented immunization level of 100%.*”

Key opinion leaders (KOLs, in pharmaceutical industry parlance) such as Professor Pollard and Dr. Godlee ascribe to the view, that the herd is more important than the single, little lamb. Their view is in accord with “*a Stalinist approach*” to vaccination policies that seek to eliminate the individual human right to free choice.<sup>23</sup> Their authoritarian position is antithetical to humanitarian, corporate-free, medicine – as articulated by Dr. Hamish Meldrum, chairman of the British Medical Association (in 2008). Dr. Peter Gøtzsche, Director of the Nordic Cochrane, has taken seriously the concerns arising from reports of serious adverse effects linked to the human papilloma virus (HPV) vaccine, and has

been outspokenly critical about the assessment of HPV vaccine safety data by the European Medicines Agency (EMA). In a letter of complaint to the EMA Dr. Götzsche stated:

*“Public health is about the promotion of health and prevention of disease and disability through the organised efforts of society. This entails protection from harms and involves progression of knowledge in open collaboration. As far as we can see, the actions of the EMA in this case indicates that the agency is more concerned about protecting its own previous decisions and the vaccine than about protecting the citizens and giving them the option of choosing for themselves whether or not they would like to get vaccinated against HPV.*

*Some people will prefer to avoid the vaccine, even if the risk of serious harm is very small, and some will prefer screening instead. It is not within the powers of regulatory authorities to deny citizens’ right to make informed choices about their own health by withholding important information. The citizens need honest information about the vaccine and the uncertainties related to it; not a paternalistic statement that all is fine based on a flawed EMA report.”* (2016)<sup>212</sup>

The CDC has confirmed that adults do indeed, exercise their right to refuse vaccination: *“Despite longstanding recommendations for use of many vaccines, vaccination coverage among U.S. adults is low...Coverage for all vaccines for adults remained low.”*<sup>213</sup>

- I submit that the argument articulated by Dr. Götzsche in the letter above, in which he affirmed *“citizens’ right to make informed choices about their own health”*—is even more pertinent for parents whose moral and legal responsibility and authority is *“to make informed choices”* to protect their children from *“the risk of serious harm even if the risk is very small.”*<sup>214</sup>

The truth is that responsible parents – not public officials – can be trusted to look out for their own child’s best interest. These parents are not harming “the greater good”; they are more than likely furthering the good of other children by insisting on safety above profits or convenience, or other competing interests. The fact is that neither the safety nor the effectiveness of children’s vaccination schedules is science-based:

*“No field trials have compared effectiveness and harms of all vaccines used according to various schedules... because detailed reports for most clinical trials of vaccines are not available, and have not been independently reviewed, we cannot be certain of vaccines’ harms profiles.”*<sup>215</sup>

*“The reason for introducing vaccination against HPV was to prevent cancer. But there is no clinical evidence to prove it will do that. We have to tread a very careful line, weighing the potential benefits and harms that a vaccine may cause. With HPV, the harms have not been properly studied.*

*It is extremely difficult to publish anything against HPV vaccination. Vaccines have become like a religion. They are not something you question. If you do, you are seen as being an anti-vaccine extremist. The authorities do not want to hear 'side-effect'. Some in the Department of Health believe any mention of unexpected harm from a vaccine must be stamped out in case it lowers uptake.*"<sup>216</sup>

Similarly, Dr. Hiroko Mori, former head of infectious disease division at Japan's National Institute of Public Health, recently stated:

*"Medicine is supposed to be about healing, but babies who cannot speak are being given unnecessary shots because parents are scared. Children are losing their ability to heal naturally. There are so many people who have suffered side effects. All we are asking is to establish the right to say 'no.' The right to choose should be recognized as a fundamental human right."* (2016)<sup>217</sup>  
[See Appendix 5: Japan curbs vaccination requirements to protect children, not profits]

In his recent review in the [Indian Journal of Medical Ethics](#) (2017), Dr. Jefferson criticized the EMA for turning a blind eye to the debilitating chronic regional pain syndrome (CRPS) suffered by young women following vaccination with the HPV vaccine. Japan has removed both the MMR and HPV vaccines from its recommended list of vaccines, while the EMA promotes the HPV vaccine in Europe without medical justification. Evidence of the vaccine's safety and effectiveness in preventing cancer is lacking.<sup>218</sup>

Neither the mainstream media nor medical journals can be trusted as purveyors of unbiased, science-based medical information. They comply with the dictate of their corporate bosses who invariably are stakeholders in the pharmaceutical industry – either through partnerships or they are part of the Murdoch media empire. More than one investigative reporter has been intimidated into silence on the issue of vaccines.<sup>219</sup> Those who control the channels of information ridicule anyone who raises questions about vaccine safety as an “anti-vax quack.” [See Appendix 10] The entire playing field is stacked to protect intertwined government/industry interests by invoking the “the greater good”.

- Does anyone believe that pharmaceutical executives, or government bureaucrats, or Rupert Murdoch's conglomerate, or the BMJ editor-in-chief, are looking out for “the greater good”?
- The National Children's Vaccine Injury Act (NCVIA, 1986) exempted vaccine manufacturers from liability while acknowledging that vaccines are “unavoidably unsafe”.<sup>220</sup> In 2011, the US Supreme Court affirmed the “unavoidably unsafe”.<sup>221</sup>
- What possible justification is there for relegating infants and young children to bear the burden of risk for “herd immunity”— exposing them to risk, even for diseases they are not likely to get?

- Inasmuch as vaccines are legally adjudicated as unsafe --whether “avoidably” or “unavoidably unsafe” – it is morally abhorrent to coerce parents to vaccinate their children against their better judgment, in accordance with CDC’s aggressive, childhood vaccination schedule. That schedule subjects babies to 50 doses of 14 vaccines from birth to the age of 6; a baby may have 8 to 10 doses administered in one day. CDC’s vaccination schedule promotes industry’s interest by violating medicine’s foremost precautionary principle: “First, do no harm.”
- Have we learned nothing from 20<sup>th</sup> century history of coercive public health policies that were ostensibly enacted for the greater good of the Volk? Have we learned nothing about the debasement of medicine by the willing participation of medical doctors from elite universities, who formulated and implemented the medicalized mass murder of disabled children? Children whom doctors declared to be “unfit” to live.
- That history cannot be erased from memory or from the historic record.<sup>222</sup>  
(The Nazis’ First Victims Were the Disabled, *New York Times*, Sept. 13, 2017)

I conclude this critique with a most important challenge posed earlier this month by John Stone, UK Editor of Age of Autism in a “debate” about mandatory vaccination policies:

*“The question I would like to pose [sic] is how we arrive at the position of conferring on vaccine science or the bureaucracy that supports it such a degree of authority over our lives. Is there any evidence that the technology has reached such a level of perfection, the bureaucracy such a level of integrity that societies should defer without question? It is no use pointing to the position of more than century ago as if anything was certain about the science then... and perhaps no more use today when human judgment, institutions and the technology still remain fallible.”*

<sup>1</sup> Alpha-1-Antitrypsin, Autism, And Coeliac Disease, John Walker-Smith and Judith Andrews, *The Lancet*, 1972; cited by Professor Walker-Smith in his autobiography, *Enduring Memories*, 2012, p. 211-3; Perinatal Measles Infection And Subsequent Crohn’s Disease. Ekbohm A, Wakefield AJ, Zack M, Adami HO. *Lancet* 1994; Detection Of Immunoreactive Antigen, With A Monoclonal Antibody To Measles Virus, In Tissue From A Patient With Crohn’s Disease, Hiroyuki Miyamoto, Tomoyuki Tanaka, Noritoshi Kitamoto, Yoshihiro Fukuda, Takashi Shimoyama, *Journal of Gastroenterology*, 1995

<sup>2</sup> Closed Financial Loops, Kevin De Jesus-Morales and Vinay Prasad , *The Hastings Center*, 2017

<sup>3</sup> Of Measles and Flu, Editor’s Choice, Fiona Godlee, October 2006

<sup>4</sup> The Tamiflu Trials, Editorial by Elizabeth Loder, David Tovey, and Fiona Godlee, *BMJ*, 2014

<sup>5</sup> The Next MMR – Could We Do Better? Fiona Godlee, Head of BMJ Knowledge, power point presentation, British National Formulary, 2004

<sup>6</sup> Reflections on Investigating Wakefield, Brian Deer, *BMJ*, February 2, 2010

<sup>7</sup> Deposition of Jane Smith, *BMJ* Deputy Editor June 28, 2012, Wakefield vs. *BMJ* (Texas litigation) *BMJ* 8523, p. 45-46

<sup>8</sup> How The Case Against The MMR Vaccine Was Fixed, *BMJ*, January 6, 2011; How The Vaccine Crisis Was Meant To Make Money, *BMJ*, January 11, 2011; The Lancet’s Two Days To Bury Bad News, *BMJ*, January 18, 2011

<sup>9</sup> Wakefield’s Article Linking MMR Vaccine And Autism Was Fraudulent , Editorial by Fiona Godlee, Editor-in-Chief; Jane Smith, Deputy Editor; Harvey Marcovitz, Associate Editor, *BMJ*, January 5, 2011

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<sup>10</sup> [CNN](#), Anderson Cooper 360 Degrees, January 5, 2011

<sup>11</sup> Merck's MMR is the only one used in the U.S. while GSK's MMR is the only one used in the UK.

<sup>12</sup> Fiona Godlee, BMJ [Rapid Response](#), 2011; Videotaped [Presentation](#) NIH, 2011

<sup>13</sup> Vioxx Maker Merck and Co Drew Up Doctor Hit List, Milanda Rout, [The Australian](#), 6, 2009; [Merck Created Hit List to "Destroy," Neutralize" or "Discredit" Dissenting Doctors](#), *CBS News*, 2009

<sup>14</sup> Paul Offit was on CDC's vaccine advisory committee and voted to add rotavirus vaccine to CDC vaccination schedule (1999). Dr. Offit held the patent for the vaccine. In 2006, he and his business partners sold the patent to Merck and cashed in \$182 million. He told Newsweek "It was like winning the lottery." Dr. Paul Offit: Debunking the Vaccine-Autism Link [Newsweek](#), 2008

<sup>15</sup> [Vaccines and Autism – What Do Epidemiological Studies Really Tell Us?](#) Coalition for Safe Minds, 2011

<sup>16</sup> [CDC Scientists Expose Agency Corruption](#), World of Mercury Project, November, 2016

<sup>17</sup> [Internal CDC documents](#) obtained under FOIA in 2011; [Internal CDC documents](#) obtained in 2017: [Exhibit - Evidence of Misconduct Danish-CDC Collaboration: Mismanagement & Intentional Collusion by CDC Staff With Principal Investigator Poul Thorsen](#), Report, Ex47pp. of documents, 2017;

<sup>18</sup> [Japanese & British Data Show Vaccines Cause Autism](#), 2009; Clifford Miller, [BMJ Rapid Responses](#), April 2005; [Strong Evidence MMR, Thiomersal & Other Vaccines Cause Autism - A Population Level Rechallenge in Japan](#), Clifford Miller, BMJ "Rapid Response, 2005;

<sup>19</sup> [MMR - Autism Epidemiological Studies: Just A Distraction](#), Edward Yazbak, MD: Dr. Yazbak is a pediatrician and astute critic of the industry-driven, one-size-fits-all vaccination policies, whose grandchild is autistic.

<sup>20</sup> ["The Pilot Comparative Study On The Health Of Vaccinated And Unvaccinated 6- To 12- Year Old U.S. Children,"](#) Anthony R Mawson, Brian D Ray, Azad R Bhuiyan, Binu Jacob. The article was "de-published" without comment by *The Journal of Translational Science*, May 2017; a pdf of the article is posted at [Alliance for Human Research Protection](#); [Children's Medical Safety Research Institute](#); [SCRIBD](#); and now reposted at [OAT](#) (Open Access Text); [Retraction Watch](#) promised updates about this saga.

<sup>21</sup> Censored Study of Vaccinated vs. Unvaccinated sees Daylight, James Grundvig, [Healthcare in America](#), 2017. James Grundvig is the author of [Master Manipulator: The Explosive True Story of Fraud, Embezzlement, and Government Betrayal at the CDC](#), 2016.

<sup>22</sup> [MMR/Autism & the Taming of the British Media](#), Clifford Miller, Esq, 2008; Former CBS science reporter Sharyl Attkisson had numerous reports about vaccines and autism killed by editors because they offended the industry. She lists a brigade of bloggers aligned to the vaccine industry and government, who pounce on any scientist or reporter who dares question vaccine mantra at: [What the News Isn't Saying About Vaccine-Autism Studies](#), sharylattkisson.com, Nov. 2016; [Sharyl Attkisson](#), Loyd Grove *The Daily Beast*, 2014;

<sup>23</sup> [No Jabs, No School Says Labour MP](#), *BBC News*, May 2008

<sup>24</sup> [The Global Crackdown On Parents Who Refuse Vaccines For Their Kids Has Begun](#), Julia Beluz, Vox, Sept 2017; [How Countries Around The World Try To Encourage Vaccination](#), CNN, June 2017; [Mass Protests in Italy Highlight Global Vaccination Agenda and the Resistance Movement](#), Barbara Lo Fisher, Vaccine Impact, 2017

<sup>25</sup> Beatrice Lorenzin stated: "ricordi di sono di morbillo che'n Londra all'Inghilterra la scorso anno morte due cento settanta bambini" [Youtube](#), June 2017; [Italy Approves Hotly Contested Mandatory Vaccine Program](#), the vote was 296 to 92, with 15 abstentions, *Associated Press*, July 2017

<sup>26</sup> [Measles Deaths by Age Group: 1980 to 2016](#) (ONS data), Public Health England, July 2017

<sup>27</sup> [UK Doctors Re-examine Case for Mandatory Vaccination](#), *BMJ*, 2017. Rapid Responses are selectively posted: [here](#)

<sup>28</sup> The European Centre for Law & Justice (ECLJ) submitted written [observations](#) (2016) defending the rights of parents to exercise conscientious objection. ECLJ notes the lack of consistency regarding vaccination policies within the European Union – Austria, Cyprus, Denmark, Estonia, Finland, Germany, Ireland, Lithuania, Luxembourg, the Netherlands, Norway (EEA and Schengen), Portugal, Spain, Sweden and the United Kingdom have no obligatory law to vaccinate, whereas France requires 11 vaccines. ECLJ notes that the president of the French technical committee on vaccination acknowledged that: "countries which leave the choice to parents have a rate of vaccination cover quite similar to ours", that is to say to countries which impose it by constraint."

Therefore, ECLJ reasoned, "it is interesting that the use, and hence the necessity, of the obligation to vaccinate is not proven by the facts... It is hence not proven that constraints be necessary regarding a vaccination policy. Even more,

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it can be prejudicial for vaccines and viruses evolve.” [Can One Refuse Compulsory Vaccination? The European Court Will Soon Decide](#), Grégor Puppinck, European Centre for Law & Justice, 2017

<sup>29</sup> The [High Court decision](#) (2012); transcripts of testimony before the General Medical Council (2007-2010) that were subsequently adjudicated by the High Court; the [sworn deposition](#) of the Deputy Editor of the BMJ with internal BMJ emails (2012); internal correspondence by CDC officials and CDC-commissioned scientists (2000-2009, some uncovered in 2011; new documents obtained in July 2017); transcript of closed door meetings of the Epidemic Intelligence Service at Simpsonwood (2000); transcript of the closed meeting of the US Institute of Medicine Committee on Immunization Safety Review (2001); U.S. Grand Jury criminal indictment of Dr. Poul Thorsen (2011); transcripts of the UK Joint Committee on Vaccination and Immunisation (1988); a confidential report of GlaxoSmithKline (2012); Cochrane Collaboration MMR reviews (2003, 2005, 2012);

<sup>30</sup> Professor John Walker-Smith vs. General Medical Council Before Mr. Justice Mitting, Case No. CO/7039/2010 [High Court Decision](#), 2012

<sup>31</sup> Copy of [Brian Deer’s complaint to the GMC](#), RE: Wakefield, Walker-Smith, Murch, Feb. 25, 2004

<sup>32</sup> [Apparent Egregious Ethical Misconduct by British Medical Journal, Brian Deer](#), David L. Lewis, Ph.D., Jan. 8, 2012. Several of Dr. Godlee’s emails are appended to the report.

<sup>33</sup> [Fiona Godlee’s response to emails from Age of Autism](#), Nov. 3 2011. That claim is shown to be false by a substantial body of published, peer reviewed studies that, since 1998, focus on various aspects of inflammatory bowel disease and autism spectrum; a connection is confirmed. [See Appendix 11 an annotated bibliography.]

<sup>34</sup> Ileal-Lymphoid-Nodular Hyperplasia, Non-Specific Colitis, And Pervasive Developmental Disorder in Children, *AJ Wakefield SH Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith. The Lancet, 1998 Retracted 2010*

<sup>35</sup> [Unexplained Puzzle of the GMC Verdict](#), *BMJ* Feb. 2010

<sup>36</sup> Text posted at [Scribd](#)

<sup>37</sup> [Autistic Disturbances of Affective Contact](#), Leo Kanner, *Nervous Child*, 1943

<sup>38</sup> [Kanner’s Infantile Autism and Asperger’s Syndrome](#), JMS Pearce, *BMJ: Journal of Neurology, Neurosurgery, & Psychiatry*, 2004

<sup>39</sup> Longitudinal Thalamic Diffusion Changes After Middle Cerebral Artery Infarcts, D Hervé et al. *Journal of Neurological Neurosurgical Psychiatry*, 2005

<sup>40</sup> A letter from Professor John Walker-Smith to Dr. Pegg, Chairman, Royal Hospital Ethics Committee, Nov. 11, 1996, submitted in evidence to the GMC. The letter was excerpted in the [High Court Decision](#), March 7, 2012, Par. 6

<sup>41</sup> GMC Transcripts (Day 3) cited by Martin Hewitt, [How Brian Deer and the BMJ Fixed the Record Over Wakefield Part 3](#), Age of Autism

<sup>42</sup> MedicoLegal Investigations Ltd. (MLI) was established by Dr. Frank Wells, a former medical director of the Association of British Pharmaceutical Industry (ABPI) was also a former chairman of the British Medical Association, and Mr. Peter Jay, a former detective chief inspector of the police. <http://archive.is/Iwc0h> .

<sup>43</sup> [Wikipedia](#)

<sup>44</sup> MLI website (2007) describes its services and identifies the following MLI officers & Directors are listed: Chairman: Mike Wallace FCA, is vice-President of ABPI; Managing Director: Peter Jay, an investigator to the GMC solicitors; Secretary: Jonathan Jay; Dr. Richard Tiner, Medical Director, ABPI. <http://www.whale.to/v/mli.html>

<sup>45</sup> MMR and MLI: MMR Sunday Times Investigation (22<sup>nd</sup> February 2004), MedicoLegal Investigation Ltd. [Newsletter](#), March 2004

<sup>46</sup> [The Complainant Brian Deer, the ABPI, Medico Legal Investigations & Dr Andrew Wakefield](#), Martin Walker, 2008

<sup>47</sup> [Is Measles Vaccination A Risk Factor For Inflammatory Bowel Disease? N.P Thompson, Prof RE Pounder, AJ Wakefield, SM Montgomery, The Lancet, 1995; Confirmation of Persistent Measles Virus Infection Of Intestinal Tissue By Immunogold Electron Microscopy, J Lewin, AP Dhillon, R Sim, RE Pounder, AJ Wakefield, Gut, 1995](#)

<sup>48</sup> Ekbom A, Daszak P, Kraaz W, Wakefield AJ. [Crohn’s Disease After In Utero Measles Virus Exposure. Lancet 1996; N.P Thompson, Prof RE Pounder, AJ Wakefield, SM Montgomery. Is Measles Vaccination A Risk Factor For Inflammatory Bowel Disease? The Lancet, 1995; Ekbom A, Wakefield AJ, Zack M, Adami HO. Perinatal Measles Infection And Subsequent Crohn’s Disease. Lancet 1994;344: 508–10.](#)

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<sup>49</sup> In 1997, Dr. Wakefield was promoted from Senior Lecturer to Reader in Histopathology & Medicine, which denotes a distinguished international reputation in research. (which is equivalent to Full Professor in American universities). [Wikipedia](#)

<sup>50</sup> Pediatricians and most authoritative medical ethics guidelines consider the single draw of blood from healthy children by a skilled person as posing minimal risk. British Paediatric Association Guidelines (1999); Paediatric Medicines: Proposed EU Regulation; Report with Evidence, 2006; Oxford Textbook of Clinical Research Ethics, edited by Ezekiel Emanuel, Christine Grady, Robert Crouch, Reidar Lie and Franklin Miller, 2011 (p. 529); Pediatric Ethics: Protecting the Interests of Children, Alan Fleischman MD, 2016; Taking Blood From Children Causes No More Than Minimal Harm, Smith, M. *Journal of Med. Ethics*, 1985; The Medical Research Council Ethics Guide for Children (2004) puts it in the low risk category.

<sup>51</sup> GMC Fitness to Practice Panel, Transcript Day 136, Mr. Kiernan Coonan, counsel for Dr. Wakefield, April 28, 2009, p.23.

<sup>52</sup> [Ethics](#), Research and Development, Oxford University Hospitals, NHS Foundation Trust

<sup>53</sup> Minutes. Joint Sub-Committee on Adverse Reactions to Vaccination and Immunisation, March 8, 1988. [Transcript](#)

<sup>54</sup> Heather Mills of Private Eye challenged the GMC over the matter in "[MMR Conflict of Interest Zone](#)" *Private Eye*, June 2007. Journalists from *The Observer*, *the Sunday Express*, and *the Mail on Sunday* questioned the GMC as well.

<sup>55</sup> The Kings College- Maudsely faculty is noted for a genetic bias; they tend to attribute a genetic biological cause to most psychiatric disorders, including autism. The most recent example is an article titled, "[Multi-Polygenic Score Approach to Trait Prediction](#)" in *Nature Molecular Psychiatry*, August 2017

<sup>56</sup> Autism, Affective And Other Psychiatric Disorders: Patterns Of Familial Aggregation, *Psychological Medicine*, 1998;

[Institutional Care: Risk From Family Background Or Pattern Of Rearing?](#) *Journal of Child Psychology & Psychiatry*, 2000; New-Onset Psychiatric Disorders In Individuals With Autism, *Autism*, 2008; Early Developmental Regression In Autism Spectrum Disorder: Evidence From An International Multiplex Sample, *Journal of Autism Developmental Disorders*, 2011

<sup>57</sup> Dr. Rutter testified on behalf of the US government in a case involving mercury (thimerosal) as a cause of autism, the U.K. MMR litigation, and the U.S. Omnibus Autism Proceeding in the special vaccine court, concerning both MMR and thimerosal as causes of autism.

<sup>58</sup> The Legal Aid Board was a means-tested, government funded legal assistance program for consumers.

<sup>59</sup> [Lies Exposed at the UK MMR Vaccine Trial Court](#), Jane Bryant, The One Click Group, April 10, 2008; "[A Political Trial in London](#)" John Stone, *Age of Autism*, 2008

<sup>60</sup> Read the verdict against Professor John Walker-Smith [here](#); the verdict against Dr. Andrew Wakefield, [here](#)

<sup>61</sup> [Skilled Forensic Capacity Needed To Investigate Allegations of Research Fraud](#) by Iain Chalmers, 2011. The 1990s case involved Stoke on Trent: "another journalist, Brian Morgan, together with a pressure group and the then editor of the *Bulletin of Medical Ethics* Richard Nicholson, alleged that researchers associated with a controlled trial involving preterm infants [sic] were guilty of research misconduct, including forgery of consent forms. A media frenzy followed... the clinicians who had been targeted by the campaign had to wait 11 years before the GMC eventually judged that they had no case to answer. This delay in justice had devastating effects on the doctors and nurses and their families who had been publicly vilified as well as on clinical research in the UK."

<sup>62</sup> Predetermined conclusions seem to be the operational norm for authoritative medical panels that issue rulings to protect vaccination rates and vaccine profits rather than the safety of children. Dr. Tom Jefferson recently concluded that the European Medicines Agency's (so called) "pharmacovigilance" safety review of the HPV (papilloma virus) vaccine was predetermined. See, Human Papillomavirus Vaccines... Tom Jefferson and Lars Jørgensen, [Indian Journal of Medical Ethics](#), 2017.

<sup>63</sup> [Identification Of Unique Gene Expression Profile In Children With Regressive Autism Spectrum Disorder \(ASD\) And Ileocolitis](#), *PLoS One* (2013) Walker SJ1, Fortunato J, Gonzalez LG, Krigsman A.

<sup>64</sup> SPIC. [Briefing for the Public Petitions Committee, Scottish Parliament](#), Anne Jepson, 2017

<sup>65</sup> [Parliament Was Given False MMR Assurance](#), FOIA Center News Archive, May 23, 2007

<sup>66</sup> The US [Centers for Disease Control](#) reported that:

"Aseptic meningitis has been clearly associated with administration of the Urabe strain mumps vaccine virus but not with the Jeryl Lynn strain, which is the only mumps vaccine used in the United States. Sentinel surveillance

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laboratories in the United Kingdom identified thirteen aseptic meningitis cases (91 cases per 1 million doses distributed) that occurred after administration of the Urabe strain vaccine during 1988-1992.]

<sup>67</sup> [Letter to David Salisbury by Alan Golding: A Time To Revisit Decisions](#), 2008

<sup>68</sup> The prevalence of autism surged. See, [Autism Incidence in UK](#), by Health Authorities of Childhood Autism Incidence rate quadrupled between 1987 and 1998; Percentage increase between 1987 and 1998 was 273%. See, [Changes in the Population of Persons with Autism and Pervasive Developmental Disorders ...1987 through 1998](#), Report to the Legislature. California Department of Developmental Services, 1999.

<sup>69</sup> Professor Marta Granstrom, MD, PhD Karolinska Institute, Sweden cited by James Ottar Grundvig, [Master Manipulator: The Explosive True Story of Fraud, Embezzlement, and Government Betrayal](#), 2016

<sup>70</sup> SKB became GlaxoSmithKline, GSK in 2000

<sup>71</sup> Documents confirm that government officials who were responsible for the Pluserix debacle have continued to implement a UK children's vaccination policy that prioritized vaccination compliance rather than children's safety. See Appendix 1

<sup>72</sup> In this "first statistical bulleting to be published on immunization since 1987," it acknowledges that "coverage for MMR fell from 92% to 91%, the lowest level for three years." NHS Immunisation Statistics, England: 1997-1998, archived at: <https://web.archive.org/web/20031117032751/http://www.doh.gov.uk/pub/docs/doh/imstat98.pdf> ; Edward Yazbak, MD, analyzed the NHS statistical data, noted that: "Approximately 19,000 (3.3%) fewer children received 3 doses of pertussis vaccine in 1997-1998 than in 1993-1994. In comparison, 87,000 (13.6%) fewer children received one dose of MMR vaccine." Read, The MMR and Single Measles, Mumps and Rubella Vaccines: [The REAL Facts](#), in the BMJ, 2005.

<sup>73</sup> *Infanrix hexa*, [Confidential Report to Regulatory Authorities](#) (the European Medicines Authority), GlaxoSmithKline 1271 pp. report: December 2011/ The report documents infant deaths (Oct. 2009 to Oct 2011). The report and the deaths were concealed from the public until an Italian court ordered it to be disclosed in 2014. Details in Appendix 8

<sup>74</sup> [Real Or Perceived Adverse Effects Of Vaccines And The Media - A Tale Of Our Times](#)", Tom Jefferson, *BMJ Journal of Epidemiology and Community Health*, June 2000

<sup>75</sup> [On the Suppression of Vaccination Dissent](#), Prof. Brian Martin (University of Wollongong, Australia), *Science & Engineering*, 2015

<sup>76</sup> [MMR/Autism & the Taming of the British Media](#), Clifford Miller, Esq, 2008; Former CBS science reporter Sharyl Attkisson had numerous reports about vaccines and autism killed by editors because they offended the industry. She lists a brigade of bloggers aligned to the vaccine industry and government, who pounce on any scientist or reporter who dares question vaccine mantra at: [What the News Isn't Saying About Vaccine-Autism Studies](#), sharylattkisson.com, Nov. 2016; [Sharyl Attkisson](#), Loyd Grove *The Daily Beast*, 2014;

<sup>77</sup> The UK infant toddler vaccination schedule has greatly expanded since 1998: from DTP, Polio, HiB and MMR to a whopping 2017 schedule that includes, DTaP+Polio+HiB+Hep B, Rotavirus, 13 strain pneumococcal, Men C and Men B.

<sup>78</sup> [The Public Health Legacy of the 1976 Swine Flu Outbreak](#), Rebecca Keston, Discover Magazine, 2013

<sup>79</sup> [Reflections on the 1976 Swine Flu Vaccination Program](#), David Sencer and Donald Millart, CDC, 2006; [The Long Shadow of the 1976 Swine Flu Vaccine "Fiasco"](#), *Smithsonian Magazine*, 2017

<sup>80</sup> [Swine Flu Could Kill 65,000 in UK, Warns Chief Medical Officer](#), *The Guardian*, July 2009

<sup>81</sup> [Antibodies To Influenza Nucleoprotein Cross-React With Human Hypocretin Receptor 2](#), SS Ahmed, et al, *Science Translational Medicine*, 2015; [Why A Pandemic Flu Shot Caused Narcolepsy](#), [Gretchen Vogel](#), *Science Magazine*, July, 2015

<sup>82</sup> *Vaccination Policy and the U.K. Government: The Untold Truth*, by Research Journalist Christina England and Lucija Tomljenovic, PhD, December 2015. "This is a profound, engaging and inspirational account of what has been done and what needs to be done to restore confidence in the medical profession and the pharmaceutical industry". Michael Innis, MD.

<sup>83</sup> Increase Risk of Developmental Impairment After High Exposure to Thimerosal-containing Vaccine in First Month of Life, Thomas Verstraeten, MD, NIP, R. Davies, F. DeStefano, Division of Epidemiology and Surveillance, Vaccine Safety and Development Branch, 1999, [Abstract](#); [transcript of full presentation](#) at Epidemic Intelligence Service Conference at Simpsonwood, GA, 2000

<sup>84</sup> [The CDC Finances, Writes And Helps Publish Danish Research](#)" Edward Yazbak, MD, *Vaccination News*, 2005

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- <sup>86</sup> [The Brighton Collaboration: Addressing The Need For Standardized Case Definitions Of Adverse Events Following Immunization](#) (AEFI). Bonhoeffer J, Kohl K, Chen R, Duclos P, Heijbel H, Heininger U, Jefferson T, Loupi E. *Vaccine*, 2002
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- <sup>89</sup> [The Real World Failure of Evidence-Based Medicine](#), Clifford Miller and Donald Miller, MD, *International Journal of Person Centered Medicine*, 2011.
- <sup>90</sup> [MMR Kids - Living Scientific Proof MMR Causes Autism](#), Clifford Miller, Rapid Response, *BMJ*, 2004
- <sup>91</sup> [Questions on the Independence and Reliability of Cochrane Reviews, with a Focus on Measles-Mumps-Rubella Vaccine](#), Clifford Miller, Esq. *Journal of American Physicians and Surgeons*, 2006
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- <sup>97</sup> [Evidence of Misconduct Danish-CDC Collaboration: Mismanagement & Intentional Collusion by CDC Staff With Principal Investigator Poul Thorsen](#), Report, 47pp. of documents, 2017.
- <sup>98</sup> [Alive And Well: The MMR-Autism Connection](#), F. Edward Yazbak, MD 2005.
- <sup>99</sup> [Cochrane Collaboration Safety Review Of The MMR Vaccine](#), V Demicheli, A Rivetti, MG Debalini, C Di Pietrantonj, 2012
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- <sup>101</sup> Dr. Jefferson's 2016 disclosure of competing interests ([here](#) and [here](#)) reveals copious consulting work on behalf of several pharmaceutical companies, including GSK; he has served on company advisory boards, and as an expert witness. He is the recipient of grants from the UK and Australian government National Health Service agencies (UK – NHR an Aussie- NHMRC), and has received grants and other fees from Elsevier and BMJ Books.
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- <sup>103</sup> [What does Rupert Murdoch own?](#) *USA Today* 2015
- <sup>104</sup> [Wikipedia](#), 2017

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- <sup>106</sup> [Taming the Murdochs' Toxic Corporate Culture](#), Lucy Marcus, Project Syndicate, May 31, 2017
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- <sup>122</sup> [Phone Hacking Crisis Shows News Corp is No Ordinary News Company](#). Jay Rosen, *the Guardian*, 2011
- <sup>123</sup> [The Telegraph](#), 2008
- <sup>124</sup> [Deposition of Jane Smith](#), BMJ Deputy Editor June 28, 2012, Wakefield vs. BMJ (Texas litigation) BMJ 8523, [p. 82]
- <sup>125</sup> The list of Deer's relentless hatchet job from February 2004 to August 2012 is posted on his website [here](#).
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- <sup>134</sup> [MMR judge's family link to triple-vaccine company](#) (May 9) and [Parliament Was Given False MMR Assurance](#) (May 23), *FOIA Center News Archive*, 2007
- <sup>135</sup> [Email](#) from official at the US Health Resources Services Administration (HRSA, May, 2008) to Sharyl Attkisson [then CBS Health-Science reporter] indicated that by March 2008, more than 1,322 children have been compensated for vaccine-related encephalitis or seizure disorders.
- <sup>136</sup> [Autism Web Forum](#), May 2007
- <sup>137</sup> He deceived parents into getting an interview by misrepresenting himself using a false name; he violated confidentiality of children, posting their names on his website; he fabricated a scenario of fraud with not a shred of evidence to support it; and concealed his role as the initiator of the GMC investigation.
- <sup>138</sup> <http://briandeer.com/mmr/st-mmr-reports.htm>

- <sup>139</sup> Wakefield vs. [Channel Four Television Corporation Ltd & Brian Deer](#). Justice Eady Decision, December 2006
- <sup>140</sup> [A Deer in the Headlights](#), Melanie Phillips, *The Spectator*, Feb. 2009
- <sup>141</sup> Wakefield [Addendum to Complaint](#) to the Press Complaints Commission, May, 2009
- <sup>142</sup> Screen shots from his website dated 2004 and 2006 upon request
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- <sup>144</sup> News Corporation encompasses television, newspapers, including News International and related global digital assets. *The Sun*, *The Times* (London) and *The Sunday Times* are part of News International. [Wikipedia](#)
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- <sup>148</sup> Fraud and Misconduct in Clinical Research: a Concern, Ashwaria Gupta, [Perspective in Clinical Research](#), 2013
- <sup>149</sup> Dr. Susan Davies testimony Days 32 & 33, September 4 & 5, 2007 [here](#) and [here](#)
- <sup>150</sup> [The Problems With the BMJ’s Wakefield-Fraud Story](#), Seth Mnookin, Jan. 2011
- <sup>151</sup> Brian Deer. [Truth of the MMR vaccine scandal](#), *Times*, Jan. 24, 2010; [“Callous, Unethical and Dishonest’: Dr. Andrew Wakefield”](#) *Times*, Jan. 31, 2010
- <sup>152</sup> Two earlier articles in the BMJ by Deer, [Reflections on Investigating Wakefield](#) Under the Microscope , February 2, 2010; and Wakefield’s ‘Autistic Enterocolitis,’ April 15, 2010
- <sup>153</sup> [Master Manipulator: The Explosive True Story of Fraud, Embezzlement, and Government Betrayal](#), James Ottar Grundvig, 2016
- <sup>154</sup> CDC documents were obtained under the Freedom of Information Act request by the parent group, Coalition for Mercury Free Drugs (CoMeD)
- <sup>155</sup> Rapid Response, [Dr. Susan Davies, HHS](#), BMJ , Nov. 2, 2011
- <sup>156</sup> Letter to the editor. [Dr. Amar Dhillon](#), BMJ, Nov. 11, 2011
- <sup>157</sup> Dr. Lewis, a microbiologist at the Environmental Protection Agency (EPA) for 30 years, filed 7 whistleblower complaints of retaliation against the EPA: *“in all seven, [it was] sufficiently established that retaliations occurred. EPA [had] to pay cash settlements out of court, or the DOL [Department of Labor]...”* These cases prompted two hearings in the U.S. House of Representatives and a determination by the EPA Inspector General that *“EPA cannot assure the public that land application of biosolids are safe.”*
- <sup>158</sup> John Stone, [Age of Autism](#), April 2011
- <sup>159</sup> [MMR Fraud Needs Parliamentary Inquiry, Says BMJ, As New Information Puts Spotlight On Wakefield’s Co-Authors](#), BMJ Press Release, Nov. 9, 2011
- <sup>160</sup> [A Personal Statement by Amar P Dhillon](#) in response to “Pathology Reports Solve “New Bowel Disease” Riddle,” BMJ, Nov. 9, 2011
- <sup>161</sup> For example, Chronic Fatigue Syndrome. [Fear to Tread](#), *The Economist*, 2015
- <sup>162</sup> Fresh Dispute About MMR ‘Fraud’, by Eugenie Samuel Reich, [Nature](#), 2011
- <sup>163</sup> Letter to the Chancellor of the University of Wisconsin-La Crosse by attorney Stephen Kohn RE: Brian Deer’s comments concerning Dr. David Lewis, November, 2012 (available upon request)
- <sup>164</sup> [Apparent Egregious Ethical Misconduct by British Medical Journal, Brian Deer](#), David L. Lewis, Ph.D., Jan. 8, 2012. Several of Dr. Godlee’s emails are appended to the report.
- <sup>165</sup> Attorney’s letter of complaint to from F. Edwin Hallman / Hallman & Wingate, LLC, 2013, to Dr. Fiona Godlee, Editor-in-Chief, BMJ: *“Mr. Deer has knowingly published false allegations of research misconduct against Dr. Lewis with malice aforethought. Given the long history of what you, the BMJ, and Mr. Deer have done to Dr. Andrew Wakefield and his coauthor, Prof. John-Walker-Smith, your most recent efforts to discredit Dr. Lewis are extremely disconcerting. As you know, the High Court of England overturned all of the allegations of research and ethics misconduct against Professor John Walker-Smith, which were based on Mr. Deer’s allegations. And the University College of London has decided not to follow up on your and Mr. Deer’s allegations of research misconduct against*

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Dr. Andrew Wakefield because such an investigation would most likely be inconclusive.” (Edwin Hallman Letter available upon request.)

<sup>166</sup> Fiona Godlee, Response to emails from readers RE: Deer’s series, [Rapid Response](#), BMJ November 11, 2011

<sup>167</sup> [If The People Cannot Trust Their Government](#)... *Geo Engineering Watch*, April, 2017

<sup>168</sup> [Murdoch and Vaccines - Exposure of Murdoch's Crimes Open Up A Much Larger Story](#) William Newton, *Salem-News.com*, Jul-17-2011

<sup>169</sup> [Iraq And The Rupert Murdoch Connection: The Media Mogul's Network Of Pro-War Campaigners](#), Andy McSmith, *The Independent*, 2016

<sup>170</sup> [Glaxo brings in James Murdoch](#), *The Guardian*, Feb. 2, 2009

<sup>171</sup> Jodie McVernon et al [Influenza and Other Respiratory Viruses](#), 2010

<sup>172</sup> Reuters’ News on Successor, Yvette Essen, *The Telegraph*, October 2002

<sup>173</sup> Read John Stone, [Age of Autism](#)

<sup>174</sup> [An Interest in Conflict?](#) Martin Walker, 2008; see also, [Doctors Reject Calls for Enforced Pre-School Immunization](#), Age of Autism, 2010

<sup>175</sup> GMC made much of an insignificant, albeit unwise incident: after obtaining the consent of parents and children, he took blood samples from children at his son’s birthday party for comparison with autistic children with bowel disease. [UK Panel Rules Against Doctor Over Vaccine](#), Associated Press, January 2010

<sup>176</sup> [Professor Sir Michael Rutter & The Drug Industry Connections](#) by Clifford Miller

<sup>177</sup> Quoted by James Ottar Grundvig, [Master Manipulator: The Explosive True Story of Fraud, Embezzlement, and Government Betrayal](#), 2016

<sup>178</sup> “Increased Risk Of Developmental Neurologic Impairment After High Exposure To Thimerosal-Containing Vaccine In First Month Of Life” Dr. Thomas Verstraen, Dr. Robert Davis, Dr. Frank DeStefano, 1999. Findings presented at the Epidemic Intelligence Service meeting, Simpsonwood, June 7-8, 2000. [Transcript Scientific Review of Vaccine Safety Datalink Information](#)

<sup>179</sup> [Merck Published Fake Journal](#), Bob Grant, *The Scientist*, April, 2009

<sup>180</sup> [Smoke and Mirrors: Dr. Richard Horton and the Wakefield Affair](#), John Stone, Age of Autism, 2008

<sup>181</sup> Correspondence, [response by Dr. Wakefield](#), 1998

<sup>182</sup> Justice Nigel Davis is now Lord Justice Davis.

<sup>183</sup> [Autism Web Forum](#), May 2007

<sup>184</sup> [Complaint](#) filed with the GMC by 21 U.S. and U.K autism and vaccine safety advocacy organizations charging the following witnesses: Dr. Richard Charles Horton, Dr. David Maxwell Sallisbury, Dr. Arie Jeremy Zuckerman, Dr. Michael Stuart Pegg, and Dr. Michael Llewellyn Rutter, with False Expert Testimony; Misuse of Professional Position, Failure to Disclose Conflicting Interest.

<sup>185</sup> [Big Pharma Bombshell: Judge Finds Merck Lied in Patent Trial, Overturns \\$200 Million Verdict](#), Michael Hiltzik, *The Los Angeles Times*, June 2016

<sup>186</sup> [Drug Companies & Doctors: A Story of Corruption](#), Marcia Angell, *New York Review of Books*, 2009

<sup>187</sup> [Closed Financial Loops](#), Kevin De Jesus-Morales and Vinay Prasad , *The Hastings Center*, 2017

<sup>188</sup> Law: A Shot in the Dark: the Complications From Vaccine Damage Seem to Multiply in the Courtroom, Grania Langdon-Down, *The Independent*, 1996

<sup>189</sup> [COI Policies in Science and Medical Journals](#), Sheldon Krinsky, 2001

<sup>190</sup> [MMR And The Development Of A Research Governance Framework In UCL](#), Feb. 2012

<sup>191</sup> University College London Issues New Research Standards But Says It Won’t Investigate Wakefield, *BMJ*, 2012

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<sup>193</sup> [Disclosures of Your Invention –FAQs](#), Alistair Hindle Associates – European Patent & Trade Mark Attorneys

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<sup>195</sup> [GMC Fitness to Practice Panel Hearing](#), Martin Walker

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<sup>200</sup> Exhibit 19, [Deposition](#) of Jane Smith, *BMJ Deputy Editor*, p. 43

<sup>201</sup> The Perils of Fake Science News, [BBC Inside Science](#), Feb. 23, 2017



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<sup>202</sup> [MMR Fraud Needs Parliamentary Inquiry, Says BMJ, As New Information Puts Spotlight On Wakefield's Co-Authors](#), *BMJ* Press Release, Nov 9, 2011

<sup>203</sup> *Immunization Safety Review: Vaccines and Autism*, Institute of Medicine, 2004

<sup>204</sup> [Fighting the Autism-Vaccine War](#) by Bernadine Healy, MD, *US News*, 2008

<sup>205</sup> [US Right to Know report](#), Genetic Literacy Project: Jon Entine & GLP Spin (July 2017) by Gary Ruskin exposes the stealth funding source of the GLP and its founder, Jon Entine who is bankrolled by Monsanto and the Koch brothers. Entine also founded [ESG MediaMetrics](#), “an alliance of strategic partners”; he is a Senior Fellow of the Statistical Assessment Service (STATS) at George Mason University, and a columnist for the British-based international magazine *Ethical Corporation*. His articles are frequently published by *The Wall Street Journal*, *The Washington Post*, *Forbes* and *Business Week*, as well as *The Times of London*, *The Australian Financial Review*, and the *Toronto Globe*. Jon has been a scholar at the [American Enterprise Institute](#) since 2003.

<sup>206</sup> GLP bombarded the internet with 8 autism propaganda stories claiming scientific evidence confirms genetics is the sole cause of autism – even “brain size” is invoked as a determinant: [Vaccines do not cause autism. Here's what science says does](#) May 12, 2017; [Hiding in plain sight: Is popular image of autism as a male-dominated condition hurting girls?](#) May 23, 2017; [Autism and ADHD are genetically linked](#) May 24, 2017; [No increase in “Autism” – Mystery Solved](#) June 17, 2017; [What might autism researchers learn from schizophrenia?](#) (July 6, 2017; [Clues to autism in how we are genetically programmed to look at faces](#) July 17, 2017; [Why identifying 'autism genes' is so elusive](#), July 21, 2017; [Autism severity and brain size linked to genetic 'glitch' that disrupts](#) Aug. 14, 2017

<sup>207</sup> [Vaccines for the Unvaccinated: Protecting the Herd](#), David S. Stephens, *Journal of Infectious Diseases*, 2008

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<sup>209</sup> [The Benefits of Vaccination Outweigh the Risks](#), edited by Noël Merino, 2015; originally published as “General Vaccine Safety Concerns,” *Centers for Disease Control and Prevention [CDC]*, April, 2013

<sup>210</sup> [Increased Susceptibility to Measles in Infants in the United States](#), Mark Papania, A L Baughman, S Lee, J Cheek, W Atkinson, S Redd, K Spitalny, L Finelli, L Markowitz, *Pediatrics*, 1999, cited by Suzanne Humphries, MD, “Herd Immunity.” *The Flawed Science and Failures of Mass Vaccination*, International Medical Council on Vaccination, 2012

<sup>211</sup> “*The affected high school had 276 students and was in the same building as a junior high school with 135 students. A review of health records in the high school showed that all 411 students had documentation of measles vaccination on or after the first birthday, in accordance with Illinois law.*” [Measles Outbreak among Vaccinated High School Students – Illinois](#). *MMWR*. June 22, 1984 / 33(24);349-51

<sup>212</sup> A letter of [complaint](#) to the European Medicines Agency (May 2016) by Dr. Peter Gøtzsche, Director of the Nordic Cochrane Center in Copenhagen, challenges the legitimacy of EMA’s opaque and secretive procedures; the life-long confidentiality agreements signed by EMA panelists; the EMA’s failure to evaluate the safety of vaccines in accordance with scientifically legitimate procedures; failure to identify the experts selected by the EMA; EMA’s acceptance of vaccine manufacturers’ safety assessment of their own products; and a litany of its members’ undisclosed financial conflicts of interest.

<sup>213</sup> [Surveillance of Vaccination Coverage Among Adult Populations - United States, 2014](#), CDC *MMWR* Surveillance Summary, 2016

<sup>214</sup> “*Parents have the responsibility and authority to make medical decisions on behalf of their children. This includes the right to refuse or discontinue treatments, even those that may be life-sustaining. However, parental decision-making should be guided by the best interests of the child... In most cases, a child's parents are the persons who care the most about their child and know the most about him or her. As a result, parents are better situated than most others to understand the unique needs of their child and to make decisions that are in the child's interests. Furthermore, since many medical decisions will also affect the child's family, parents can factor family issues and values into medical decisions about their children.*” See, [Parental Responsibility](#); Guidance from the British Medical Association, Ethics Department, 2008; See also, [Parental Decision Making](#), Douglas S. Diekema, M.D., M.P.H. *Ethics in Medicine*, University of Washington School of Medicine, 2014

<sup>215</sup> [Is the Timing of Recommended Childhood Vaccines Evidence-Based?](#) Dr. Tom Jefferson and Dr. Vittorio Demicheli, *BMJ*, 2016

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<sup>218</sup> HPV Complex Regional Pain Syndrome... Tom Jefferson and Lars Jørgensen, *Indian Journal of Medical Ethics*, 2017.

<sup>219</sup> [MMR/Autism & the Taming of the British Media](#), Clifford Miller, Esq, 2008; Former CBS science reporter Sharyl Attkisson had numerous reports about vaccines and autism killed by editors because they offended the industry. She lists a brigade of bloggers aligned to the vaccine industry and government, who pounce on any scientist or reporter who dares question vaccine mantra at: [What the News Isn't Saying About Vaccine-Autism Studies](#), sharylattkisson.com, Nov. 2016; [Sharyl Attkisson](#), Loyd Grove *The Daily Beast*, 2014;

<sup>220</sup> [Background on the Vaccine Injury Compensation Program](#), Mary Holland, JD and Robert Krakow, JD Excerpted from *Vaccine Epidemic*, 2011

<sup>221</sup> *Bruesewitz v. Wyeth, Inc*, 131 S Ct 1068 (2011). “Justice Scalia, writing for the majority, relied on a textual analysis of NCVIA’s provision that no vaccine manufacturer is liable for a vaccine-related injury “if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings.” [Bruesewitz v Wyeth’s Impact on the Vaccine Safety Debate](#), Erin Fuse Brown and Jalayne Arias, ABA Health e Source, 2011

<sup>222</sup> [Nazi Medical Atrocities; Nazi Victims’ Newly Identified Brain Parts Uncovered at Max Planck Research Institute](#), 2016

