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By Email and Fax
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Barbara Kline Pope, Director, JHU Press [bkp@press.jhu.edu]
Gregory M. Britton, Editorial Director [gb@press.jhu.edu]
Juliana McCarthy, Managing Editor [jmm@press.jhu.edu]
Johns Hopkins University Press 2715 North Charles Street
Baltimore, Maryland 21218-4363

Re: *Deer, B., The Doctor Who Fooled the World* (May 5, 2020); Request for
Prepublication Review; Notice Regarding False and Defamatory Content; Litigation Hold.

Dear Ms. Kline, Mr. Britton, and Ms. McCarthy,

I write on behalf of my client, Dr. Andrew Wakefield, concerning your upcoming publication of Brian Deer's book, *The Doctor Who Fooled the World: Science, Deception, and the War on Vaccines*.

The blurb you used to promote this book is false, defamatory and damaging. Based on Deer's prior history of false and malicious work against Dr. Wakefield, your publication will be doing so with actual malice knowing the book is false and defamatory. It should instead be immediately withdrawn and cancelled with a public apology.

For your convenience, I have provided information below to support these claims.

If you intend to proceed, please immediately provide an advance copy of

Deer's manuscript. We will then provide further analysis and rebuttal for your review.

Finally, as litigation is likely, this letter is also to serve as a litigation hold notice covering all information regarding this book, including without limitation: drafts, contracts,

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correspondence, emails, phone records, text messages, all information relating to internal and external editing and review, funding sources, and any or all promotional materials including press releases and media contacts and schedules.

I have set forth below several false statements from your promotional blurb. I point you to several sources and analyses demonstrating that Deer's charges are false. I next recount several examples from Deer's long history of misconduct and unethical behavior, most notably that he obstructed justice by filing a false complaint with the General Medical Council (GMC) in the United Kingdom alleging ethical misconduct in the clinical care of the *Lancet* children while withholding exculpatory knowledge and documents proving prior ethics committee approval.

Deer sought to profit professionally and financially from this crime. It is profoundly regrettable that the actions of what appear to be an obsessed stalker have not only harmed Dr. Wakefield but set back the cause of essential scientific research on vaccines and autism by deliberately and falsely discrediting his work. JHUP must not fuel this obsession and further delay work that will save lives and improve health.

I next set forth several reasons publication would be unethical and contrary to JHUP's stated policies, especially relating to lies about previous peer review. Finally I demonstrate that far from "fooling" the world, Dr. Wakefield's work was prescient and ground-breaking both with respect to autism and vaccine safety.

Your Promotional Blurb is False and
Defamatory

Your promotional blurb which appears on your website and on amazon.com states: ¹
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In February 1998, a then-unknown British doctor, Andrew Wakefield, published

a scientific paper in a top medical journal, *The Lancet*, that struck at the peace of young families everywhere. Researching twelve developmentally challenged children, he claimed to have found evidence that the lifesaving three-in-one vaccine against measles, mumps, and rubella, MMR, caused a frightening "new syndrome" of autism and bowel disease. Parents were terrified, vaccination rates plummeted, and Wakefield emerged as a charismatic crusader, exporting epidemics of fear, guilt, and infectious disease to the United States and then the world. Turning his attention to all vaccines, he now leads a campaign against immunization with tens of thousands of supporters.

¹<https://jhupbooks.press.jhu.edu/title/doctor-who-fooled-world>.

²https://www.amazon.com/Doctor-Who-Fooled-World-Deception-ebook/dp/B07VXX9589/ref=sr_1_1?keywords=the+doctor+who+fooled+the+world&qid=1576164006&sr=8-1.

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In *The Doctor Who Fooled the World*, Brian Deer, the man whose fearless reporting over more than a decade nailed the truth about Wakefield, cuts to the heart of the most damaging medical conspiracy of our time. In this page-turning true story, Deer reveals how Wakefield engineered the greatest public health crisis since the early years of AIDS. Laying bare rigged research, secret business schemes, and financial and commercial conflicts of interest, Deer unravels a shocking web of deceit. At the same time, he fights off lawsuits and smear campaigns to plot the chain of causality behind the now-discredited doctor's rise to influence. The only journalist to crack Wakefield's secrets, Deer explains how he gained legal access to patients' records, uncovering the truth about their histories and diagnoses, ultimately securing the paper's retraction. "Many people have had papers in *The Lancet*," Deer writes. "I have had one out."

Presenting readers with harrowing portraits of children with autism, as well as the stories of parents desperately questing for answers, this is, above all, a human story of ambition gone wrong. A riveting exercise in old-school journalism, *The Doctor Who Fooled the World* is also a tale of one man's pursuit of greatness, thwarted when the facts don't fit.

Your promotional blurb is false and defamatory, and published with actual malice as the

allegations you make repeat allegations by Deer that have already been proven in the public³ record, specifically and repeatedly, to be false.

For example, the *Lancet* article to which you refer, was an “early report” of observations⁴ from a case series of twelve children, not a “research” paper. Dr. Wakefield and his 12 distinguished colleagues did not find “evidence that the lifesaving three-in-one vaccine against measles, mumps, and rubella, MMR, caused a frightening ‘new syndrome’ of autism and bowel disease.” (emphasis added). The published paper stated exactly the opposite, concluding: “We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described. . . . Further investigations are needed to examine this syndrome and its possible relation to this vaccine.” (emphasis added).

Dr. Wakefield was *not* the “heart of the most damaging medical conspiracy of our time” nor did he “engineer[] the greatest public health crisis since the early years of AIDS.” In addition to specifically *disclaiming* proof of an association between MMR and autism, and simply calling for further research as is typical of case reports, Dr. Wakefield specifically and

³ See, e.g. “How the vaccine crisis was meant to make money” (BMJ 2011;342:c5258); “How the case against the MMR vaccine was fixed,” (BMJ 2011;342:c5347); “Wakefield’s ‘autistic enterocolitis’ under the microscope,” (BMJ 2010;340:c1127); “The Lancet’s two days to bury bad news,” (BMJ;342:c7001); “Reflections on investigating Wakefield,” (BMJ 2010;340:c672); “Pathology reports solve ‘new bowel disease’ riddle,” (BMJ 2011;343:d6823).

⁴ Wakefield AJ, Murch SH, Anthony A, Linnell, Casson DM, Malik M. et al. “Ileal lymphoid nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children,” *Lancet* 1998; 351:637-41 [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(97)11096-0.pdf]..

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pointedly *endorsed* the continued use of the monovalent MMR components at the Feb. 26, 1998,⁵ press conference at the Royal Free announcing the *Lancet* case series report and in a video news⁶ release.⁷

⁵ Dr. Wakefield wrote to the senior author, Prof. Walker-Smith, on January 15, 1998, to explain: “I have no doubt of the value of the continued use of the monovalent vaccines, and will continue to support their use until the case has been proven one way or another of the measles link to chronic inflammatory bowel disease. . . . I will strongly recommend the use of monovalent vaccines as opposed to the polyvalent vaccine.” Dean Zuckerman ratified and directed: “You support the continued use of the monovalent vaccines and you write that you have no doubt of their value. . . . I am now alarmed by publicity in the popular media and the effect on immunisation programmes and the public health. It is vital, in your own interest and that of children, that you state clearly your support for monovalent vaccination.”

⁶ In response to a press question, Dr. Wakefield recommended the continued use of the MMR components, emphasizing the need for trust in regulatory authorities: “[W]e put children at no greater risk if we disassociate those vaccines into three that we may avert the possibility of this problem. Vaccination policy in this country depends upon trust between the people and the regulatory authorities and I think that trust has to be maintained for protection of all vaccine strategies, and if we do not acknowledge this and investigate it to the best of our ability to establish or refute a link, then I fear that in the future there may be a breakdown of trust which adversely affects all vaccines policies, which would be a great shame.”

⁷ Dr. Wakefield called for more safety research and for continued use of the individual components:
“**INTERVIEWER:** But there are going to be parents now whose children are about to have the vaccination, and they’re gonna say: I’m not gonna risk it. What would you say to them? **DR ANDREW WAKEFIELD:** Well, my message is for the Department of Health and the regulatory authorities, and that is that this needs urgent investigation; it needs funding and it needs the appropriate level of commitment in terms of basic scientific research and clinical research to answer the question. And until that time we cannot offer any definitive evidence, any definitive message to parents about this. **INTERVIEWER:** Sounds to be saying, you seem to be saying perhaps don’t? **DR ANDREW WAKEFIELD:** My opinion, again, is that the monovalent, the single vaccines, measles,

mumps and rubella, are likely in this context to be safer than the polyvalent vaccine.”
[<https://briandeer.com/wakefield/royal-video.htm>].

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The MMR vaccine was already in trouble in the United Kingdom. Indeed, vaccine ⁸ advocacy has ancient roots. The Dept. of Health was forced in 1992 to withdraw MMR ⁹ vaccines containing the Urabe strain of mumps because of an association with aseptic meningitis. A “consumer protection” class action lawsuit (funded by the Legal Aid Board) had been filed ¹⁰

Weber, T.P., “Alfred Russel Wallace and the Antivaccination Movement in Victorian England,” *Emerging Infectious Disease*, 16:4:664-68 (2010) [<https://wwwnc.cdc.gov/eid/article/16/4/pdfs/09-0434.pdf>]; Wolfe RM, Sharp LK: “Anti-vaccinationists past and present,” *BMJ*:325:430-32 (2002); Swales, J.D., “The Leicester anti-vaccination movement,” *Lancet*:340:8826:1019-21 (1992); Durbach, N., “They Might As Well Brand Us:” Working-Class Resistance to Compulsory Vaccination in Victorian England,” *Social History of Medicine*, 13;1; 45–63 (2000); Arnup, K., “Victims of Vaccination? Opposition to Compulsory Immunization in Ontario, 1900-90,” *CBMH*:9:1992:159-76 (“During the past two decades, many parents in Europe and North America have begun to question the routine use of immunization for the prevention of disease. Their concerns are the latest segment in the long history of lay people attempting to control the medical treatment they and their children receive. . . . We must remember, however, that the anti-vaccinationists, then and now, do not believe that immunization will help them; on the contrary, they view it as a form of “compulsory poisoning.” To persuade them otherwise is no easy task. Dismissing the anti-vacs as a lunatic fringe will achieve little other than strengthening their resolve to struggle on. Instead, we must be willing to examine-and challenge-the arguments put forward by these people who genuinely believe they are fighting ‘for their own good.’”) [<https://www.utpjournals.press/doi/pdf/10.3138/cbmh.9.2.159>]; Garzio, G., “Values, Justifications, and Perspectives Connected to the Anti-Vaccination Movement,” (2018), Univ. of Puget Sound, Summer Research, 309 (2018) (“Throughout the 18th and 19th centuries, when the first smallpox outbreak began and the first vaccine was introduced, there has been vaccine skepticism. . . . [W]ith less visible outbreaks of disease and more vaccines being added to the childhood vaccination schedule, the presence of the anti-vaccination movement returned in the 1970s “) [https://soundideas.pugetsound.edu/cgi/viewcontent.cgi?article=1641&context=summer_research].

⁹ Advocacy regarding vaccines dates back to the very beginning of this undisputedly dangerous medical intervention, based upon a host of legitimate concerns: safety, mistrust of government and industry, patient autonomy, religious liberty, moral and conscientious objection, inadequate regulatory oversight, non-existent or inadequate injury compensation, lack of efficacy, and preference for alternatives. See, e.g., Rothstein, A., “Vaccines and Their Critics, Then and Now,” *The New Atlantis*:44:Winter, 2015: pp. 3-27 (“the history of vaccines contains clear cases of risks and injuries. . . . And yet the debates over vaccine policy are unlikely ever to fade away entirely, as much as we might like them to. Some vaccine critics, like those in centuries past, are motivated by perennial worries about safety, others by libertarian fears about government-mandated medical treatments, and still others by a suspicious distrust of drug companies and of the medical establishment. It is hard to see how these concerns — an eclectic combination of arguments compounded by recent ideas about patient autonomy, feminism, and environmentalism - are going to disappear, even if their consequences can be harmful.”) [https://www.thenewatlantis.com/publications/vaccines-and-their-critics-then-and-now?fbclid=IwAR1GZS9_SWV6Ay81aw8V7WPY5vCcAROUmO7-UHmWDDQTO-Hv1QC8PIDzbHQ]; Blume, S., “Anti-vaccination movements and their interpretations,” *Social Science & Medicine*:62:2006:628–642

[https://www.uv.es/idocie/pdfs/Anti-vaccination%20movements%20and%20interpretations_S.%20Blume.pdf]; Poland, G.A., Jacobson, R.M., “Understanding those who do not understand: A brief review of the antivaccination movement,” *Vaccine*:19:2440-45 (2001)
[file:///C:/Users/Jim/Downloads/Poland+2001+Understanding+those+who+do+not+understand.pdf]; Greydanus, D.E., “Historical Perspectives on the Antaeon Animadversion of Vaccine Science in the 21st Century,” Greydanus, D.E.. (2013). Historical Perspectives on the Antaeon Animadversion of Vaccine Science in the 21st Century. *Journal of Clinical Trials*:3:3:1000140 (2013)
[<https://www.longdom.org/open-access/historical-perspectives-on-the-antaeon-animadversion-of-vaccine-science-in-the-st-century-2167-0870.1000140.pdf>].

¹⁰Larson H, Brocard Paterson P, Erondu N., “The globalization of risk and risk perception: why we need a new model of risk communication for vaccines,” *Drug Saf.* 2012;35(11):1053–1059 (2012) (“In 1992, 4 years after the MMR vaccine was introduced in the UK, the Department of Health withdrew MMR vaccines containing the Urabe

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in 1994 -- four years prior to the press conference. The suit, which alleged that MMR had caused brain injury, was expanded in 1996 to include autism, well before Dr. Wakefield focused on the occurrence of bowel disease in children with autism. The foremost autism authority in the United Kingdom, Prof. Sir Michael Rutter, had earlier reported a case of vaccine-caused autism. The temporal association between MMR, autism and bowel disease, cited appropriately in the ¹¹*Lancet* report as prior knowledge, was already a matter of ongoing scientific debate. Congress ¹²had much earlier, in the 1986 VICA, singled out autism as a disorder of special interest when it directed IOM to study vaccine-injury causation. Leading safety advocate Barbara Loe Fisher, ¹³NVIC, listed research on autism as a key research priority during an IOM Vaccine Safety Forum workshop in November, 1995 and April, 1996. So many reports of MMR-caused autism were ¹⁴

strain of the mumps virus after an association with an increased risk of aseptic meningitis was found.[22] Canada, Japan and Brazil also suspended the same type of MMR vaccine as evidence emerged of safety risks. Although there was no initial decline in the MMR (without the Urabe strain) vaccine coverage in the UK, the episode contributed to fertile ground for public questioning.”)

[file:///C:/Users/Jim/Downloads/Globalization.Of.Risk.And.RiskPerception.DrugSAFETY.2012%20(2).pdf]; Walker, M.J., “The Urabe Farrago: A Recent Historical Example of Corporations and Governments Hiding Vaccine Damage for the Greater Good” (2009) [http://www.dmi.unipg.it/mamone/sci-dem/nuocontri_1/walker_urabe.pdf].

¹¹ In a lengthy review article on the biological basis of autism, Dr. Rutter described a genetic study of families affected by autism, from which some children were excluded on the basis that their autism could be explained by some known “medical condition of probable aetiological [causal] importance.” Dr. Rutter explained one of the exclusions: “Only eight of the cases can be regarded as having a probably causal medical condition, a child with

epilepsy and a temporal lobe focus on the EEG [Electroencephalogram] who had an onset following immunization.” Rutter M et al., “Autism and Known Medical Conditions: Myth and Substance,” *J Child Psychol and Psychiat.* 1994;35:311322. So as not to be tripped up in the government’s sophistry, please understand that the ‘cause autism’ formulation is shorthand for the more technically precise ‘cause’ injury to the brain and/or immune system diagnosed as an autism spectrum or related disorder.

¹² See, e.g. Gupta S., “Immunology and immunologic treatment of autism,” *Proc Natl Autism Assn Chicago* 1996;455-60; Singh VK, Lin SX, and Yang VC. (1998). Serological association of measles virus and human herpes virus-6 with brain autoantibodies in autism. *Clin Immunol Immunopathol*, 89:105-108; Gupta S, Aggarwal S, Heads C., “Dysregulated immune system in children with autism: beneficial effects of intravenous immune globulin on autistic characteristics,” *J Autism Devel Dis.*, 1996;26:439-452; Fudenberg HH. Dialysable lymphocyte extract (DLyE) in infantile onset autism: a pilot study,” *Biotherapy* 1996; 9: 13-17.

¹³ P.L. 99-660, § 312(a)(9), 42 USC § 300aa-1

note.

¹⁴ IOM, *Detecting and Responding to Adverse Events Following Vaccination and Research to Identify Risks for Adverse Events Following Vaccination: Biological Mechanisms and Possible Means of Prevention: Summary of Two Workshops*, p. 47 (National Academy Press, 1997) (“Fisher’s fourth research priority was that researchers conduct studies to investigate the possible link between vaccines and autism. Autism affects 1 in 1,000 children (Bryson, 1996). Some autistic children have been found to have abnormally high levels of rubella antibodies. When these children were given intravenous immune globulin (known as IVIG), their rubella antibody levels fell and their autism seemed to improve (Gupta et al., 1996).”) [<https://www.nap.edu/read/5881/chapter/2>]; Fisher, B.L., “Statement on Vaccine Safety Research Needs,” NVIC (4/1/96) [<https://www.nvic.org/nvic-archives/fisher-statement-04-01-1996.aspx>].

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pouring into VAERS by the mid-1990’s that HHS chose to narrow the definitions triggering ¹⁵ presumed causation in the Vaccine Injury Table to make it virtually impossible for these children to obtain the compensation intended by Congress. ¹⁶

The import license for the single measles vaccine was withdrawn in late 1998 without further explanation, despite growing public demand for an alternative to the triple MMR, further fueling what was already a simmering mistrust of the government. Thus it was the UK ¹⁷ government, not Dr. Wakefield’s cautionary recommendation to continue use of the separate components pending further safety testing, that ignited mistrust and hesitancy.

The so-called MMR “scare” was caused by an overzealous, headline-seeking press, fueled by growing mistrust of the UK government on health matters and speculation over

whether then-Prime Minister Tony Blair had fully vaccinated his children. The safety of the ¹⁸

¹⁵ See Yazbak, F., “There Goes That Argument!,” *Vaccination News* (2/28/11) (“It is safe to propose that prior to 1998, parents (and pediatricians) in Utah, Minnesota, North Carolina and elsewhere in the United States had not heard of Dr. Wakefield and had no idea that autistic regression sometimes followed MMR vaccination.”) [<https://www.vaccinationnews.org/20110301ThereGoesThatArgumentYazbakFE.html>].

¹⁶ General Accounting Office, “Vaccine Injury Compensation: Program Challenged to Settle Claims Quickly and Easily,” pp. 12-15 (1999) [<https://www.gao.gov/assets/230/228618.pdf>].

¹⁷ Stöckl, A., and Smajdor, A., “The MMR debate in the United Kingdom: vaccine scares, statesmanship and the media,” Chapter 9 in *The Politics of Vaccination: A Global History*, pp. 239-59 (Manchester Univ. Press, 2017) (“The MMR debate emerged at a time when public trust in government pronouncements on science and risk had already been severely tested. . . . As noted, an analysis of public and parliamentary debates shows that concerns over the trustworthiness of government’s pronouncements on matters of risk and science did not originate with the Wakefield controversy. . . . There is a long history of contention when it comes to innovations in science and technology in general in the UK, especially with regard to medical innovations and immunisation policies. Notable here is the smallpox vaccination controversy in the late nine-teenth century and the diphtheria-tetanus-pertussis (DTP) vaccine debate, which took place from roughly 1974 to 1986. . . . The MMR controversy reached its peak in 2002 when the vaccination status of Tony Blair’s son, Leo, became a focus of attention. Interestingly, as media analysts point out, the MMR controversy was not only reported by science correspondents: it became part of the national news agenda rather than a minor story in the science pages. The areas that were linked were the safety of the triple jab, the role of the Prime Minister and his son’s vaccination status, and the ‘expert parent’ (i.e. the parent who is well-informed about the scientific background to the MMR jab). . . . We have shown that the MMR debate erupted in the UK at a time when public trust in science, research and medicine had sunk to an all-time low because of incidents such as the Alder Hey scandal. However, the behaviour of politicians influenced the private decision making of parents because of what politicians stand for: trust in medicine, trust in the state to look after its people and trust in their moral judgements.”).

¹⁸ Goldacre, B., “The Media’s MMR Hoax,” (8/30/08) (“The media are fingering the wrong man, and they know who should really take the blame: in MMR, journalists and editors have constructed their greatest hoax to date, and finally demonstrated that they can pose a serious risk to public health. But there are also many unexpected twists to learn from: the health journalists themselves were not at fault, the scale of the bias in the coverage was greater than anybody realised at the time, Leo Blair was a bigger player than Wakefield, and it all happened much later than you think. . . . And while most other politicians were happy to clarify whether their children had had the vaccine, you could see how people might believe the Blairs were the kind of family not to have their children immunised: essentially, they had surrounded themselves with health cranks. . . . It is madness to imagine that one single man can create a 10-year scare story. It is also dangerous to imply – even in passing – that academics should be policed not to speak their minds, no matter how poorly evidenced their claims. Individuals like Wakefield must be free to have bad

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vaccine schedule in general, and the MMR in particular, had never been demonstrated by

government or industry in pre- or post-marketing case-control studies adequate to detect all adverse health outcomes; growing public doubt was thus entirely legitimate. Deer's obsession¹⁹ with blaming Dr. Wakefield was thus "fake news" from the very beginning.

Dr. Wakefield has never led and does not now lead "a campaign against immunization with tens of thousands of supporters." To raise questions, to expose flaws, to call for reform, and to encourage a safer immunization program are all traditional roles played by scientific and medical whistleblowers, and are to be lauded, not defamed.

Whistleblowers, especially with respect to safety, e.g. Ralph Nader, are typically and rightfully hailed as crusaders and heroes who -- often at great personal and professional cost -- risk everything to protect the public. The concept that vaccines have benefitted public health certainly does not immunize them from study, criticism, or search for safer or individually tailored alternatives. The continual assault and misrepresentation on the character and accomplishments of Dr. Wakefield by Deer, and now JHUP, demonstrates an intent to destroy and malign Dr. Wakefield in the face of facts and truth. The impact of the attack on Dr. Wakefield has and will continue to have a darker and more sinister purpose, i.e. by creating and now furthering a meme place the government's program of one-size-fits-all mass vaccination programs and industry profits over the interests of families and children. Such a defamatory "shoot the messenger" propaganda campaign is especially devastating in light of the U.S. congressional mandate to compensate children injured by vaccines and to make vaccines safer by reducing the rates of adverse events.²⁰

ideas. The media created the MMR hoax, and they maintained it diligently for 10 years. Their failure to recognise that fact demonstrates that they have learned nothing, and until they do, journalists and editors will continue to perpetrate the very same crimes, repeatedly, with increasingly grave consequences.")
[<https://www.badscience.net/2008/08/the-medias-mmr-hoax/>].

¹⁹ See, e.g., "Top U.N. Scientist Says Vaccines Killing People During 'Vaccine Safety Summit,'" The European Union Times ("Dr. Soumya Swaminathan, the Chief Scientist of the World Health Organization, admitted that some vaccines are killing people during the WHO Global Vaccine Safety Summit last December in Geneva, Switzerland.

"I don't think we can overemphasize the fact we really don't have very good safety monitoring systems in many countries and this adds to the miscommunication and the misapprehensions," Swaminathan said. "Because we're not able to give very good clear-cut answers when people ask questions about the deaths that have occurred due to a particular vaccine, and this always gets blown up in the media.") (1/13/20)
[<https://www.eutimes.net/2020/01/top-un-scientist-admits-vaccines-killing-people-during-vaccine-safety-summit/>]

²⁰ The impact, if not the real intent, of Deer's false attacks on Dr. Wakefield has been to deter research into vaccine

safety and the causes of and treatments for autism. See, e.g., Kelland, K., “Special Report: How vaccine scares cast shadows over science,” Reuters (3/21/13) (The attacks on Dr. Wakefield pose “an increasingly tough challenge for scientists balancing compelling data with public concern over vaccines and their side effects. . . . [S]ome scientists say they are more hesitant to credit reports of potential side effects from vaccines.”). Hart, E., “Rapid Response: Re: Pandemrix vaccine: The reluctance to acknowledge adverse events after vaccination,” *BMJ* 2018;362:k3948 (10/01/18) (“It’s alarming that the medical and scientific establishment, for example highly influential journals such as the *New England Journal of Medicine* and *The Lancet*, are reluctant to acknowledge safety problems with vaccines. The public is ill-served by cover-ups to protect the status quo. With so many vested interests in play, who can be relied upon to provide objective research into vaccine effectiveness and safety?”).

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Deer’s False Allegations Have Been Repeatedly Debunked

To the extent that you allege “rigged research, secret business schemes, and financial and commercial conflicts of interest,” you are repeating charges that have been repeatedly shown to be false, revealing Deer a liar and an obsessed stalker with unknown and sketchy and conflicting financial support. Deer’s allegations were even rejected at their outset by both University College London and by the *Lancet*.^{21 22}

Your attention is directed to the record compiled in *Wakefield v. BMJ, et al.*, Cause No. D-1-GN-12-000003 (Travis County, TX., filed Jan. 3, 2012). Although dismissed on a²³ questionable technicality for lack of personal jurisdiction in Texas over UK persons, the record on the merits compiled e.g. on anti-SLAPP and jurisdictional motions demonstrates that Deer’s accusations published in his *BMJ* series in 2011 are false. Your publication of these allegations will be free of these same limitations on personal jurisdiction in any defamation action we pursue to a judge and jury.

Your attention is also directed to the decision by Justice Mitting, criticizing and quashing the verdict of the UK General Medical Council.²⁴

Although Dr. Wakefield decided to abandon an appeal for reasons only related to fiscal limitations associated with UK fee-shifting rules, Justice Mitting’s analysis of fact and law vindicating Dr. Wakefield’s co-defendants in all aspects of the investigation and reporting of children in the *Lancet* paper is equally applicable for purposes of demonstrating falsity and malice with respect to your allegations against him now. Deer of course disagreed, demonstrating his ongoing animus against Dr. Wakefield, claiming that GMC should just

²¹ Hodgson, H., “A Statement by The Royal Free and University College Medical School and The Royal Free Hamstead NHS Trust,” *Lancet*, 2004, Mar 6;363(9411):824, (2/20/04) [<https://www.thelancet.com/pb-assets/Lancet/extras/statement20Feb2004web.pdf>].

²² Horton, R., “A Statement by the Editors of the *Lancet*,” *Lancet*, 2004, Mar 6;363(9411):820-1, (2/20/04) [<https://www.thelancet.com/pb-assets/Lancet/extras/statement20Feb2004web.pdf>]. While the *Lancet* did acknowledge that funding by the Legal Aid Board for a separate study should have been disclosed, testimony and documents presented at the GMC hearing revealed that the decision not to disclose Dr. Wakefield’s publicly-known relationship to the MMR consumer class action was made by *Lancet* Editor Richard Horton and his colleagues, not Dr. Wakefield.

²³ popehat.com/wp-content/uploads/2012/01/WakefieldLawsuit.pdf.

²⁴ *Walker-Smith v. General Medical Council*, Case No: CO/7039/2010, 2012 EWHC 503 (Admin) (July 3, 2012) [<https://www.eastwoodslaw.co.uk/wp-content/uploads/2013/03/Walker-Smith.pdf>]. The Court found no evidence, central to Deer’s allegations and the GMC case, that the paper was based on a study protocol proposed to the Legal Aid Board, or that it misreported data, or involved inappropriate or unauthorized investigations.

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reconvene and do a “do over,” but GMC didn’t even appeal Justice Mitting’s comprehensive ruling. ²⁵ Please see also the comprehensive analysis and refutation of Deer’s charges against Dr. Wakefield, prepared in 2017 and published in three languages by Vera Sharav, President, Alliance for Human Research Protection, “*L’affaire Wakefield: Shades of Dreyfus & BMJ’s Descent into Tabloid Science*.” Martin Hewitt also prepared a detailed analysis focusing on ²⁶ Deer’s false claims in the *BMJ* series. ²⁷

Dr. David Lewis prepared and submitted to the UK Research Integrity Office a thorough analysis refuting Deer’s allegations, published in *The Sunday Times* in 2009 and in the *BMJ* in 2011, that Dr. Wakefield falsified pathology findings, “Apparent Egregious Ethical Misconduct by British Medical Journal, Brian Deer.” ²⁸

²⁵ Stone, J., “[More Fantasies and Falsehoods from Brian Deer](#),” *Age of Autism* (5/23/17) (“Deer waffles obscurely

about legal precedents but at the centre of the collapse of the case is the absence of evidence, because either inadvertently or deliberately he had made the whole thing up and the GMC swallowed his nonsense hook, line and sinker. The reality is that [the whole British establishment knew the prosecution was mistaken and ill-founded](#), and in the end they were forced into covering up their own errors, in an increasingly unconvincing manner – not least [the obscene manoeuvrings of the British Medical Journal.](#)”)
[<https://www.ageofautism.com/2017/05/more-fantasies-and-falsehoods-from-brian-deer.html>].

²⁶https://ahrp.org/laffaire-wakefield-shades-of-dreyfus-bmjs-descent-into-tabloid-science/#_edn102

²⁷Hewitt, M., “Time To Revisit Deer's Claims That Wakefield Fabricated His Findings,” Age of Autism (4/21/11) [<https://www.ageofautism.com/2011/04/time-to-revisit-deers-claims-that-wakefield-fabricated-his-findings.html>]; Hewitt, M., “Time To Revisit Deer's Claims That Wakefield Fabricated His Findings: Part 2,” Age of Autism (5/12/11) [<https://www.ageofautism.com/2011/05/time-to-revisit-deers-claims-that-wakefield-fabricated-his-findings-part-2.html>]; Hewitt, M., “Time To Revisit Deer Part 3,” Age of Autism (7/30/11) [<https://www.ageofautism.com/2011/07/time-to-revisit-deer-3.html>]. Following Deer’s wobbly response to Olmstead’s showing that Deer lied about Child 11, in 2015 Hewitt revisited the other eleven cases and detects a similar pattern in methodology in which evidence is haphazardly produced or excluded in order to make out a superficial case. Hewitt, M., “How the British Medical Journal and Brian Deer Fixed the Historical Record to Destroy Andrew Wakefield’s Reputation 1,” (3/10/15) [<https://www.ageofautism.com/2015/03/how-the-british-medical-journal-and-brian-deer-fixed-the-historical-record-to-destroy-andrew-wakefields-reputation.html>]; Hewitt, M., “How the BMJ and Brian Deer Fixed the Record to Destroy Andrew Wakefield Part 2,” (3/10/15) [<https://www.ageofautism.com/2015/03/how-the-bmj-and-brian-deer-fixed-the-record-to-destroy-andrew-wakefield-part-2.html>]; Hewitt, M., “How Brian Deer and the BMJ Fixed the Record Over Wakefield Part 3,” (3/11/15) [<https://www.ageofautism.com/2015/03/how-brian-deer-and-the-bmj-fixed-the-record-over-wakefield-part-2.html>].

²⁸ <https://niceguidelines.files.wordpress.com/2012/01/lewis-report-jan-8-2012.pdf>; see “Whistleblower Scientist Accuses British Medical Journal of Institutional Research Misconduct,” Age of Autism (1/09/12) (press release) [<https://www.ageofautism.com/2012/01/whistleblower-scientist-accuses-british-medical-journal-of-institutional-research-misconduct.html>].

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Finally, Dr. Wakefield’s own account refuting Deer’s allegations that led to the GMC proceeding can be found in *Callous Disregard: Autism and Vaccines: The Truth Behind a Tragedy*, published in 2010, and Dr. Wakefield’s Complaint to the UK Press Complaints ²⁹ Commission challenging Deer’s fraud accusations in the Feb. 8, 2009 edition of *The Sunday Times*. ³⁰ ³¹

Your Publication of Deer's Allegations Violates Academic Ethical Standards

Ethical standards applicable to academic publishing -- especially rigorous peer review, disclosure of funding and conflicting interests, and non-repetition of previously published (especially false) material -- are designed to resolve doubt; noncompliance demonstrates actual malice. I call your attention to your ethical obligations as a publisher and note that you have ³² adopted the ethical core practices document released by COPE. ³³

It is manifestly unethical and obviously malicious to publish "research" as to which the author has lied about "external peer review." The *BMJ* and Deer falsely claimed that the Deer articles were "externally peer reviewed," a term of art in scientific publication designed to lend

²⁹[\[https://www.amazon.com/Callous-Disregard-Autism-Vaccines-Tragedy/dp/1616081694/ref=sr_1_1?keywords=callous+disregard&qid=1577677741&sr=8-1\]](https://www.amazon.com/Callous-Disregard-Autism-Vaccines-Tragedy/dp/1616081694/ref=sr_1_1?keywords=callous+disregard&qid=1577677741&sr=8-1). See also Wakefield, A. J., *Waging War on the Autistic Child: The Arizona 5 and the Legacy of Baron von Munchausen*, (Skyhorse, 2016) [\[https://www.amazon.com/Waging-War-Autistic-Child-Munchausen/dp/1632203073/ref=sr_1_fkmr0_1?keywords=waging+war+on+the+autistic+child&qid=1580092702&sr=8-1-fkmr0\]](https://www.amazon.com/Waging-War-Autistic-Child-Munchausen/dp/1632203073/ref=sr_1_fkmr0_1?keywords=waging+war+on+the+autistic+child&qid=1580092702&sr=8-1-fkmr0).

³⁰[\[www.whale.to/vaccine/Complaint_to_UK_PCC\[1\].pdf\]](http://www.whale.to/vaccine/Complaint_to_UK_PCC[1].pdf).

³¹Deer, B., "MMR doctor Andrew Wakefield fixed data on autism." *The Sunday Times*, pp. 1, 6-7 (2/8/09).

³² <https://www.press.jhu.edu/journals/author-resources/ethics-and-malpractice-statement>.

³³ https://publicationethics.org/files/editable-bean/COPE_Core_Practices_0.pdf.

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unusual credibility to the research reported. Deer's repeated false claim to "external peer³⁴ review" of his work must condemn any further publication of his lies.

As a "freelance journalist" Deer has been attempting to discredit Dr. Wakefield for almost two decades and thereby nullify and marginalize legitimate concerns and initiatives for vaccine safety and autism research. Meaningful, adequate, and independent peer review is an essential step in the process of academic publishing, in part because it is designed to eliminate doubt that must otherwise exist. Deer's lack of supervision and utter lack of training in the relevant scientific and medical disciplines further disqualifies him as an expert on this subject matter. Your republication of Deer's lies, infused with false claims of external peer review, demonstrates actual malice because Deer feared that the rigorous peer review conducted in academic publishing would lead to immediate rejection.

Deer sees the most trivial "real world" departure from "his" perfect procedure as proof of research misconduct, and the slightest differences recorded in documents as proof of Dr. Wakefield's supposed falsification. Meaningful peer review would catch these "findings" as simply the delusions of an obsessed stalker. Admitting his extraordinary lack of objectivity,³⁵

³⁴ See, e.g., Crosby, J., "Brian Deer's BMJ Series Not Peer Reviewed," (3/16/12) [<https://www.ageofautism.com/2012/03/brian-deers-bmj-series-not-peer-reviewed.html>]; Age of Autism, "Fiona Godlee of BMJ Responds to Wakefield Questions," (2/6/11) (Deer article "which was subjected to peer review and editorial checking") [<https://www.ageofautism.com/2011/02/fiona-godlee-of-bmj-responds-to-wakefield-questions.html>]; CTV, Interview with Brian Deer (January, 2011) at 2:40 (quoting Deer, "having the [BMJ] work peer reviewed") [<https://www.youtube.com/watch?v=kT7AsXcCeYA>]; Deer, B., "Brian Deer's Sunday Times Investigation," (Deer describes BMJ series: "which involved peer-review and separate editorial checking of key evidence and documents.") [<https://briandeer.com/mmr/lancet-summary.htm>]; Deer, B., "Dan Olmstead enabler for research cheat: Age of Autism's Dan Olmsted lies for research fraud doctor," (3/9/15) [<http://briandeer.com/solved/dan-olmsted.htm>]. The reference section to two installments of Deer's BMJ series **falsely** states: "*Provenance and peer review: Commissioned; externally peer reviewed.*" Dr. Markovich was not an "*external review[er] for scientific accuracy by an expert pediatrician,*" as claimed in the Texas

litigation, but was instead an Associate Editor of BMJ. See Deposition of BMJ, Jane Smith in the Texas litigation, pp. 29 ff (6/28/12). [<https://www.rescuepost.com/files/ex-c-bmj-smith-depo.pdf>]. The alternative to committing perjury regarding the external peer review claim in the motion to dismiss the Texas case is not much better. That alternative is Dr. Fiona Godlee and the BMJ Publishing Group acknowledging the journal's publication of non-peer reviewed charges by a self-styled journalist (Deer) with no medical or scientific background, accusing a medical researcher of committing scientific fraud in a peer-reviewed paper (Wakefield et al.). If that alone does not prove malice on the part of Dr. Godlee and the BMJ, it would certainly prove reckless disregard for accuracy. The deposition also revealed that Deer had withheld material facts from his BMJ colleagues, e.g. that Dr. Wakefield had personally testified for 17 days in his own defense at the GMC.

³⁵Deer has demanded, e.g., that Dr. Wakefield be criminally prosecuted and banned from the US. See CNN, "Medical journal: Study linking autism, vaccines is 'elaborate fraud,'" (1/6/11) ("Asked whether he thinks Wakefield should face criminal charges, Deer said, "I personally do." In addition, he said the Department of Homeland Security should take a close look at Wakefield's visa application and how he got into the United States, "how he's been able to export his mischief.") [<http://edition.cnn.com/2011/HEALTH/01/06/autism.vaccines/index.html>].

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Deer boasted in an email to *BMJ* Editor Godlee: "I freely admit to being semi-notorious for packing into single highly-readable and apparently bland sentences, rat's nests of complexity and implication."

That admission is by far the most truthful statement ever made by this fraudulent, failed journalist, and speaks volumes about his own beliefs and limitations of his supposed skill set. ³⁶

While some of Deer's lies might be explained by his inexperience and lack of training, more likely they are the product of a carefully designed campaign to discredit Dr. Wakefield and blunt, halt and discredit any research into both vaccine safety and autism, which would substantially and rightfully call into question a \$50B a year industry.

Deer mistook a viable treatment for persistent measles infection (the transfer factor patent Dr. Wakefield assigned to the Royal Free) as a "competing" MMR vaccine in order to "prove" a supposed improper motive to Dr. Wakefield. Deer failed to appreciate the distinction between research and clinical investigation with respect to the children from the *Lancet* case series in order to fabricate his allegation of ethical misconduct. He failed to understand and failed to disclose in his Complaint to GMC on Feb. 25, 2004, that Prof. Walker-Smith in fact had ethical approval for the collection of a "research" biopsy while scoping children in his bowel clinic. He also failed to understand that litigation experts are valued by the courts in resolving disputes precisely because of, not in spite of, their publication and research; thus, Dr. Wakefield's service as an expert in the MMR litigation was entirely ordinary, routine and -- most importantly --

appropriate. As a final example, Deer completely failed to understand the Royal Free’s analysis process in making his allegations that Dr. Wakefield falsified pathology results, results that were published with 12 other doctors in addition to Dr. Wakefield’s, scientists and experts whose names also appeared on the *Lancet* paper. Peer review would have easily caught these rookie, or more likely deliberate mistakes made by Deer prior to publication by the *BMJ*, and should alert you to the necessity to block your false and defamatory repetition of Deer’s lies.

Moreover, your ethics guidance states that “[s]ubmitting the same paper to more than one journal constitutes unethical publishing behavior and is unacceptable.” Your blurb and table of contents indicate that Deer’s book is simply a republication of allegations made in earlier publications, and thus should be rejected on this ground alone. You contribute nothing new³⁷ here except to distract attention from much-needed research to address vaccine safety.

Your ethics guidance also requires that: “All authors should disclose in their manuscript any financial or other substantive conflict of interest that might be construed to influence the results or interpretation of their manuscript. All sources of financial support for the project

³⁶ BMJ disclosures in the Texas litigation, Bates number 8522. ³⁷ See, e.g., Deer B., How the case against the MMR vaccine was fixed, *BMJ* 2011; 342:c5347; Deer B., How the vaccine crisis was meant to make money, *BMJ* 2011;342:c5258; Deer B., Pathology reports solve "new bowel disease" riddle. *BMJ* 2011;343:d682; Deer B. The Lancet's three days to bury bad news. *BMJ* 2011;342:C7001. Godlee F, Smith J, Marcovitch H. Wakefield’s article linking MMR vaccine and autism was fraudulent. *BMJ* 342:doi:10.1136/bmj.c7452;

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should be disclosed. . . . Readers should be informed about who has funded research and on the role of the funders in the research.” You should insist that Deer disclose and certify all of his funding and support for the “research” described in your book. Deer’s previous disclosures have been woefully inadequate to account for his obsession with Wakefield for “over more than a decade.” Deer falsely accused Dr. Wakefield of not disclosing his role in the MMR litigation, but it was in fact *Lancet* Editor Richard Horton who made the decision that disclosure was unnecessary, Wakefield’s participation having been publicly disclosed and specifically disclosed to Horton prior to publication.³⁸

Deer’s Long History of
Misconduct

Deer lied in his Complaint to the GMC for personal gain. Deer's core allegation in his 2/25/04 Complaint to the GMC was the alleged unethical study and analysis on vulnerable children. But as noted above, Deer failed to disclose to the GMC that Prof. Walker-Smith did ³⁹ *in fact have* ethics approval for the collection of additional biopsies for study and analysis purposes, thereby making Deer's claim defamatory. Deer's failure to disclose this fact was deliberate. As he would later boast in the Texas litigation, he obtained the Royal Free Ethical Practices Committee approval documents under the then-new UK FOIA (or possibly earlier by informal means): "Under the act, I was able to obtain confidential institutional review board

³⁸ See, e.g., Dawbarns Fact Sheet published on the web relating to the MMR consumer class action ("We are working with Dr Andrew Wakefield of the Royal Free Hospital London. He is investigating this condition [potential link between vaccination and inflammatory bowel disease]."); 4/3/97 letter from Attorney Barr to Lancet and Editor Horton's 4/8/97 response and subsequent correspondence with the Lancet Ombudsman relating to this copyright issue, ultimately resolved in favor of republication in the Fact Sheet (discussing the MMR litigation and working with Wakefield, and requesting permission to reprint material from the Lancet in the Fact Sheet).

³⁹ Deer, B., Complaint to GMC, pp. 4-5 (2/25/04) ("I submit to the GMC that there may be prima facie evidence that [defendant doctors] may have embarked upon what amounted to a 'fishing expedition' into the guts and spines of at least some of these vulnerable, developmentally disordered children without either ethics committee approval or clinical indication.") [https://www.rescuepost.com/files/deer1st_complaint1.pdf]; Deer, B., Supplemental Complaint to GMC (7/1/04) at pp. 1, 14 ("At the heart of this affair, I submit, was the operation of a scheme, between early 1996 and late 2001, under which desperately vulnerable parents of 200 or more autistic children, some as young as three years old, were enticed by Dr. Wakefield and his colleagues into offering the use of those children for medical experimentation involving hazardous procedures which, in most cases, lacked either valid ethical research approval or clinical justification. . . . In these circumstances, I submit that, in many cases, parental consents to those procedures may have been invalid, and the experiments on the children common assaults. . . . [T]hese doctors carried out an unauthorized and unethical fishing expedition in pursuit of non-clinical goals. When challenged, they dissembled.") [https://www.rescuepost.com/files/deer_2nd_complaint1-1.pdf]; Deer, B., "MMR scare study published in the Lancet wasn't approved by an ethics committee," ("Comparison between the study approved by the Royal Free's ethics committee on December 18 1996 and the paper published in the Lancet reveals multiple critical differences. No permissions were given to modify the protocol after it was approved. Deer's analysis concludes that the Lancet published research on vulnerable autistic children without cover from any ethics committee, in breach of the relevant Helsinki declaration, and that the paper should be withdrawn in its entirety by the journal's editor Richard Horton.") [<https://briandeer.com/mmr/royal-table.htm>].

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records, describing Wakefield's research and permissions and, later, all kinds of material." This ⁴⁰ statement proves Deer had complete knowledge of the terms and permissions that were set out by Prof. Walker-Smith in advance of the reported case series. I have set forth in the notes a full explanation prepared by Dr. David Lewis of Deer's false ethics allegation to the GMC, to ⁴¹

demonstrate that Deer's cover-up was either deliberate, or at best the result of deliberate ignorance, stunningly terrible "journalism," exacerbated by Deer's ignorance of relevant science, ethics and clinical medicine and non-existent editorial oversight and supervision. Withholding material information from a tribunal is a felony under American law, obstruction of justice, especially where Deer intended to profit professionally and financially from his crime.

The 12 *Lancet* children were, by definition, recruited under EPC 162-95 and no other study. The existence of a prior ethics approval that covered the research aspects of the *Lancet* paper and clear evidence that research on these children's biopsies was conducted under this

⁴⁰ Amended Declaration of Brian Deer in Support of Defendants' Anti-SLAPP Motion to Dismiss, ¶ 40 (7/9/12) [https://www.casewatch.net/foreign/wakefield/libel_suit/deer-amended-declaration.pdf].

⁴¹ Lewis, D., "The Exoneration of Professor Walker-Smith: A Great Wrong Partly Righted," in *Vaccine Epidemic* (Skyhorse, 2012) [http://www.neuraldynamicsubc.ca/1._Exoneration_Walker-Smith.pdf]:

Most damning of all, documents show that Deer obtained copies of the ethics committee approvals covering the research component of the *Lancet* study but apparently never disclosed them to the GMC. According to a Freedom of Information Act (FOI Act, a.k.a. FOIA) response from the London Strategic Health Authority of the National Health Service (NHS), Deer, in 2004, obtained copies of correspondence exchanged between Professor Walker-Smith and the Royal Free Hospital's Ethical Practices Committee.¹⁶ One memo from Walker-Smith to the committee on February 27, 1997, stated: "We currently have formal approval to take research biopsies during colonoscopy (Code 162-95) and I am writing to organize formal approval for research biopsies to be taken during upper biopsies."¹⁷ (Approvals for upper biopsies were later designated as Code 70-97.) In another memo, a member of Walker-Smith's group transmitted a report to the ethics committee, which was titled "1999 Annual Report on ethical submissions 162-95 and 70-97." It states, "Samples, with fully informed parental consent (using the consent forms as detailed in the submissions), were obtained from upper and lower endoscopies. . . ." ¹⁸ In all cases, colonoscopies were performed on the *Lancet* children only after parental consent was granted on or before August 24, 1995 (Table 1). (The signed consent forms and other key documents, including the ethics approvals for 162-95, are available online at [www. VaccineEpidemic.com](http://www.VaccineEpidemic.com).)

To substantiate his allegations that the *Lancet* study lacked any ethics approval for research, Deer provided the GMC with an Ethical Practices Committee (EPC) approval from the Royal Free Hospital that was coded EPC 172-96. This approval was for a study of 25 children with autism spectrum disorder and intestinal symptoms. It described clinical investigations involving ileocolonoscopy and upper gastrointestinal endoscopy with biopsies, barium (enemas), lumbar punctures, and various blood tests as part of "normal patient care."¹⁹ This proposed study included research investigations intended to examine the possible causes of the children's disorders. It was approved on December 18, 1997, after seven of the *Lancet* children had already been investigated clinically for their intestinal and neurological symptoms.²⁰ Absent the EPC 162-95 approvals, the appearance was created that Walker-Smith collected research biopsies from seven of the *Lancet* children without any ethics approvals. It also made it appear that the parental consent forms should have been included with EPC 172-96 (instead of EPC 162-95) and that none of the research in the *Lancet* study was covered under any ethics approvals. Finally, it made it appear that Wakefield and his coauthors were dishonest when they stated in the *Lancet* article, "Investigations were

approved by the Ethical Practices Committee of the Royal Free Hospital NHS Trust, and parents gave informed consent.

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approval, mitigates any allegations that, on the one hand, the non-clinical aspects of the paper were undertaken without the appropriate ethics approval, and on the other, that the statement in the paper regarding ethics approval was false.

Mr. Deer's track record is littered with other stunning examples of unethical behavior, further sounding alarm bells about the truth and ethics of your manuscript.

For example, while reporting on the GMC investigation of Dr. Wakefield and his colleagues, Deer failed to disclose his dual role as both the sole and original complainant⁴² against Dr. Wakefield and his action as an ongoing informant to the GMC. Indeed, Deer⁴³ painted himself a blatant hypocrite by repeatedly publicly lying and deceiving the public about his role as the original complainant. Deer's blatant lies and attempts to obfuscate and conceal

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⁴²Deer-GMC email (2/25/04) ("Following an extensive inquiry for the The Sunday Times into the origins of the public panic over MMR, I write to ask your permission to lay before you an outline of evidence you may consider worthy of evaluation with respect to the possibility of serious professional misconduct on the part of the above named registered medical practitioners. . . . As a matter of public duty, I write to offer this outline of my main findings, and to offer the GMC my fullest cooperation in getting to the bottom of this.") [https://www.rescuepost.com/files/deer1st_complaint1.pdf]; Deer-GMC email supplemental complaint (7/1/04) [https://www.rescuepost.com/files/deer_2nd_complaint1-1.pdf]. Here again, Deer is acting as an advocate and partisan for MMR, accusing Dr. Wakefield of creating "a wholly unwarranted scare over the MMR vaccine, based on no compelling research evidence. . . . This scare led to parental decisions which placed millions of children's lives and health at risk. Children have suffered as a result. . . . I think the importance of the MMR issue for parents and for public policy, the paramount need to safeguard children's health, and the GMC's duty to protect standards in medical research, justify the [GMC's] investment."

⁴³See Wakefield, Addendum to Complaint [to the UK Press Complaints Commission] (3/20/09) (discussing Deer's 2/25/04 complaint to the GMC, his undisclosed conflict of interest, and his numerous efforts to actively conceal his various roles, laying the original GMC complaint and GMC informant, from the public) [<https://www.rescuepost.com/files/dr.-wakefield-addendum-pdf-2.pdf>]. High Court Justice Eady said of Deer in a defamation case "Well before the programme was broadcast [Mr Deer] had made a complaint to the GMC about the Claimant. His communications were made on 25 February, 12 March and 1 July 2004. In due course, on 27 August of the same year, the GMC sent the Claimant a letter notifying him of the information against him." Wakefield v. Channel Four and Brian Deer, [2006] EWHC 3289 (QB) (12/26/04) (Justice Eady) [<http://www.bailii.org/cgi-bin/markup.cgi?doc=/ew/cases/EWHC/QB/2006/3289.html&query=wakefield+and+bria>]

n +and+deer+and+channel+and+4+and+television&method=Boolean].

⁴⁴ See, e.g., Orac, “Brian Deer responds to Keith Olbermann,” (2/12/09) (quoting a letter from Deer to Producers of NBC Countdown accusing Keith Olbermann of defaming him by calling him the “worst person of the year: “It is untrue that, as you say, I am the complainant against Wakefield in UK disciplinary hearings. I have ample correspondence to prove this. As a journalist with public as well as professional duties, I was approached almost five years ago by the UK doctors' regulator, the General Medical Council, and asked if I would supply them with my journalistic findings, post-publication, at that time concerning Wakefield. This I did, in a manner familiar to journalists, both in the UK and the US, in dealings with statutory regulators.”)

[<https://scienceblogs.com/insolence/2009/02/12/brian-deer-responds-to-keith-olbermann>]; Bryant, J., “Lies Exposed At The UK MMR Vaccine Trial Court,” One Click Group (4/8/08) (“When asked if Deer was the complainant and if this was his case with the GMC, Deer simply exploded. Springing to his feet, placing his body inches from mine and invading my space, Deer proceeded to threaten, to rant and to jab his fingers close to my face. Brian Deer: ‘No! I’ve not complained! I’ve got letters from the GMC saying I’m not the complainant! Ask me the question again! Ask me

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his own role and conflicts display a stunning lack of candor. This hypocritical action demonstrates that he had a professional and presumably financial stake in the outcome of the GMC case. He acted, in effect, as both the arsonist starting the false fire and the fireman putting it out. This dual role and undisclosed conflict of interest is especially troubling in view of the ⁴⁵ finding by the High Court that the GMC had no basis to even initiate charges against Dr. Wakefield or any of the other 12 authors of the paper. Ironically, Deer was guilty of the same conduct of which he was accusing Dr. Wakefield --failure to disclose conflict of interest. ^{46 47}

and I’ll tell you!’ Deer continued ranting: ‘So, you’ve this, um, dribbling idiot here,’ gesturing towards investigative writer [Martin Walker](#) who has exposed Deer’s vaccine activities in the aforementioned Complainant, ‘pumping out this information and you believe it and this is what this whole MMR thing has been about! Andrew Wakefield enjoys giving evidence! You get these CLOWNS who just MAKE THINGS UP as they go along!’”)

[http://www.whale.to/b/bryant_jayne.html].

⁴⁵ See Moody, “Brian Deer: Conflicted ‘Journalist,’ Industry Toady or Modern-Day Madame Defarge?” (3/22/09) [<https://www.ageofautism.com/2009/03/brian-deer-conflicted-journalist-industry-toady-or-modern-day-madame-defarge.html>]; Phillips, M., “The witch-hunt against Andrew Wakefield,” The Spectator (2/11/09) (“What the Sunday Times did not report was that the GMC investigation into Wakefield was triggered by a complaint from... Brian Deer, who furnished the allegations against him four years ago. He has thus been reporting upon the hearing into his own complaint. Since when has a reputable paper published a story by a reporter who is actually part of that story himself -- without saying so – and who uses information arising from the disciplinary hearing which he himself has instigated and which is investigating allegations he himself made in the first place?”)

[<https://web.archive.org/web/20120505131328/http://www.spectator.co.uk/melaniephillips/3346281/the-witchhunt-against-andrew-wakefield.shtml>]; “**Sunday Times Journalist Challenged Over Role in US MMR Cases & Denying Being Complainant In UK MMR Case**,” Child Health Safety (2/16/09) [<https://childhealthsafety.wordpress.com/2009/02/15/sunday-times-mmr-journalist-denials-challenged/>].

⁴⁶ Keith Olbermann named Deer “worst person of the year” on NBC’s Countdown for this undisclosed conflict. See <https://www.youtube.com/watch?v=5NJXwJjZHwM>.

⁴⁷ Olmstead, D. “A Character Assassin Caught in the Act,” Age of Autism (3/22/09) [<https://www.ageofautism.com/2009/03/a-character-assassin-caught-in-the-act.html?cid=6a00d8357f3f2969e201156e333332970c>]; Phillips, M., “A Deer in the Headlights,” Spectator (2/16/09) [<https://web.archive.org/web/20120306180541/http://www.spectator.co.uk/melaniephillips/3362116/a-deer-in-the-headlights.shtml>]. Ms. Phillips summarizes Deer’s girations over many years to deny and cover up his role in initiating the GMC proceeding and conceal his conflicting interests: “Eleven days ago, Brian Deer renewed his onslaught against Andrew Wakefield in the Sunday Times. I wrote about it here and made the point that, since Deer’s allegations sparked the General Medical Council case against Wakefield which would not have occurred without his involvement, he was effectively a principal player in the story he was reporting — a clear conflict of interest and breach of journalistic standards. After I noted this, an American TV show last week accused Deer of journalistic misconduct in reporting a story in which he was a major player without acknowledging this fact. Deer has been trying to deny this ever since. First he threatened to sue the TV station, denying that he had laid the initial complaint which formed the bulk of the GMC inquiry and claiming instead that the GMC had approached him for information about Wakefield following his stories:

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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. It was my public duty to supply my findings to this statutory regulator. Well, various people did think that Brian Deer’s complaint was the trigger for the GMC inquiry. One of those people, it appears, was Brian Deer. Screenshots record that, on his website, Deer previously boasted that he had instigated the GMC hearing. In May 2007, his website noted:

GMC inquiry: After submissions by Brian Deer to the UK General Medical Council, the doctors’ regulatory body announced a public inquiry in to the affair. Sunday Times December 12 2004. By last week, however, the wording had been changed to:

GMC inquiry: After Brian Deer’s reports, the UK General Medical Council, the doctors’ regulatory body, announced a public inquiry into the affair. The Sunday Times, December 12 2004. In May 2007, he wrote on his website:

Pending a General Medical Council [GMC] fitness to practice panel hearing - arising from the investigation set out on this page... (my emphasis) Those highlighted words have now vanished from the website, which uses instead this formulation:

Following Brian Deer’s investigation, and charges laid against Wakefield, Walker-Smith and Murch by the General Medical Council... The perception that the GMC was investigating Deer’s complaints about Wakefield was shared by no less a person than a High Court judge. In a libel ruling in November 2006 arising from a Channel 4

Dispatches programme about the Wakefield affair, Mr Justice Eady noted that:

Well before the programme was broadcast [Mr Deer] had made a complaint to the GMC about the Claimant. His communications were made on 25 February, 12 March and 1 July 2004. In due course, on 27 August of the same year, the GMC sent the Claimant a letter notifying him of the information against him. Last week, Deer claimed that Eady was ‘mistaken’ and that he had not been the ‘complainant’ in the GMC hearing. In the current narrative of the affair posted on his website, after noting that on March 6 2004 some of the authors of the original *Lancet* paper ‘retracted’ the interpretation that had been placed upon it, he goes on:

Shortly before this retraction [for the retracted “interpretation” text, check the opening abstract of the *Lancet* paper], the General Medical Council announced its own investigation into the affair, which it said raised questions over Wakefield’s fitness to practice medicine. GMC officials then approached Brian Deer and asked if, in the public interest, he would pass them his findings, and later requested him to supply his research materials - including pivotal documents - to the council’s retained lawyers, at the firm of Field Fisher Waterhouse [FFW] in London. Deer, however, is not the complainant in the case - which was brought on the GMC’s own initiative - and his information has been compounded with submissions, including complaints, from dozens of other sources, including parents directly involved. To prove that he was not the complainant, he cites a letter written to him in May 2005 by the GMC’s lawyers, Field Fisher Waterhouse. This ran as follows:

I write further to your telephone conversation with Peter Swain last Thursday seeking clarification in relation to your role in the above General Medical Council (“GMC”) proceedings. I have now had the opportunity to review the GMC’s files. My understanding is that further to your articles appearing in the *Sunday Times* in February 2004 in relation to your investigation into Dr Andrew Wakefield and the MMR vaccine, you were approached by GMC case officer Tim Cox-Brown, who asked you to supply the GMC with further information regarding this matter. Your situation as a journalist who has carried out an investigation into the conduct of the practitioners in question is unusual for the GMC. I note from the GMC and FFW’s correspondence files that there does appear to have been some confusion in relation to your role in these proceedings. In GMC ‘complainant’ cases an individual will have approached the GMC with a complaint against a particular practitioner. If the GMC decides to hold an inquiry, legal representation is offered to the complainant for preparation and presentation of the case before the Professional Conduct Committee. As stated in Peter Swain’s letter to you dated 16 December 2004, your role in this matter is that of ‘informant’ rather than ‘complainant’. This is due to the fact that the conduct of the practitioners in question has not affected you directly and clearly involves issues of a wider public interest... But what Deer does not reveal is that on February 25, 2004, three days after his article attacking Wakefield had been published in the *Sunday Times*, he had written to the GMC in these terms:

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Deer was the sole complainant against Dr. Wakefield and his colleagues: a hired gun designed⁴⁸ to dishonor, discredit, destroy and dissolve any future hope of parents learning more about the critical connection between a potential persistent measles viral infection in their childrens’ guts, their autism and whatever role the MMR may have played in their condition. No parent complained or testified against Dr. Wakefield or his 12 colleagues; no doctor, scientist or collaborator from the 13 authors of the original *Lancet* paper disputed or filed any claim or retraction of the actual findings; no organization or autism support or advocacy group disputed or filed claims against him. On the contrary, parents of children reported in the case series and others provided letters of support for Dr. Wakefield and his work, which included complaints that the GMC was not hearing their side of the story. Deer and the *BMJ* had successfully⁴⁹

Following an extensive inquiry for the Sunday Times into the origins of the public panic over MMR, 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. [Andrew Wakefield, John Walker Smith and Simon Murch.]

If Deer had previously been approached by the GMC for this information -- presumably in the two days that elapsed between publication of his article and this letter -- this was a strange form of words. For he made no mention that it had thus approached him. Instead, he asked the GMC for permission to lay out his evidence before it. So how can this apparently direct contradiction be explained? . . . The overwhelmingly important point — reinforced by these letters — remains that Deer was absolutely central to the GMC's investigation. Deer did not merely supply information. His letter laid before the GMC allegations of serious professional misconduct. Moreover, whatever its technical status in the eyes of the GMC it was presented as a formal complaint, giving the full names of the doctors and their registered medical practitioner numbers and phrased in officialese. The GMC lawyers' letter refers to further meetings with him on 24 February 2005 and 7 March 2005. None of this involvement was mentioned in his story in last week's Sunday Times."

See "A (Brian) Deer in the Headlights: Allowed to Report on Self-Created Story?," Age of Autism (4/4/11) [<https://www.ageofautism.com/2011/04/a-brian-deer-in-the-headlights-allowed-to-report-on-self-created-story.html>]

· ⁴⁸ Kennedy, M. "Case Study 1: The MMR Fiasco," (Printeger, 2017) ("Deer also wrote to the General Medical Council (GMC) requesting them to investigate the professional conduct of Wakefield and also his colleagues Dr Simon Murch and Prof John Walker-Smith. . . . On the 25th February, Brian Deer writes a letter to the GMC (sent by email) requesting that they use their powers to investigate the conduct of Dr Wakefield in light of his investigation. In the correspondence Deer urges the GMC to investigate the conduct of Murch, Walker-Smith and Wakefield on grounds of the potentially dubious ethical conduct of the research, the issue of conflict of interest and scientific fraud. . . . On the 1 st July 2004, Brian Deer emails Tim Cox-Brown, Fitness to Practise Directorate at the GMC further to his previous request that Murch, Walker-Smith and Wakefield are investigated by the GMC. In the email, Deer annotates his views in response to the statements written by all three doctors published in The Lancet on the basis of the documentary evidence he has gathered in his investigation of the research⁹². Again, Deer urges the GMC to investigate the professional conduct of all three doctors.") [http://printeger.eu/wp-content/uploads/2018/08/UK-Case-Study-1_MMR.pdf]; "Sunday Times Journalist Instigated GMC Case Against Dr Andrew Wakefield," Child Health Safety (2/13/09) [<https://childhealthsafety.wordpress.com/2009/02/13/>].

⁴⁹ "Read Complaint Filing and Parent Letters in UK's GMC Wakefield, Walker-Smith, Murch Investigation," Age of Autism (5/7/09) [<https://www.ageofautism.com/2009/05/read-complaint-filing-and-parent-letters-in-uks-gmc-investigation.html>];

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participated in a detrimental witch hunt that had a tremendous cost to public health that continues to this day.

Deer and *BMJ* also failed to disclose that the *BMJ* regularly receives -- then and now

-- *substantial* funding from the exact companies that have the most to lose from their MMR duopoly: Merck and GlaxoSmithKline. Failure to disclose this substantial conflict of interest resulted in *BMJ* Editor Godlee having to publicly make a form of apology and back pedal to prevent eroding credibility, conceding her own lack of ethics. Indeed, the *BMJ* was simply⁵⁰ using Deer's false allegations as a weapon to prevent degrading consumer confidence in the MMR vaccine -- consumer confidence being the key ingredient in retaining market share. Since the MMR is the lead product of the *BMJ*'s sponsors, Merck and GSK, Deer had a blatant conflict of interest in lying about Dr. Wakefield in order to protect and defend the people paying his fees.

Another example of Deer's dual conflicting roles as 'journalist,' and what seems to be the unethical position of a kind of 'litigation consultant,' occurred during the U.S. Omnibus Autism Proceeding. During these proceedings, Deer boasted unabashedly about his secret and⁵¹ undisclosed assistance to the Department of Justice.⁵²

Golding, A., "Selective Hearing, Brian Deer, and the GMC" ("We are appalled that these doctors have been the subject of this protracted enquiry in the absence of any complaint from any parent regarding any of the children who were reported in the Lancet paper.") [https://www.youtube.com/watch?v=id_AxZ3zHAc].

⁵⁰ Stone, J., "British Medical Journal Fails to Acknowledge its Own Commercial Conflicts," (3/8/11) [<https://www.ageofautism.com/2011/03/british-medical-journal-fails-to-acknowledge-its-own-commercial-conflicts.html>]; Sharav, V., "BMJ & the Lancet Wedded to Merck CME Partnership," (2/14/11) [<https://ahrp.org/bmj-lancet-wedded-to-merck-cme-partnership/>]; Sharav, V., "BMJ Editor Acknowledges Failure to Disclose COI," (3/12/11) ("Although Vera's claims may seem far fetched on this occasion, she is right that we should have declared the BMJ Group's income from Merck as a competing interest to the editorial (and the two editor's choice articles) that accompanied Brian Deer's series on the Secrets of the MMR scare. We should also, as you say, have declared the group's income from GSK as a competing interest in relation to these articles. We will publish clarifications. We didn't declare these competing interests because it didn't occur to us to do so.") [<https://ahrp.org/bmj-editor-acknowledges-failure-to-disclose-coi/>]; Stone, J., "Farce at British Medical Journal as Double Standards Persist Over Undeclared Competing Interests," (3/29/11) [<https://www.ageofautism.com/2011/03/farce-at-british-medical-journal-as-double-standards-persist-over-undeclared-competing-interests.html#more>]; Stone, J., "The British Medical Journal Shows Misjudgement, Bias in Further Attack on Andrew Wakefield," Age of Autism (1/5/11) (discussing *BMJ*'s bias and lack of ethics) [<https://www.ageofautism.com/2011/01/the-british-medical-journal-shows-misjudgement-bias-in-further-attack-on-andrew-wakefield.html>].

⁵¹ See, e.g., "Brian Deer Cited in Federal Court: America resists as Britain's vaccine scare is exported," [<https://briandeer.com/wakefield/cedillo-matanoski.htm>].

⁵² Dr. F. Edward Yazbak obtained many of Deer's communications with DOJ under FOIA. Yazbak, F.E. "The Deer Crusade and Collateral Damage," Age of Autism (3/14/13) ("I'm also very proud that, like the GMC, the US government sought my help in mounting its case in Cedillo, copiously borrowing pages of evidence from my

website and displaying some in court. . . . [O]n a number of occasions I would come home, find an email from the department of justice asking me for a document, and see that the next day it was being run in court. . . . Indeed, I recall supplying a key document on the O'Leary lab business, which the DoJ didn't seem to know about just weeks

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The sketchy financing of Deer's campaign against Dr. Wakefield adds further doubt to his claimed independence -- the most important quality in evaluating the factual findings of a bona fide journalist. Deer claimed in an interview with CNN and other journalists that he⁵³ worked for *The Sunday Times of London*, which that publication later denied, except for occasional payments as a freelance contributor, claiming "we have no control over him." Deer⁵⁴ further went on to falsely claim he never received money from industry when, in fact, he received the perfect training ground for his discrediting activities and may have been financed in his early work (possibly more) by Medico-Legal Investigations -- a company owned and controlled by the Association of the British Pharmaceutical Industry that is known to be hostile to expert witnesses.⁵⁵

BMJ's Lie About Peer Review Magnifies Doubt Due to Deer's Utter Lack of Relevant Expertise

Deer has no training in medicine or science, much less specialties focusing on autism and pathology. He is completely unqualified to make factual judgments relating to Dr. Wakefield and his 12 colleagues' work -- all of whom represent a combined 200+ years' expertise in clinical medicine in their respective fields. Deer clearly had no basis whatsoever to 'report'⁵⁶ and conclude, with no evidence whatsoever, that of the 12 children in the *Lancet* case series "they didn't have bowel disease." Your publication of his "research results" is done with⁵⁷ malice because, as an academic press, you have an ethical and professional responsibility to

before the hearing. Hence the late surfacing of Bustin and Chadwick. It was me wot done that, and I'm glad. I don't say these things to boast, . . .")

[<https://www.ageofautism.com/2013/03/the-deer-crusade-and-collateral-damage.html>]; Yazbak, F. E., "How More than 5000 Children Were Hurt . . . Again," Vaccination News (4/21/16)

[<https://www.vaccinationnews.org/content/how-more-5000-children-were-hurt-again-YazbakFE-4/21/16.html>];

Handley, J.B., "Did the Department of Justice Tip Off Deer?," Age of Autism (2/13/09)

[<https://www.ageofautism.com/2009/02/did-the-department-of-justice-tip-off-brian-deer.html>].

⁵³ See, e.g., Bryant, J., "Lies exposed at the UK MMR vaccine trial court," One Click Group (4/10/08) [http://www.whale.to/b/bryant_jayne.html].

⁵⁴ Handley, J.B., "Keeping Anderson Cooper Honest: Is Brian Deer The Fraud?" Age of Autism (1/22/11)

[<https://www.ageofautism.com/2011/01/keeping-anderson-cooper-honest-is-brian-deer-the-fraud.html>].

⁵⁵ Walker, M., “The Complainant Brian Deer, the ABPI, Medico Legal Investigations and Dr Andrew Wakefield,” Cry Shame (2008) [<http://u2.lege.net/whale.to/vaccine/walker999.html>]; “MMR and MLI: MMR Sunday Times Investigation,” Medico-Legal Investigations, Ltd. (Newsletter, Issue 10, March, 2004) (“The extraordinary tale of 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 whilst Brian Deer's fine piece of investigative journalism was under way. We were asked to advise on matters that were clearly quite alarming.”) [<http://www.whale.to/v/mli.html>].

⁵⁶ See “Brian Deer in BMJ and Dr. Andrew Wakefield's Response,” Age of Autism (4/17/2010) [<https://www.ageofautism.com/2010/04/brian-deer-in-bmj-and-dr-andrew-wakefields-response.html>]

⁵⁷ Golding documentary at 7:05, 8:25.

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publish the truth. Based on the facts outlined in this letter and already of record, it is impossible for JHUP to have a good faith belief in Deer’s factual conclusions. Furthermore, Deer’s publication of an article in *BMJ* in 2010 in his continuing obsession to harm Dr. Wakefield is ⁵⁸ another example revealing his complete misunderstanding of the research process and of underlying biologic mechanisms that he is feebly attempting to analyze. As the analysis by Dr. Lewis and explanations by Dr. Wakefield and his colleagues demonstrate, it was factually ⁵⁹ impossible for Dr. Wakefield to falsify the pathology findings reported in the *Lancet* paper. ⁶⁰ Any differences were simply examples of good faith disagreements in interpretation among colleagues, ultimately resolved by the leading pediatric gastrointestinal disease experts in the ⁶¹

⁵⁸ Deer. “Wakefield’s “autistic enterocolitis” under the microscope,” *BMJ* 2010;340:c1127. Dr. Wakefield’s response explained that Deer’s false accusation was based upon his complete misunderstanding of the process by which results in a case series are gathered and reported and that Deer and *BMJ* were engaged “[i]n a relentless and misguided effort to distract attention from vaccine safety issues, agenda-driven journalism has once again made a mockery of medicine.” Wakefield, A.J. “*BMJ* Publishes False Claims About MMR Doctor,” (4/16/10) [https://www.rescuepost.com/files/wakefield_press_release_bmj-deer1.pdf].

⁵⁹ A letter was published in the *BMJ* from senior histopathologist from the *Lancet* case series, Dr Amar Dhillon , standing by the results making it clear that the biopsy results were determined independently of Dr Wakefield. Dhillon, A. P., “Re: Pathology results solve new bowel disease riddle,” *BMJ*, 9 November 2011, *BMJ* 2011;343:d6823 [<http://www.bmj.com/rapid-response/2011/11/17/re-pathology-reports-solve-%E2%80%9Cnew-bowel-disease%E2>

%80%9D-riddle]. His colleague Dr Susan Davies had already written to journal repudiating Deer's account the preceding year). Davies, S., "Caution in assessing histopathological opinions," *BMJ*, 15 April 2010, *BMJ* 2010;340:c1127 [<http://www.bmj.com/rapid-response/2011/11/02/caution-assessing-histopathological-opinions>]. See Miller, C., "Dr Dhillon's Statement - *BMJ* Allegations Not As Cut & Dried As Editor Suggests," *Age of Autism* (11/21/11) [<https://www.ageofautism.com/2011/11/dr-dhillons-statement-bmj-allegations-not-as-cut-dried-as-editor-suggests.html>]; Stone, J., "Dramatic Development Further Exonerates Andrew Wakefield and Puts Pressure on British Medical Journal," *Age of Autism* (11/17/11) [<https://www.ageofautism.com/2011/11/dramatic-development-further-exonerates-andrew-wakefield-and-puts-pressure-on-british-medical-journal.html>].

⁶⁰"The BIG Lie – Wakefield Lancet Paper Alleged Fraud – Was Not Possible For Anyone To Commit," *Age of Autism* (1/10/11) [<https://www.ageofautism.com/2011/01/the-big-lie-wakefield-lancet-paper-alleged-fraud-was-not-possible-for-anyone-to-commit.html>]; "Sunday Times Journalist Made Up Wakefield MMR Data Fixing Allegation," *Child Health Safety* (2/11/09) [<https://childhealthsafety.wordpress.com/2009/02/11/sunday-times-made-up-wakefield-mmr-data-fixing-allegation/>]; "Sunday Times – Sinks To New Low With Yet More MMR Junk Journalism," *Child Health Safety* (2/11/09) [<https://childhealthsafety.wordpress.com/2009/02/11/sunday-times-made-up-wakefield-mmr-data-fixing-allegation/>]

⁶¹ Reich, E.S., "Fresh dispute about MMR 'fraud:' Pathology records are at the centre of a new disagreement over disgraced medic Andrew Wakefield," *Nature* (11/09/11) ("Before publishing Lewis's letter, the *BMJ* asked Ingvar Bjarnason, a gastroenterologist at King's College Hospital, London, to review the materials. Bjarnason says he doesn't believe they are sufficient to support claims in the *Lancet* paper of a new disease process. He also questions whether "non-specific" on the grading sheets refers to colitis, saying it could refer to any kind of gut changes. But he says that 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," he says. 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

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UK, an entirely routine and expected occurrence as experts struggle to characterize and understand a novel disease process.

Deer's supposed 'revelatory analysis' of pathology findings was identical to a confidential report filed by expert witness Dr. Booth with the GMC in 2006. Deer reportedly 'discovers' mismatches between on-duty pathology reports from the Royal Free Hospital and the summary of Drs. Dhillon and Anthony's results in Table 1 of the *Lancet* case series, just as Booth had done in his confidential report to the GMC four years prior. Deer and *BMJ* claimed Deer's discovery as his own, without attribution to Dr. Booth, disclosure of his testimony, or that GMC had this information but did not charge misconduct. This action strains credulity beyond its breaking point.

As explained by Dr. Lewis in his critique of Deer, "it never made sense that a freelance

journalist with a lackluster career and *no* scientific *or* medical background would fully comprehend the medical records and histological data upon which the *Lancet* article was based.” Deer made an equivocal denial that he had “seen” the Booth report prior to its posting on the internet, but this was part of his angry demand that the report and Dr. Lewis’s critique of Deer be removed from the National Whistleblower Center’s “research misconduct” website. Thus, serious doubt remains as to whether Deer’s conclusion that Dr. Wakefield falsified pathology findings was really his own independent work, or was simply the plagiarized analysis of GMC expert Dr. Booth.

Another example further demonstrating Deer’s complete misunderstanding of how cases are investigated and reported in journals is the massive assumption that differences he observed in GP records of some of the children from the *Lancet* paper prove fraud, when in fact the Royal Free team had no access to these records. As a result of Deer’s irresponsible assumption, *BMJ* editor Godlee was forced to quickly retract Deer’s claim that was inaccurately published as a journalist’s discovery.⁶²

Deer’s Unethical and Unprofessional Misconduct

An extensive investigative series by Dan Olmstead further exposed Deer’s questionable and unethical “research methods” deployed against Dr. Wakefield, beginning with the original 2004 *Sunday Times* article, including deceptive interviews (including the unethical practice of

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.”)

[https://www.nature.com/news/2011/111109/full/479157a.html?s=news_rss%20]⁶² Stone, J., “Why Age of Autism

Left British Medical Journal and Brian Deer High and Dry Over Their Fraud Claims,” (4/22/11) (quoting *BMJ* Editor Godlee, “The case we presented against Andrew Wakefield that the 1998 *Lancet* paper was intended to mislead is not critically reliant on GP records.”)

[<https://www.ageofautism.com/2011/04/why-age-of-autism-left-british-medical-journal-and-brian-deer-high-and-dry-over-their-fraud-claims.html>];

Stone, J., “My Correspondence with the Committee,” *Age of Autism* (5/23/17)

[<https://www.ageofautism.com/2017/05/my-correspondence-with-the-committee.html>].

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“blagging) with parents of patients that were reported in the 1998 *Lancet* case series. Parents⁶³

⁶⁴ reported a vast array of misconduct including Deer gaining unauthorized access to the *Lancet* children's confidential medical records. An analysis by J.B. Handley exposed Deer's sketchy ⁶⁵ financing, his numerous conflicting roles, his false representations and questionable "investigative" techniques, while also identifying the mistakes and false claims he makes due to lack of training and expertise in science, law, and medicine. ⁶⁶

⁶³ See, e.g., <https://www.youtube.com/watch?v=IxeVXPn9XG4> (Ms. Kessick describes Deer misrepresenting his identity as "Brian Lawrence" and her complaint to The Sunday Times); Golding, A., Selective Hearing, Brian Deer and the GMC [https://www.youtube.com/watch?v=Gy_6RPFWSQ] [<https://www.ageofautism.com/2009/05/new-uk-film-selective-hearing-brian-deer-and-the-gmc.html>].

⁶⁴ See, e.g., Olmstead, "An Elaborate Fraud, Part 1: In Which a Murdoch Reporter Deceives the Mother of a Severely Autistic Child" Age of Autism (7/18/11) [<https://www.ageofautism.com/2011/07/an-elaborate-fraud-part-1-in-which-a-murdoch-reporter-deceives-the-mother-of-a-severely-autistic-child.html>]; Olmstead, "An Elaborate Fraud, Part 2: In Which a Murdoch Newspaper's Deceptive Tactics Infect the British Medical Journal," Age of Autism (7/21/11) [<https://www.ageofautism.com/2011/07/an-elaborate-fraud-part-2-in-which-a-murdoch-newspapers-deceptive-tactics-infect-the-british-medical.html>]; Olmstead, "An Elaborate Fraud, Part 3: In Which the Mother of Two Autistic Children Demands Accountability From the British Medical Journal," Age of Autism (7/25/11) [<https://www.ageofautism.com/2011/07/an-elaborate-fraud-part-3-in-which-the-mother-of-two-autistic-children-accountability.html>]; Olmstead, "An Elaborate Fraud, Part 4: News Analysis -- The British Medical Association Is "Standing Up for Doctors" Even If It Means Attacking Patients," Age of Autism (7/29/11) [<https://www.ageofautism.com/2011/07/an-elaborate-fraud-news-analysis-the-british-medical-association-is-standing-up-for-doctors-even-if-it-means-attacking.html>]; Olmstead, "An Elaborate Fraud, Part 5: In Which Brian Deer Defends His Reporting and Accuses Autism Parents of a Conspiracy," Age of Autism (8/5/11) [<https://www.ageofautism.com/2011/08/an-elaborate-fraud-part-5-in-which-brian-deer-defends-his-reporting-and-accuses-autism-parents-of-a.html>]; Olmstead, "An Elaborate Fraud, Part 6: In Which "Blagging" is Discredited as a Journalistic Tactic, Unless the British Medical Journal Publishes It," Age of Autism (8/12/11) [<https://www.ageofautism.com/2011/08/blagging-allowed-if-bmj.html>]; Olmstead, "An Elaborate Fraud Series Part 7: In Which the BMJ's Prime Example of Wakefield's Alleged Misconduct Proves Flagrantly False," Age of Autism (11/03/11) [<https://www.ageofautism.com/2011/11/an-elaborate-fraud-series-part-7-in-which-the-bmjs-prime-example-of-wakefield-alleged-misconduct-pr.html>]; Olmstead, "An Elaborate Fraud, Part 8: In Which The British Medical Journal Tries to Debunk a Clear-Cut Case of Regressive Autism," Age of Autism (11/9/11) [<https://www.ageofautism.com/2011/11/an-elaborate-fraud-part-8-in-which-the-british-medical-journal-tries-to-debunk-a-clear-cut-case-of-regressive-autism.html>]; Olmstead, "An Elaborate Fraud, Part 9: In Which the BMJ's Fraud Claim Collapses -- and No One Hears It Fall," Age of Autism (11/22/11) [<https://www.ageofautism.com/2011/11/an-elaborate-fraud-part-9-in-which-the-bmjs-fraud-claim-collapses-and-no-one-hears-it-fall.html>]; Olmstead, "An Elaborate Fraud, Part 10: In Which the BMJ Suppresses the Truth About a Child's Treatment and Recovery From Autism," Age of Autism (12/1/11) [<https://www.ageofautism.com/2011/12/an-elaborate-fraud-part-10-in-which-the-bmj-suppresses-the-truth-about-a-childs-treatment.html>].

⁶⁵ See, e.g., Stone, J., “UK's [Leveson Inquiry](https://www.ageofautism.com/2012/06/uks-leveson-plays-cat-and-mouse-with-public-interest-over-murdoch-mmr-investigation.html) plays cat and mouse with public interest over the Murdoch press investigation into MMR,” Age of Autism (6/12/14) [<https://www.ageofautism.com/2012/06/uks-leveson-plays-cat-and-mouse-with-public-interest-over-murdoch-mmr-investigation.html>].

⁶⁶ Handley, J.B., “Keeping Anderson Cooper Honest: Is Brian Deer The Fraud?” Age of Autism (1/22/11) [<https://www.ageofautism.com/2011/01/keeping-anderson-cooper-honest-is-brian-deer-the-fraud.html>].

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BMJ Editor Godlee demanded formal investigations of Dr. Wakefield’s alleged fraud.

⁶⁷ Both Parliament and UCL declined to initiate such investigations. ⁶⁸

Deer’s hostility to the truth is compounded by his unprofessional attacks on fellow journalists. One of Deer’s core allegations against Dr. Wakefield was that he reversed the timing of Child 11’s MMR to conceal the “fact” that the shot was given after the onset of regression. ⁶⁹ Child 11 was the opening case in the *BMJ* article where Deer launches his attack on Dr. Wakefield, “How the Case Against the MMR Was Fixed.” Deer falsely reports ambiguity as “fact” by claiming that Child 11’s MMR shot occurred one month after symptoms of regression. Deer relied on ambiguous hospital discharge records that gave an uncertain date range without acknowledging that the child’s father told Deer explicitly that the MMR shot occurred first, substantiated by the father’s 1997 letter to Dr. Wakefield and contemporaneous medical records from California. Confronted with Olmstead’s exposé debunking the claimed fraud, Deer ⁷⁰ finally conceded: “Which is true for Child 11? Who can say, years later? The father says one thing, the medical records another.” Deer claimed that the father’s correction of Deer’s ⁷¹ misreporting was simply a “competing” explanation, but went on to attack Olmstead. ⁷²

⁶⁷ Godlee, Institutional research misconduct: Failings over the MMR scare may need parliamentary inquiry, *BMJ* 2011;343:d72 (“If UCL does not immediately initiate an externally led review of its role in the vaccine scare, we believe that parliament should do it.”).

⁶⁸ See, e.g., Kmietowicz, Z., “University College London issues new research standards but says it won’t investigate Wakefield,” *BMJ*, 14 September 2012 [<http://www.bmj.com/content/345/bmj.e6220>].

⁶⁹ Olmstead, D., “‘Who Can Say?’ -- Journalist Who Alleged Wakefield Committed Fraud Backs Off Key Claim,” Age of Autism (3/19/15) (Child 11’s autism symptoms developed “two months earlier than reported in the *Lancet*, and a month before the boy had MMR,” Deer reported, “too soon” to be the cause. That “must have been a

disappointment” to Wakefield, Deer wrote. The father angrily “spotted the anomaly” after Deer identified and interviewed him, but “needn’t have worried” that Wakefield would get away with it: “My investigation of the MMR issue exposed the frauds behind Wakefield’s research.”)

[<https://www.ageofautism.com/2015/03/who-can-say-journalist-who-alleged-wakefield-fraud-backs-off-key-claim.html>].

⁷⁰ Olmstead, D., “Weekly Wrap: No, Senator Feinstein, Wakefield is Not a Fraud,” (3/7/15)

[<https://www.ageofautism.com/2015/03/sorry-senator-feinstein-wakefield-is-not-a-fraud.html>]. Child 11’s father wrote to both Olmstead and Deer after meeting with Olmstead to review Deer’s allegations: “Mr. Deer’s article makes me appear irrational for continuing to believe that the MMR caused difficulties which predated its administration, but until the incorrect dates in the discharge summary were pointed out to me this week, I failed to realize that the discharge summary was inaccurate.” Although the father excused Deer’s misinterpretation of the discharge summary as a reasonable inference “that my son’s autistic symptoms predated his receipt of the MMR vaccination, which they did not.”

⁷¹ Deer, B., “Age of Autism’s Dan Olmsted lies for research fraud doctor,” (3/9/15)

[<http://briandeer.com/solved/dan-olmsted.htm>].

⁷² “Deer sneered at the messenger – me – as he staged a full-scale retreat from the facts, using Father 11’s acknowledged but irrelevant antipathy toward Wakefield as cover. He called me “an undistinguished former journalist” who now runs a website “largely funded by anti-vaccine profiteers,” claiming that I had been “dumped some years ago from his post as a copy editor for a news agency owned by the Rev Sun Myung Moon - himself

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Deer unprofessionally launches bullying attacks on experts and parents who are critical of his work. As an example of Deer’s ongoing antagonistic, abusive conduct, he aggressively accused investigative journalist Martin Walker of being a “dribbling idiot” in front of other journalists and parents in the press room of the GMC. Deer has referred to Mr. Walker in his ⁷³ various writings as a “buffoon,” a “sad smearmaster,” a “smelly smearmaster,” a “liar-for-hire,” “crank,” “parasite,” “generally of no consequence, is a relentless peddler of smear and denigration,” and a “devious clown.” Deer called an expert witness for the children in the UK ⁷⁴ MMR class action litigation, Dr. Carol Stott, a “crank magnet.” Finally, Deer accused ⁷⁵ columnist John Stone of having a sexual obsession with Dr. Wakefield, and mocked “this clown’s cavortings.” As stated above, Deer’s abusive attacks are not limited to journalists; he ⁷⁶ routinely attacks and marginalizes the parents and children who live every day with the reality of vaccine injury and autism. Deer commented on a group of parents challenging him: “And they ⁷⁷

convicted of fraud ... Olmsted has since sought a livelihood from his website, misleading vulnerable parents of children with autism. ... He sought to profit with his website by lying to parents whom he disgustingly purports to

champion” and followed “British research cheat” Wakefield “into the toilet.””

⁷³ Bryant, J., “Lies Exposed At The UK MMR Vaccine Trial Court, Dr Richard Horton of The Lancet, Journalist Complainant Brian Deer,” The One-Click Group (4/10/08) [http://www.mcs-international.org/downloads/141_uk_vaccination_trial.pdf].

⁷⁴ Deer., B. “Martin Walker – Liar for Hire” (9/11/11) [<https://briandeer.com/mmr/mli-information.htm>]; Walker, M., “An Open Letter to Brian Deer Rebutting His Article 'Families duped by a sad smearmaster of MMR fabrication and hatred,’” [<http://www.whale.to/vaccine/walker9.html>].

⁷⁵ Deer, B., “Brian Deer’s Film on Andrew Wakefield,” [<https://briandeer.com/wakefield-deer.htm>]; Deer, B., “Dr Carol Stott: the calibre of a crank,” [<https://briandeer.com/mmr/carol-stott.htm>].

⁷⁶ Deer., B., (comment to Orac [pseudonym for David Gorsky], “It appears Mr. Stone doesn’t even know what a corresponding author is,” Respectful Insolence (6/14/10): “The upside of this clown’s cavortings was a hilarious incident where he turned up to the conclusion of Wakefield’s GMC hearing, and when the chairman read out a paragraph, Mr Stone – literally – ran from the room, screaming “wrong study, wrong study”, as though five panel members, five QCs and all their teams had been sitting there for two years and failed to realize they were looking at the wrong document. It was so monstrously stupid that it came round again as hugely value-for-money. I speak with some experience, since Mr Stone is stalking me. A number of people have written to me to suggest that they believe his motivation is sexual: that he wants to be close to me, and can only achieve a sense of this online. I’m not sure, although he is plainly obsessed by me. It’s pretty creepy, I’ll admit, but I think Mr Stone is best understood as a living example of how autistic disorders, and allied conditions, such as pathological demand avoidance syndrome, psychopathy and what-have-you, are genetic. Certainly, if you are aware of his behaviour, you can see how hard he would run from the idea that it was the expression of his own genetic makeup that lies behind his son’s disorder.”) [<https://respectfulinsolence.com/2010/06/14/it-appears-mr-stone-doesnt-even-know-wha/>].

⁷⁷ See, e.g., Larson, J.V., “Canary Party letter to officials at La Crosse University, WI regarding Brian Deer,” [<https://us2.campaign-archive.com/?u=b62698a50aececa2aded9f56b&id=0a8ef0cb42&e=9d349a3300>]; Deer, B., “Jennifer Larson: food for the birds: enabler for research cheat Wakefield,” (10/18/12) (Deer response to Larson) [<https://briandeer.com/solved/vanderhorst-larson.htm>]; Larson, J.V., “OPEN LETTER to the Sponsors of Brian Deer’s Lectures at The University of Wisconsin, La Crosse, October 2012,” (10/26/12) (Larson et. al., reply to Deer) [<https://canaryparty.org/commentary/open-letter-to-the-sponsors-of-brian-deers-lectures-at-the-university-of-wiscon>]

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wonder why their children have problems with their brains,” and went on to claim that his parent-critics “do need to question whether their personal behavioural issues are indicative of a better explanation for their children’s issues. Certainly a lot better explanation than MMR. . . . The festering nastiness, the creepy repetitiveness, the weasley, deceitful, obsessiveness, all signal pathology to me.” Deer was hostile to the parents of vaccine-injured children even before he ⁷⁸ ⁷⁹ focused his attacks on Dr. Wakefield, and even altered the version of an article copied to his own

personal website to “disappear” evidence of vaccine injury to conform with the meme of injury⁸⁰ denialism favored by industry.

Finally, Deer viciously attacked Dr. David Lewis solely because Dr. Lewis had the⁸¹ temerity to debunk Deer’s lies about the supposedly falsified pathology findings.

[sin-la-crosse-october-2012/](#)]; Deer, B., “Jackie Fletcher of JABS: Fooled or Fooling? (“Also on 31 December, Erik “nasty” Nanstiel, a nobody from nowhere, whose views I’ve seldom seen rise above idiocy and abuse, demanded: . . . But poison oozes in the anti-vaccine movement, and Erik Nanstiel isn’t alone in his mindset. . . . Back to Evidence of Harm on new year’s eve, where Erik Nanstiel’s bile is swallowed by “Andrea” . . . And so it goes on. Erik Nanstiel, continuing his pus-drenched tirade, pops back to snarl at Andrea.”) [<https://briandeer.com/wakefield/jackie-fletcher-jabs.htm>].

⁷⁸ Stone, J., “Brian Deer Shows True Colors, Blames Parents for Autism,” (2/23/09) [<https://www.ageofautism.com/2009/02/brian-deer-shows-true-colors-blames-parents-for-autism.html>]; Phillips, L. “Not Hoax, High Stakes,” Autism in the House (1/11/11) (But there’s no love lost between the Lancet 12 parents and Deer. In this blog comment dated Feb. 16, 2009, Deer says of the parents, “The festering nastiness, the creepy repetitiveness, the weasly (sic), deceitful, obsessiveness, all signal pathology to me,” also stating, “And they wonder why their children have brain problems.”) [<https://blog.chron.com/autisminthehouse/2011/01/not-hoax-high-stakes/>].

⁷⁹ See, e.g., Crosby, J., “Brian Deer’s Only Award Based on Faulty Premise,” Age of Autism (2/2/11) [<https://www.ageofautism.com/2011/02/brian-deers-only-award-based-on-faulty-premise.html>].

⁸⁰ Crosby, J., “Fresh Fraud: Brian Deer’s Vanishing Writing,” Age of Autism (8/31/11) [<https://www.ageofautism.com/2011/08/fresh-fraud-brian-deers-vanishing-writing.html>].

⁸¹ Deer, B., “David Lewis: How a Crank Thinks,” (1/12/12) (“It appears that Lewis’s many disputes and complaints in the past have wasted much of what ought to have been a productive period in his life. . . . It may well be that he has been traumatised by what has happened to him. Nevertheless, he’s responsible for his own conduct. It can’t be right that he seems intent on carrying on with me where he left off with the EPA. I believe that he needs counselling or other support, and in a letter to Kohn of June 2011, I set out my general analysis: ‘It seems to me that we are witnessing the bizarre spectacle of Dr Lewis’s psychological transference through which he seeks to punish me as a surrogate for those who he feels have treated him unfairly in the past... Whether such a transference phenomenon goes back only a decade, or whether David Lewis was consumed with bitter grievance long before that, I can only at present guess and try to feel compassion for.’”) [<https://briandeer.com/solved/david-lewis-1.htm>]. See 11/13/12 letter from Attorney Kohn to U. Wisc. Chancellor responding to and refuting Deer attacks on Dr. Lewis during

lectures at the law school on October 4 and 5

[https://www.rescuepost.com/files/kohn_letter_uw-l_nov_13_2012.pdf].

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Deer routinely disclosed confidential medical information about sick children, e.g. during a bizarre self-serving speech at the University of Wisconsin.⁸²

Are these really the actions of a man who possess the kind of character the venerable JHUP wants representing its brand?

If JHUP truly wanted to report the truth, it would abandon any and all contracts associated with this fraud known as Brian Deer, and instead do everything in its power to negotiate and secure a book contract with the honorable and integrous Dr. Andrew Wakefield -- a man whose story is on the right side of history, is infinitely more interesting and is based on fighting for truth to help the millions of parents and children annually that are devastated by an autism diagnosis.

Deer's False Allegations Have Caused Great Harm to Public Health

By falsely and with actual malice vilifying Dr. Wakefield, your publication of Deer's book will likely contribute to mortality and morbidity from vaccines that are less safe than they should be, and will further delay research on the significant adverse effects that occur from vaccines, and research on autism prevention and treatment. Dr. Lewis describes this effect as the "ecology of fear." "If it were not for what was done to Wakefield and Walker-Smith, many outstanding scientists would likely be willing to conduct objective research on vaccine safety and publish their results regardless of whether or not they may threaten government policies and industry practices."⁸³

Deer's lies have been used by officials around the world to claim that concerns about autism and vaccines have been "debunked" because they originated from a fraudulent research report,⁶⁶ thereby paralyzing much-needed research, supporting the false meme that "vaccines are

⁸² Hokkamen, N., "[Brian Deer at UW-Lacrosse 'The future for investigative journalism is very bleak'](#)" Age of Autism (12/10/09) ("At times the balding presenter used risqué language on the young audience, saying there are only two things he likes: 'One is sex and the other is reading my name in the newspaper.' Deer said that after the BMJ ran its January 2011 article on Wakefield, a Harris poll showed that 145 million Americans 'knew the fundamentals of the story' and his work had 'a massive impact on public opinion.' Knowing that newspaper presses across the U.S. were running his story, he 'felt a great honor at the time.' . . . Next came comments discrediting the

UK parents. Onscreen appeared a photo of Isabella Thomas and her two boys; according to Deer, who is not a medical professional, ‘neither had autism . . . it turned out they didn’t have it.’ He said he filmed Jodie Marchant, and discussed her daughter’s digestion problems in repulsive detail. Marchant, he said, had made allegations against a doctor and a nurse; he noted without a touch of irony, ‘You can’t broadcast anybody’s unsupported allegations against anybody.’ . . . Deer’s pandering to liberal academics became clear when a student asked what he’d like his next big story to be; facetiously he replied, ‘I would like to show that Mitt Romney is a sex offender.’”) [<https://www.ageofautism.com/2012/10/brian-deer-at-uw-future-of-investigative-journalism-is-bleak.html>].

⁸³ Vaccine Epidemic, p. 337. “It appears that every nation has been set on a course to inject every human on the planet with increasingly complex mixtures of chemical and biological agents beginning at birth. The science supporting this bold experiment, however, is subject to government and industry manipulation on a scale that few other areas of science have ever experienced. This, combined with silencing reputable scientists who question vaccine safety, is a prescription for turning the hope science offers for future generations into a global disaster.”

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safe,” and marginalizing the legitimate concerns of the vaccine injured. A typical example is Senator Dianne Feinstein of California who wrote to a constituent: “I understand that many parents are also concerned that vaccines may cause autism. This claim was published in 1998, in an article in the *Lancet*, a British medical journal. The researcher who authored the article was later found to have deliberately falsified data to produce a fraudulent link.” ⁸⁴

Feinstein’s sentiments aptly demonstrate the extreme danger and collateral damage caused when Deer’s false charges echo through the desolate canyons of what once was a brilliant career of a sixth-generation physician, whose practice was built on first listening to the patient, and are used by those with power and motive to e.g. hide the true extent of vaccine injury. Thousands of parents who are the only voices to speak for these children do so often under great pain of guilt, and are forced to navigate through a trail of false accusations laid brick by brick by Deer, even infusing proceedings in the Vaccine Court with his false meme. Claims of vaccine injury in general and autism in particular are too readily dismissed or worse, mocked, because Wakefield has supposedly been “discredited” and his work “debunked” -- by Brian Deer. Your publication will not only further damage Dr. Wakefield, but will simultaneously threaten public health and destroy public trust, especially in the face of what parents are seeing before their own eyes. This type of medical gaslighting causes irreparable harm, and must be stopped.

History Has Revealed Dr. Wakefield’s Concerns to be Entirely Correct

While the passage of time has revealed Deer a liar, evolving events have demonstrated that Dr. Wakefield was correct in the concerns and issues he has raised.

In 1986 the U.S. Congress enacted a Mandate for Safer Childhood Vaccines, as part of the Vaccine Injury Compensation Program.⁶⁷ Congress sought to provide swift and generous no-fault compensation to the vaccine injured as a matter of moral and ethical obligation. Congress demanded research and regulatory reforms to make vaccines safer, e.g. by reducing adverse effects, listing autism among injuries of special concern.

The *Lancet* paper's identification of the association between autism and bowel disease is now the foundational paper that led to the eventual adoption by the American Academy of Pediatrics of clinical guidance on the management of children with bowel disease and autism.⁸⁵

⁸⁴ Shaffer, B., "Sen Feinstein's Letter - More Ignorance on Vaccines Than I've Ever Seen in One Place," (3/1/15) [https://bretigne.typepad.com/on_the_banks/2015/03/sen-feinsteins-letter-more-ignorance-on-vaccines-than-ive-ever-seen-in-one-place-.html].

⁸⁵ Buie T, Campbell DB, Fuchs GJ 3rd, et al. Evaluation, diagnosis, and treatment of gastrointestinal disorders in individuals with ASDs: a consensus report. *Pediatrics*. 2010;125(Suppl 1):S1–S18; Buie T, Fuchs GJ 3rd, Furuta GT, Kooros K, Levy J, Lewis JD, et al. Recommendations for evaluation and treatment of common gastrointestinal problems in children with ASDs. *Pediatrics*. 2010;125 (Suppl 1): S19–29. The prevalence of bowel disease in children with autism is now accepted. See, e.g., McElhanon, B., et al., "Gastrointestinal Symptoms in Autism Spectrum Disorder: A Meta-analysis," *Pediatrics* May 2014, 133 (5) 872-883; Bresnahan, M., et al., *JAMA Psychiatry*. 2015 May;72(5):466-74 ("Gastrointestinal (GI) comorbidities are frequently described in association with autism spectrum disorder (ASD). . . . In this large prospective cohort, maternally reported GI symptoms are more common and more often persistent during the first 3 years of life in children with ASD than in children with

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The clinical findings reported in the *Lancet* were replicated in five countries, including the United States. Additional published research by Dr. Wakefield and colleagues confirmed that⁸⁶ ⁸⁷ the bowel disease described in the *Lancet* paper is unique to many children with autism, and can now be distinguished with genetic markers. Dr. Wakefield's concern for MMR safety has been⁸⁸ recognized by the Cochrane Collaboration, concluding twice that MMR safety studies are "largely inadequate."⁸⁹

[typical development] or [developmental delay]."); Collins, F. [NIH Director], "Could a Gut-Brain Connection Help Explain Autism?" NIH Director's Blog (1/23/20) [<https://directorsblog.nih.gov/2020/01/23/could-a-gut-brain-connection-help-explain-autism/>].

⁸⁶ See, e.g., Gonzalez, L. et al., Endoscopic and Histological Characteristics of the Digestive Mucosa in Autistic Children with gastro-Intestinal Symptoms. *Arch Venez Pueric PEDIATR*, 2005;69:19-25; Balzola, F., et al., Panenteric

IBD-like disease in a patient with regressive autism shown for the first time by wireless capsule enteroscopy: Another piece in the jig-saw of the gut-brain syndrome? *American Journal of Gastroenterology*, 2005. 100(4): p. 979- 981; Balzola F et al . Autistic enterocolitis: confirmation of a new inflammatory bowel disease in an Italian cohort of patients. *Gastroenterology* 2005;128(Suppl. 2);A-303; Krigsman A, Boris M, Goldblatt A, Stott C. Clinical Presentation and Histologic Findings at Ileocolonoscopy in Children with Autistic Spectrum Disorder and Chronic Gastrointestinal Symptoms. *Autism Insights*. 2009;1:1–111; Horvath K., Papadimitriou J.C., Rabsztyń A., Drachenberg C., Tildon J.T. 1999. Gastrointestinal abnormalities in children with autism. *J. Pediatrics* 135: 559-563; Sabra S, Bellanti JA, Colon AR. Ileal lymphoid hyperplasia, non-specific colitis and pervasive developmental disorder in children. *The Lancet* 1998;352:234-5; Sabra A, Hartman D, Zeligs BJ et al., Linkage of ileal-lymphoid-nodular hyperplasia (ILNH), food allergy and CNS developmental abnormalities: evidence for a non-IgE association, *Ann Allergy Asthma Immunol*, 1999;82:8; Galiatsatos P, Gologan A, Lamoureux E, Autistic enterocolitis: Fact or fiction? *Can J Gastroenterol*. 2009;23:95-98; Jarocka-Cyrta et al. Brief report: eosinophilic esophagitis as a cause of feeding problems in an autistic boy. The first reported case. *J. Aut. Dev. Disord*. Online July 10, 2010.

⁸⁷ See, e.g., Torrente F., Machado N., Perez-Machado M., Furlano R., Thomson M., Davies S., Wakefield AJ, Walker-Smith JA, Murch SH. Enteropathy with T cell infiltration and epithelial IgG deposition in autism. *Molecular Psychiatry*. 2002;7:375-382; Ashwood P, Anthony A, Pellicer AA, Torrente F, Wakefield AJ. Intestinal lymphocyte populations in children with regressive autism: Evidence for extensive mucosal immunopathology. *Journal of Clinical Immunology*, 2003;23:504-517; Ashwood P, Anthony A, Torrente F, Wakefield AJ., Spontaneous mucosal lymphocyte cytokine profiles in children with regressive autism and gastrointestinal symptoms: Mucosal immune activation and reduced counter regulatory interleukin-10. *Journal of Clinical Immunology*. 2004;24:664-673; Ashwood P, Wakefield AJ. Ileal and peripheral blood CD3+ cytokine profiles in children with regressive autism and gastrointestinal symptoms: Mucosal immune activation and reduced counter regulatory interleukin-10. *Journal of Neuroimmunology*. 2006 ;73:126-34; Furlano RI, Anthony A, Day R, Brown A, McGavery L, Thomson MA, Davies SE, Berelowitz M, Forbes A, Wakefield AJ, Walker-Smith JA, Murch SH. Colonic CD8 and gamma delta T-cell infiltration with epithelial damage in children with autism. *Journal of Pediatrics* 2001;138:366-72. See Mercola, J., “Why Medical Authorities Went to Such Extremes to Silence Dr. Andrew Wakefield,” (4/10/10) [<https://articles.mercola.com/sites/articles/archive/2010/04/10/wakefield-interview.aspx>].

⁸⁸ See, e.g., Walker SJ, Langefeld CD, Zimmerman K, Schwartz MZ, Krigsman A. A molecular biomarker for prediction of clinical outcome in children with ASD, constipation, and intestinal inflammation. *Sci Rep*. 2019 Apr 12;9(1):5987; Walker SJ, Beavers DP, Fortunato J, Krigsman A. A Putative Blood-Based Biomarker for Autism Spectrum Disorder-Associated Ileocolitis. *Sci Rep*. 2016 Oct 21;6:35820; Walker SJ, Beavers DP, Fortunato J, Krigsman A. A Putative Blood-Based Biomarker for Autism Spectrum Disorder-Associated Ileocolitis. *Sci Rep*. 2016 Oct 21;6:35820;

⁸⁹ Demicheli, *et al*, “*Vaccines for measles, mumps and rubella in children*,” Cochrane Database of Systematic Reviews (Wiley, 2005) (“The design and reporting of safety outcomes in MMR vaccine studies, both pre- and

In 1990 the U.S. Government began conceding and settling cases filed in Vaccine Court under the U.S. Vaccine Injury Compensation Program -- cases of vaccine-caused autism⁹⁰ including, specifically, the MMR. The most famous of these to date was the widely publicized case of Hannah Poling. Despite continuing vociferous denials to protect its ersatz “safety”⁹²

post-marketing, are largely inadequate.”)

[<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004407.pub2/full>]; Demicheli V, Rivetti A, Debalini M., et al, “Vaccines for measles, mumps and rubella in children,” Cochrane Database of Systematic Reviews, (Wiley, 2012), Issue 2. Art. No.: CD004407 (“The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate.”)

[<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004407.pub3/full>]; Demicheli V, Rivetti A, Debalini MG, Di Pietrantonj C. Vaccines for measles, mumps and rubella in children. Cochrane Database of Systematic Reviews 2012, Issue 2. Art. No.: CD004407

[https://www.princeton.edu/~sswang/demicheli_pietrantonj12_cochrane_report_MMR-risks.pdf]

⁹⁰ See, e.g., M., et al., et al., Unanswered Questions from the Vaccine Injury Compensation Program: A Review of Compensated Cases of Vaccine-Induced Brain Injury, 28 PACE ENVTL. L. REV. 480 (2011); Kleinert v. HHS, 1991 WL 30664, (Cl.Ct., 1991 (No. 90-211V) (seizure disorder after DPT which is under control and a condition known as over-focussing, similar in respects to autism); Mojabi v. Sec’y of Health & Human Servs., No. 06-227V, 2012 WL 6869685 (Fed. Cl. Dec. 13, 2012). Cf. Tembenis v. HHS, No. 03-2820V (Fed. Cl. Nov. 29, 2010); Lowrie v. HHS, No. 03-1585V (Fed. Cl. Oct. 26, 2012), (sometimes, and generally in this article, identified as “Moller” because Emily’s mother adopted a married name over the course of the proceedings); Doe/77 v. HHS, 2010 WL 3395654 at *1.) See also Underwood v. HHS., 90-719V, 1991 WL 156659 at *2, 4 (Cl. Ct. July 31, 1991); Koston v. HHS., 974 F.2d 157, 161 (Fed. Cir. 1992); Freeman v. HHS, 2003 U.S. Claims LEXIS 285 at *7 (Fed. Cl. Sept. 25, 2003)).

⁹¹ Kennedy, R.F., “Vaccine Court: Autism Debate Continues,” Huffington Post (9/5/12) (Banks case) [https://web.archive.org/web/20190822042756/https://www.huffpost.com/entry/vaccine-court-autism-deba_b_169673]; Kirby, D., “Vaccine Court Awards Millions to Two Children With Autism,” Huffington Post (1/14/13) (Mojabi and Moller [Lowrie] cases) [<https://ecee.colorado.edu/~ecen5009/Resources/Vaccination/Kirby2013.pdf>]; Attkisson, S., “The Search for Safer Vaccines,” (5/26/14) [<https://sharylattkisson.com/2014/05/the-search-for-safer-vaccines/>], Kincaid, C., “Say her name: vaccine victim Hannah Poling,” (2/10/15) [<https://www.renewamerica.com/columns/kincaid/150210>]; “**AUTISM – US Court Decisions and Other Recent Developments – It’s Not Just MMR**,” Child Health Safety (1/15/09) [https://childhealthsafety.wordpress.com/2009/01/13/secret-british-mmr-vaccine-files-forced-open-by-legal-action/#US_Developments]; See Banks v. HHS, 2007 WL 2296047 (Ct. Cl. 2007) (No. 02-0738V); Zeller v. HHS, 2008 WL 3845155 (Fed. Cl. Spec. Mstr. July 30, 2008).

⁹² The Poling case was originally scheduled as a test case in the Omnibus Autism Proceeding (OAP) but was settled with a secret but later leaked concession to avoid an adverse public trial. See, e.g., Kirby, “The Vaccine Court Document Every American Should Read,” Huffington Post (Feb. 26, 2008); Kirby, D., “Government Concedes Vaccine-Autism Case in Federal Court - Now What?,” Huffington Post (2/25/08) [<https://web.archive.org/web/20080409005842/http://www.huffingtonpost.com/david-kirby/government-concedes->

v acci_b_88323.html]; Kirby, D., “David Kirby: CDC Has Lost Control of the Autism Argument,” Huffington Post (4/8/07) [<http://adventuresinautism.blogspot.com/2008/04/david-kirby-cdc-has-lost-control-of.html>]; Attkisson, S., “Family to Receive \$1.5M+ in First-Ever Vaccine-Autism Court Award,” CBS News (9/10/10) [<https://www.cbsnews.com/news/family-to-receive-15m-plus-in-first-ever-vaccine-autism-court-award/>]; Attkisson, S., “Vaccine Case: An Exception Or A Precedent?,” CBS News (5/6/08) [<https://www.cbsnews.com/news/vaccine-case-an-exception-or-a-precedent/>]; Poling, J., et al., “Developmental Regression and Mitochondrial Dysfunction in a Child With Autism,” *J Child Neurol.* 2006 Feb;21(2):170-2 (“Young children who have dysfunctional cellular energy metabolism therefore might be more prone to undergo

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meme, federal officials, including even CDC, have reluctantly conceded a causal association, as ⁹³ has former NIH Director Bernadine Healey, who called for more research into the causal association. One of the government’s expert witnesses in the Omnibus Autism class action ⁹⁴ changed his testimony to explain how vaccines can cause autism in some children. ⁹⁵

autistic regression between 18 and 30 months of age if they also have infections or immunizations at the same time.”).

⁹³ Attkisson, S., “CDC: ‘Possibility’ that vaccines rarely trigger autism (AUDIO),” (12/10/18) (“CDC’s immunization safety director [Destefano] says it’s a “possibility” that vaccines rarely trigger autism but “it’s hard to predict who those children might be.” (They’re not even trying.”) [<https://sharylattkisson.com/2018/12/cdc-possibility-that-vaccines-rarely-trigger-autism/>]; CNN, House Call With Dr. Sanjay Gupta (3/29/09) (“CDC Director Julie Gerberding admitted on CNN, “Now, we all know that vaccines can occasionally cause fevers in kids. So if a child was immunized, got a fever, had other complications from the vaccines, and if you’re predisposed with a mitochondrial disorder, it can certainly set off some damage. Some of the symptoms can be symptoms that have characteristics of autism.”) [<http://transcripts.cnn.com/TRANSCRIPTS/0803/29/hcsg.01.html>]. CDC’s Parents’ Guide to Childhood Immunizations advised parents (although the current version has deleted any mention of autism): “So to say that vaccines don’t cause autism would be scientifically dishonest, regardless of how sure we are that they don’t.” [https://webcache.googleusercontent.com/search?q=cache:2b5x0q7AAv8J:https://stacks.cdc.gov/view/cdc/21140/cdc_21140_DS1.pdf%3F+&cd=1&hl=en&ct=clnk&gl=us].

⁹⁴ Association of American Physicians and Surgeons, “Poling case intensifies debate; vaccine-autism link worth investigating, says former NIH director,” (5/24/08) [<https://aapsonline.org/poling-case-intensifies-debate-vaccine-autism-link-worth-investigating-says-former-nih-director/>]; CBS News, “The ‘Open Question’ On Vaccines and Autism,” (5/12/08) [<https://www.cbsnews.com/news/the-open-question-on-vaccines-and-autism/>]; CBS News, “Leading Dr.: Vaccines-Autism Worth Study,” (5/12/08) [<https://www.cbsnews.com/news/leading-dr-vaccines-autism-worth-study/>]. “Dr. Bernadine Healy is the former head of the National Institutes of Health, and the most well-known medical voice yet to break with her colleagues on the vaccine-autism question. In an exclusive interview with CBS News, Healy said the question is still open. ‘I think that the public health officials have been too quick to dismiss the hypothesis as irrational,’ Healy said. ‘But public health officials have been saying they know, they’ve been implying to the public there’s enough evidence and

they know it's not causal,' Attkisson said. 'I think you can't say that,' Healy said. 'You can't say that.' Healy goes on to say public health officials have intentionally avoided researching whether subsets of children are "susceptible" to vaccine side effects - afraid the answer will scare the public. 'You're saying that public health officials have turned their back on a viable area of research largely because they're afraid of what might be found?' Attkisson asked. Healy said: 'There is a completely expressed concern that they don't want to pursue a hypothesis because that hypothesis could be damaging to the public health community at large by scaring people.'"

⁹⁵ Attkisson, S., "ICYMI: The most important vaccine-autism report this year," ATTKISSON UNTOUCHABLE SUBJECTS. FEARLESS, NONPARTISAN REPORTING (6/22/19) [<https://sharylattkisson.com/2019/06/icymi-the-most-important-vaccine-autism-report-this-year/>]; Attkisson, S., "Dr. Andrew Zimmerman's full Affidavit on alleged link between vaccines and autism that U.S. govt. covered up," SHARYL ATTKISSON UNTOUCHABLE SUBJECTS. FEARLESS, NONPARTISAN (1/6/19) [<https://sharylattkisson.com/2019/01/dr-andrew-zimmermans-full-affidavit-on-alleged-link-between-vaccines-and-a-utism-that-u-s-govt-covered-up/>]; Attkisson, S., "The Vaccination Debate," Full Measure (1/6/19) [<http://fullmeasure.news/news/cover-story/the-vaccination-debate>]; Attkisson, S., "How a pro-vaccine doctor reopened debate about link to autism," The Hill (1/13/19) [<https://thehill.com/opinion/healthcare/425061-how-a-pro-vaccine-doctor-reopened-debate-about-link-to-autism>].

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The U.S. Department of Health and Human Services and the "Vaccine Court's" Chief ⁹⁶ Special Master have admitted that the Vaccine Court has compensated cases of vaccine-caused ⁹⁷ autism. The FDA is in the process of ending Merck's MMR monopoly and licensing GSK's Priorix as an alternative, most likely in response to concerns over safety and efficacy exposed ⁹⁸ in an ongoing False Claims Act suit brought by two former Merck lab technicians. ⁹⁹

The Institute of Medicine has never ruled out vaccine-autism causation at least in a subset of "vulnerable" children. IOM has repeatedly recognized in Congressionally-mandated reports ¹⁰⁰ issued in 1991, 1994, and 2011 how little we know about adverse events following ^{101 102 103}

⁹⁶ Attkisson, S., "Vaccines, Autism and Brain Damage: What's in a Name?," CBS News (9/14/10) [http://web.archive.org/web/20101106061707/http://www.cbsnews.com/8301-31727_162-20016356-10391695.html]; Kennedy, Jr., R.F. and Kirby, D., "Vaccine Court Autism Debate Continues: Another Autism Case Wins in Vaccine Court," Huffington Post (3/27/09) [https://www.huffpost.com/entry/vaccine-court-autism-deba_b_169673?guccounter=1]. In the 5/5/08 email to Attkisson (same language to Kirby on 2/20/09), HHS official explains: "The government has never compensated, nor has it ever been ordered to compensate, any case based on a determination that autism was actually caused by vaccines. We have compensated cases in which children exhibited an encephalopathy, or general brain disease. Encephalopathy may be accompanied by a medical progression of an array of symptoms including autistic behavior, autism, or seizures." [<http://www.naturalnews.com/files/attkisson-cbs-hrsa-email-exchanges-autistic-conditions-vaccines.pdf>].

⁹⁷ Autism General Order No. 1, p. 7 (7/3/02) (“Autism cases involving Table Injuries have been compensated under the Program.”) [<http://www.uscfc.uscourts.gov/sites/default/files/autism/Autism+General+Order1.pdf>].

⁹⁸ See Klein, N.P., et al., “Immunogenicity and Safety of a Measles-Mumps-Rubella Vaccine Administered as a First Dose to Children Aged 12 to 15 Months: A Phase III, Randomized, Noninferiority, Lot-to-Lot Consistency Study,” *J Pediatric Infect Dis Soc.* (3/8/19).

⁹⁹ United States ex rel. Krahling, et al. v. Merck, No. 10-4374 (E.D. Pa., amended complaint filed 4/27/12) (alleging that Merck defrauded the United States by inter alia using rabbit blood in a scheme to falsify neutralizing antibody test).

¹⁰⁰ Institute of Medicine, *Immunization Safety Review: Vaccines and Autism*, pp. 8, 11 (The National Academies Press, 2004) (“A genetically susceptible subset of children who develop autism following vaccinations is offered as one theoretical explanation for the findings in epidemiological studies of no association between vaccination and autism. . . . Absent biomarkers, well-defined risk factors, or large effect sizes, the committee cannot rule out, based on the epidemiological evidence, the possibility that vaccines contribute to autism in some small subset or very unusual circumstances.”) [<https://www.nap.edu/catalog/10997/immunization-safety-review-vaccines-and-autism#description>]

¹⁰¹ Institute of Medicine, “Adverse Effects of Pertussis and Rubella Vaccines,” (The National Academies Press, 1991) [<https://www.nap.edu/read/1815/>]. The IOM complained (pp. 8, 206) that it “encountered many gaps and limitations in knowledge bearing directly and indirectly on the safety of vaccines,” the few existing studies “are too small or have inadequate length of follow-up to have a reasonable chance of detecting true adverse reactions,” and that existing surveillance system for “vaccine injury have limited capacity to provide persuasive evidence of causation,” finally cautioning that “If research capacity and accomplishment in this field are not improved, future reviews of vaccine safety will be similarly handicapped.” [33]

¹⁰² Institute of Medicine, “Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causation,” (The National Academies Press, 1994) [<https://www.nap.edu/read/2138/chapter/1>]. The IOM found (p. 206-07) “many gaps and limitations in knowledge bearing directly and indirectly on the safety of vaccines. . . . [E]xisting surveillance systems of vaccine injury have limited capacity to provide persuasive evidence of causation. Many of the population-based epidemiologic studies are too small or have inadequate lengths of follow-up to have a reasonable chance of detecting true adverse effects, unless these effects are large or occur promptly and consistently after vaccination. If research capacity and accomplishment in this field are not improved, future reviews of vaccine safety will be similarly handicapped. . . . [O]pportunities may exist for informative experiments in human populations that take advantage of the possibility of using alternative schedules for administration of vaccines.” Again, IOM found (pp. vi, 305) mostly ignorance: for “the majority of vaccine-adverse event pairs the evidence was considered inadequate to accept or reject causality,” that “lack of adequate data regarding many of the adverse events under study was of major concern to the committee,,” and that “[t]he committee was able to identify little information pertaining to the risk of serious adverse events following administration of multiple vaccines simultaneously. This is an issue of increasing concern as more vaccines and vaccine combinations are developed for routine use.” IOM also found (p. 307) “little information pertaining to the risk of serious adverse events following administration of multiple vaccines simultaneously” and “little information pertaining to why some individuals react adversely to vaccines when most do not.”

¹⁰³ Institute of Medicine, “Adverse effects of vaccines: Evidence and causality,” (The National Academies Press, 2012) [<https://www.nap.edu/download/13164>]. This report investigated 158 of the most commonly reported vaccine adverse events and for 86%, or 135, of these events the IOM was prevented from determining causality due to either an absence of science, or the lack of quality science. IOM again emphasized (p. 84) “[M]uch work remains to be done to elucidate and to develop strategies to document the immunologic mechanisms that lead to adverse effects in individual patients.” IOM continued to fault the government (p. 82) for its continued ignorance relating to individual susceptibility: “Both epidemiologic and mechanistic research suggests that most individuals who

experience an adverse reaction to vaccines have a pre-existing susceptibility. These predispositions can exist for a number of reasons – genetic variants (in human or microbiome DNA), environmental exposures, behaviors, intervening illness or developmental stage, to name just a few, all of which can interact. Some of these adverse reactions are specific to the particular vaccine, while others may not be. Some of these predispositions may be detectable prior to the administration of vaccine; others, at least with current technology and practice, are not.”

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vaccines, that the safety of the infant schedule has never been demonstrated, and has rejected¹⁰⁴ most of the CDC studies allegedly exonerating vaccines of any role in autism causation.¹⁰⁵

Dr. Wakefield has repeatedly called for more safety research, especially studies comparing all health outcomes of fully vaccinated children versus unvaccinated controls. Such data are the only direct means of scientifically evaluating the “safety” of the infant schedule,

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¹⁰⁴ Institute of Medicine, “The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies,” (The National Academies Press, 2013) [<https://www.nap.edu/download/13563>]. The IOM identified the lack of baseline data on health outcomes of unvaccinated children as a key gap in safety science, making any science-based statements as to the “safety” of the childhood schedule impossible: “Most vaccine-related research focuses on the outcomes of single immunizations or combinations of vaccines administered at a single visit. Although each new vaccine is evaluated in the context of the overall immunization schedule that existed at the time of review of that vaccine, elements of the schedule are not evaluated once it is adjusted to accommodate a new vaccine. Thus, key elements of the entire schedule – the number, frequency, timing, order and age at administration of vaccines – have not been systematically examined in research studies. . . . Few studies have comprehensively assessed the association between the entire immunization schedule or variations in the overall schedule and categories of health outcomes, and no study has directly examined health outcomes and stakeholder concerns in precisely the way that the committee was charged to address its statement of task. . . . No studies have compared the differences in health outcomes that some stakeholders questioned between entirely unimmunized populations and fully immunized children. Experts who addressed the committee pointed not to a body of evidence that had been overlooked but rather to the fact that existing research has not been designed to test the entire immunization schedule. . . . The committee believes that although the available evidence is reassuring, studies designed to examine the long term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted.” pp. S4-S6. IOM again found (p. 130) “that evidence assessing outcomes in subpopulations of children who may be potentially susceptible to adverse reactions to vaccines (such as children with a family history of autoimmune disease or allergies or children born prematurely) was limited and is characterized by uncertainty about the definition of populations of interest and definitions of exposures and outcomes.” For a complete summary, see NVIC, “Vaccine Safety Science Gap Key Points,” (2013) [<https://www.nvic.org/cmstemplates/nvic/pdf/iom/2013researchgaps-IOMchildhoodimmunizationschedulea.pdf>].

¹⁰⁵ Institute of Medicine, *Adverse effects of vaccines: Evidence and causality*, pp. 145-46 (The National Academies Press, 2012) [https://vaccine-safety-training.org/tl_files/vs/pdf/13164.pdf]. IOM rejected 12 of the 22 CDC-cited studies, i.e. they “were not considered in the weight of epidemiological evidence because they provided data from a passive surveillance system lacking an unvaccinated comparison population or an ecological comparison study lacking individual-level data.” IOM rejected five more of these studies, ironically including the now infamous DeStefano (2004) criticized for research fraud by the CDC whistleblower Dr. Thompson, because they “had very serious methodological limitations that precluded their inclusion in this assessment.” Left with only five studies, IOM ultimately concluded that the available evidence “favors rejection” of a causal association, but the next IOM report explained there was a crucial gap in safety science, i.e. lack of baseline health outcomes data on unvaccinated controls. IOM even disagrees with CDC’s assertion that “vaccines don’t cause autism,” concluding instead (p. 546) that the science is inconclusive, e.g., with respect to DPT, “Conclusion 10.6: The evidence is inadequate to accept or reject a causal relationship between diphtheria toxoid–, tetanus toxoid–, or acellular pertussis–containing vaccine and autism.”

¹⁰⁶ The CDC meme urged as its main communications strategy that “vaccines are safe” is nonsensical and literally an unlawful claim. Safety is defined in law as the “relative freedom from harmful effect to persons affected, directly or indirectly.” 21 CFR 600.3(p). Thus, “safety” only has meaning when compared to placebo (and the schedule as a

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and are absolutely necessary to fulfill the moral, ethical, and congressional obligation to compensate vaccine-injured children and fulfill the Mandate for Safer Childhood Vaccines. It is simply impossible to make any honest science-based claim about vaccine safety without such comparative data on health outcomes of the unvaccinated, and impossible for CDC to comply with the congressional mandate to inform the public about the risk of the schedule. Absent such risk data, the infant schedule is an unethical mass population “experiment” on children.

The 2012 IOM report highlighted the key gap in safety science, the lack of public data comparing health outcomes for fully vaccinated vs. unvaccinated controls. Even CDC has ¹⁰⁷ conceded this gap in safety science, admitted that “imperative” need for more safety research, ¹⁰⁸ admitted that “[m]any adverse events require more detailed epidemiologic studies to compare ¹⁰⁹whole), and must take into account all (not just predetermined or pre-defined) health outcomes throughout the lifetime.

¹⁰⁷ See Note __. This report resulted from a referral from the National Vaccine Advisory Committee, highlighting this gap in safety science. National Vaccine Advisory Committee, “Recommendations on the Centers for Disease Control and Prevention Immunization Safety Office Draft 5-Year Scientific Agenda,” (6/2/09) (“The NVAC endorses the Writing Group’s recommendation for an external expert committee, such as the Institute of Medicine, with broad methodological, design, and ethical expertise to consider ‘strengths and weaknesses, ethical issues and feasibility);including timelines and cost of various study designs to examine outcomes in unvaccinated, vaccine delayed and vaccinated children and report back to the NVAC.”)

[<https://www.hhs.gov/sites/default/files/nvpo/nvac/meetings/pastmeetings/2009/nvacrecommendationsisoscientifica>

[genda.pdf](#)], citing, The Keystone Center. “DRAFT Gaps in the ISO Research Agenda Identified by the Writing Group February 20-21, 2009,” (2/21/09)

[<https://web.archive.org/web/20170921204110/https://www.autismspeaks.org/docs/WritingGroupGapsFeb24DRAFT.pdf>]; Kirby, “US Health Officials Back Study Idea on Vaccinated vs. Unvaccinated Children – Will Media Take Note?,” Age of Autism (3/1/09)

[<https://www.ageofautism.com/2009/03/david-kirby-us-health-officials-back-study-idea-on-vaccinated-vs-unvaccinated-children-will-media-take-note/>].

¹⁰⁸ Chen, R.T., Vaccine Safety: Current and Future Challenges,” *Pediatric Annals*, July, 1998; 27 (7): 445-455, (“causal link between the vaccine and an adverse event can be established if there is . . . an epidemiologic study showing vaccinated people are more likely than unvaccinated people to experience the adverse event. . . . [D]ue to the high [vaccine] coverage attained in the HMOs for most vaccines, few nonvaccinated controls are available.”) [<https://pdfs.semanticscholar.org/e80a/09bea7a9b26e54061831cf3deb2cee027d53.pdf>]; CDC, “White Paper on the Safety of the Childhood Immunization Schedule Vaccine Safety Datalink,” (2015) (“More recently, parents have been voicing concerns about the safety of the recommended immunization schedule as a whole, with opinions that children receive too many vaccines at too young of an age, and that early childhood immunization overwhelms the immune system. These sentiments reflect the number, frequency and timing of recommended vaccines, leading some parents to refuse or delay vaccinations for their children. . . . The [IOM infant schedule study committee concluded in its 2013 report that] few published investigations had specifically examined the safety of the recommended childhood schedule as a whole. . . . The IOM report also highlighted four research questions of highest priority to stakeholders: 1) how do child health outcomes compare between fully vaccinated and unvaccinated children; Because the childhood immunization schedule is essentially a long-term exposure, occurring over 18 to 24 months, long-term adverse events may be more biologically plausible than short-term events.) [https://www.cdc.gov/vaccinesafety/pdf/whitepapersafety_web.pdf].

¹⁰⁹ CDC, Immunization Safety Office, “Scientific Agenda,” (2/11) (“In an era of an increasing number of new vaccines and increasing public concern about adverse events, developing novel and improved epidemiologic and statistical

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the incidence of the event among vaccinees to the incidence among unvaccinated persons,” ¹¹⁰ and, lacking adequate safety science, pursued instead a campaign of fear-mongering in lieu of ¹¹¹ having the safety science required by law. VAERS is wholly inadequate to assess safety both ¹¹² because it undercounts adverse events and lacks unvaccinated controls. ^{113 114}

methods for assessing vaccine safety is imperative.”)

[https://www.cdc.gov/vaccinesafety/pdf/ISO-Final-Scientific_Agenda-Nov-10.pdf].

¹¹⁰ CDC. General Recommendations on Immunization. *MMWR* 2011;60:2:p 13 (1/28/11) [<https://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>].

¹¹¹ Moody, J., “CDC Media Plan Shocker - We Don’t Have the Science - “Some claims against vaccine cannot be disproved” Age of Autism (8/5/09) [<https://www.ageofautism.com/2009/08/cdc-media-plan-shocker-we-dont-have-the-science-some-claims-against-vaccine-cannot-be-disproved-.html>]. CDC’s mission to promote uptake conflicts with its moral and legal obligation to be honest about safety and adverse events, giving it a powerful motive to lie. See Smith LE, Amlôt R, Weinman J, Yiend J, Rubin GJ, “A systematic review of factors affecting vaccine uptake in young children,” *Vaccine*. 2017;35(45):6059–6069 (2017) (“There is strong evidence for an association between perception of adverse effects and vaccination. Self-reported reasons for not vaccinating included: believing the vaccine to cause side-effects or to be unsafe; believing one’s child to be allergic to the vaccine; previous experience of the child or someone else experiencing side-effects; believing that vaccines are dangerous or cause trauma; being concerned about the child becoming ill due to vaccination. Although recommendations state that children can be vaccinated if they are mildly ill, parents in nine studies reported not vaccinating their child because they were unwell. . . . Twelve of fifteen studies found an association between perceiving vaccination to be unsafe and vaccine refusal.” (citations omitted)) [[file:///C:/Users/Jim/Downloads/1-s2.0-S0264410X17312756-main%20\(1\).pdf](file:///C:/Users/Jim/Downloads/1-s2.0-S0264410X17312756-main%20(1).pdf)]; Black S, Rappuoli R., “A crisis of public confidence in vaccines,” *Sci Transl Med*. 2010;2(61):61mr1 (2010) (“Overall, it was felt that although the assessment of vaccine safety in both the pre- and the post-licensure setting has improved markedly in the past two decades, this has not resulted in improved public confidence in vaccines but rather the opposite. It was felt that public understanding of signal detection and risk benefit assessments was poor and that there was a tendency for the public to view any possible risk as making a vaccine undesirable.”) [<https://stm.sciencemag.org/content/2/61/61mr1/tab-pdf>].

¹¹² 42 USC 300aa-26(c)(2) (Vaccine Information Statement must include “a concise description of the risks associated with the vaccine”).

¹¹³ Harvard Pilgrim Health Care, “Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS),” (AHRQ, 2011) (“Adverse events from drugs and vaccines are common, but underreported. . . . [F]ewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of ‘problem’ drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed.”) (study to automate VAERS reporting found that less than 1% of AEFI’s were actually being reported to the passive manual system) [<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>]; Baker MA, Kaelber DC, Bar-Shain DS, et al. “Advanced Clinical Decision Support for Vaccine Adverse Event Detection and Reporting,” *Clin Infect Dis*. 2015;61(6):864–870 (“[T]he utility of VAERS data is diminished by substantial under-reporting and sparse documentation of patients’ clinical status and potential explanations of their conditions.”) [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6642796/pdf/nihms-1025268.pdf>]; Rosenthal S, Chen R., “The reporting sensitivities of two passive surveillance systems for vaccine adverse events,” *Am J Public Health*, 1995;85: pp.1706-9.

¹¹⁴ Ellenberg SS, Foulkes MA, Midthun K, Goldenthal KL. Evaluating the safety of new vaccines: summary of a workshop. *Am J Public Health*. 2005;95(5):800–807, (2005) (“VAERS has many serious limitations, however,

CDC refuses to make public its vaccine safety health outcomes database (VSD), ignoring the IOM recommendation that public access would promote safety research and improve¹¹⁵ public trust, opposed the use of this data in the Vaccine Court's autism class action, and blocked IACC from including \$18 million in its research strategic plan that would definitively answer the question of how much autism has been caused by the vaccine schedule. The handful of

including underreporting, inadequate or inaccurate data provided by reporters, lack of the denominator data needed to estimate rates, and lack of known background rates with which to compare VAERS reporting rates (number of reports received divided by number of doses distributed). . . . Thus, VAERS data can only rarely support causality assessments; . . . [CDC's] VSD also has weaknesses, including its limited sample size, limited population diversity, and very small (and surely unrepresentative) unvaccinated population. . . . Controlled trials conducted prior to licensure are designed to establish efficacy and assess relatively common adverse events, and they are usually far too small to detect rare, serious outcomes that could still affect large numbers of children each year. . . . Such an adverse event [undetectable in clinical trials due to lack of statistical power inadequate sample size] would, however, affect as many as 4000 children a year in the United States alone. . . . The concept of routinely enrolling tens of thousands of individuals in controlled trials of new vaccines for the purpose of obtaining better prelicensure safety information, even when such large trials are not necessary for determination of efficacy, is controversial. Major concerns include . . . the appearance of more spurious associations with adverse outcomes that would raise unwarranted safety concerns. . . . [T]he problem of identifying latent effects that might not be identified for months or years after vaccination would remain. . . . the possibility of major risks of serious outcomes would be greatly enhanced by larger numbers. . . . In the case of many of the rare events of interest, only large-scale, well-designed randomized trials can provide the security of knowing that one can rule out a high risk of important adverse effects.”) [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449258/pdf/0950800.pdf>]; Ellenberg, S., “Safety considerations for new vaccine development,” *pharmacoepidemiology and drug safety*, 2001;10:411-415, (2001) (“The most reliable way to assess causality is in a controlled study, but clinical trials of new vaccines are typically too small to detect rare but serious effects. If the size of these trials were increased, much more could be learned about the safety of a vaccine prior to its exposure to entire populations. This information would increase confidence in the safety of vaccines, would be a valuable resource for assessing spontaneous reports of adverse events after licensure, and would reduce the risk of licensing a new vaccine that had the potential to cause severe injury to a small proportion of vaccinees.”) [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449258/pdf/0950800.pdf>]; Ward, B.J., “Vaccine adverse events in the new millennium: is there reason for concern,” *Bulletin of the World Health Organization*, 2000;78:205-15 (2000) (“Certainly, a major limitation of all the current approaches to monitoring [vaccine adverse events] is the insensitivity or outright inability to detect events caused or initiated by vaccination which manifest more than 3-4 weeks after vaccination.”) [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2560676/pdf/10743286.pdf>].

¹¹⁵ Institute of Medicine. *Vaccine Safety Research, Data Access, and Public Trust*. Washington, DC: National Academy Press; 2005. Institute of Medicine. *Vaccine Safety Research, Data Access, and Public Trust*. (Washington, DC: National Academy Press; 2005) [<https://www.nap.edu/read/11234/chapter/1>]; See Crisis, note __, (“An important aspect for potential success was considered to be transparent about the current state of knowledge. . . . Although new technology offers the promise of better and safer vaccines, as well as a better understanding of how vaccines work and might cause adverse events, the consensus of the meeting was that at this point communication was the key issue. Despite the availability of increasingly large and sophisticated vaccine safety assessment methods, the inability of scientists to explain the process and the results have decreased rather than improved public

confidence. Scientists, public health officials, and manufacturers need to develop clear messages and transparent means of presenting data on both risk and benefit to the public.”); Larson HJ, Cooper LZ, Eskola J, Katz SL, Ratzan S., “Addressing the vaccine confidence gap,” *Lancet*. 2011;378(9790):526–535.(“Although communication of candid, evidence-based information to the public about the safety of specific vaccines and their benefit–risk ratios is crucial, this information alone will not stop public distrust and dissent against vaccines.”)
[file:///C:/Users/Jim/Downloads/Addressing_the_vaccine_confidence_gap.pdf],

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comparative studies that have been done reveal a statistically significant association between the schedule and autism as well as other serious injuries and death, far in excess of the risks publicly claimed by CDC.

A pilot study comparing 650 vaccinated and unvaccinated homeschooled children in the US provides a glimpse of the potential scope of vaccine harm. The study found that, compared ¹¹⁶ to completely-unvaccinated children, fully vaccinated children had an increased risk of 390% for allergies, 420% for ADHD, 420% for autism, 290% for eczema, 520% for learning disabilities, and 370% for any neurodevelopmental delay. Focusing on preterm infants, Dr. Mawson’s team found that fully-vaccinated preterm infants had an increased risk of 1,450% for a ¹¹⁷ neurodevelopmental disorder, which includes a learning disability, ADHD or autism, compared to completely unvaccinated preterm infants.

Even CDC unwittingly conducted a limited comparison with unvaccinated controls as part of its infamous Verstraeten study looking at safety issues arising from mercury. Children vaccinated with Hepatitis B vaccine in the first month of life, compared to children receiving no vaccines in the first month of life, had an increased risk of 829% for ADHD, 762% for autism, 638% for ADD, 565% for tics, 498% for sleep disorders, and 206% for speech delays. ¹¹⁸

The CDC has known since at least 2000 that vaccines were associated with a huge relative risk for autism. The senior CDC scientist-turned-whistleblower William Thompson, ¹¹⁹

¹¹⁶ Mawson, A.R.; Ray, B.D.; Bhuiyan, A.R.; Jacob, B. Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children. *J. Transl. Sci.*:2017:3:3;1–12
[<https://www.oatext.com/pdf/JTS-3-186.pdf>].

¹¹⁷ Mawson, A.R.; Bhuiyan, A.; Jacob, B.; Ray, B.D. Preterm birth, vaccination and neurodevelopmental disorders: A cross-sectional study of 6- to 12-year-old vaccinated and unvaccinated children. *J. Transl. Sci.*:2017:3:31–8
[<https://www.oatext.com/pdf/JTS-3-187.pdf>].

¹¹⁸ See note ___. See Carolyn M. Gallagher, Melody S. Goodman. (2010) *Hepatitis B Vaccination of Male Neonates*

and Autism Diagnosis, NHIS 1997–2002. *Journal of Toxicology and Environmental Health, Part A* 73:24, pages 1665-1677; Gallagher, C., and Goodman, M. 2008. Hepatitis B triple series vaccine and developmental disability in US children aged 1–9 years. *Toxicol. Environ. Chem.* 90:997–1008.

¹¹⁹ CDC scientist Thomas Verstraeten used the Vaccine Safety Datalink to examine whether the mercury preservative in most infant vaccines was associated with the then-rapid rise in autism cases. In the original abstract his team conclude: “This analysis suggests that high exposure to ethyl mercury from thimerosal-containing vaccines in the first month of life increases the risk of subsequent development of neurologic development impairment.” Verstraeten, T.M., Davies, R., Gu, D., DeStefano, F., “Increased risk of developmental neurologic impairment after high exposure to thimerosal-containing vaccine in first month of life,” *Proceedings of the Epidemic Intelligence Service Annual Conference* (CDC, April, 2000)

[<https://childrenshealthdefense.org/wp-content/uploads/48-2000-Proceedings-Mercury.pdf>]. The unvaccinated children were deleted from the study following a then-secret conference with industry and other post-protocol changes were made to the study before its final publication to hide the causal association. For a thorough analysis of the data manipulation and research fraud, see, e.g., Safeminds, ‘CDC’s has a Long History of Conducting Poorly Designed Vaccine

[<https://safeminds.org/wp-content/uploads/CDC-conducts-poorly-designed-vaccine-safety-research-1.pdf>];

Safeminds, “Generation Zero” (September, 2004)

[<https://www.safeminds.org/wp-content/uploads/2014/04/GenerationZeroPowerPoint.pdf>]; Safeminds, “ANALYSIS

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has accused CDC of covering up an MMR-autism association in the only U.S. study of American children on this issue. Another CDC contract scientist, Paul Thorsen, who is responsible for ¹²⁰ many studies supposedly exonerating vaccines of causation, has been indicted for fraud. The ¹²¹ Institute of Medicine has rejected 17 of the CDC’s 22 MMR studies as bad science. The question no longer is whether vaccines cause autism; of course they do. The only question that remains is how much of the autism epidemic is being caused by vaccines, and what are the appropriate preventive and treatment measures to address it, as well as what additional injuries are caused by the infant schedule. Government and industry sit idly by, perhaps out of fear that public knowledge of the true extent of injury will fuel rebellion against mass vaccination programs and demands for reform, including safer vaccines, non-vaccine alternatives, adequate injury compensation, and reinstating industry liability, collecting a vaccine tax and unprecedented profits, leaving children and families uncompensated. These questions will remain unanswered until the government’s anti-science denialism ends.

AND CRITIQUE OF THE CDC’S HANDLING OF THE THIMEROSAL EXPOSURE ASSESSMENT BASED ON VACCINE SAFETY DATALINK (VSD) INFORMATION,” (October, 2003)

[<https://www.safeminds.org/wp-content/uploads/2013/04/Analysis-and-Critique-of-the-CDCs-Handling-of-the-Thimerosal-Exposure-Assessment-Based-on-VSD-Information.pdf>].

¹²⁰ Statement of William W. Thompson, Ph.D., Regarding the 2004 Article Examining the Possibility of a Relationship Between MMR Vaccine and Autism (8/27/14)

[<https://www.rescuepost.com/files/william-thompson-statement-27-august-2014-3.pdf>]. Dr. Thompson explained in a recorded conversation: “I have great shame now when I meet families with kids with autism because I have been part of the problem ... the CDC is so paralyzed right now by anything related to autism. They’re not doing what they should be doing because they’re afraid to look for things that might be associated. So anyway there’s still a lot of shame with that. ... I am completely ashamed of what I did.” Dr. Thompson explained that CDC has the data to conduct a proper safety study using unvaccinated controls and that “we’re insane to be sitting on this data and not have an independent group” conduct this study but that it will not happen because “they don’t really want people to know that this data exists.” [<https://soundcloud.com/fomotion/cdc-whistle-blower-fullaudio>]. See, e.g., Barry, K., Vaccine Whistleblower: Exposing Autism Research Fraud at the CDC (Skyhorse, 2015); Wakefield, A.J., Vaxxed: From Cover-Up to Catastrophe (Cinema Libre Studio, 2016); Whistleblower Statement by Dr. William Thompson, quoted in Statement of Rep. Bill Posey, 161 Cong. Rec. H5602 (July 29, 2015); Hooker, B., “Reanalysis of CDC Data on Autism Incidence and Time of First MMR Vaccination,” JPANDS:23:4:105 (Winter, 2018) Hooker, B. “CDC Data Manipulation Exposed: Four Years Later,” JPANDS:22:4:119 (Winter, 2017); Hooker, B., et al., Official Letter of Complaint Re: Alleged Research Misconduct at CDC (10/14/14) [<https://bethevoice.typepad.com/LETTER.pdf>]; Hooker, B., “Dr. Brian Hooker’s Official Statement Regarding Vaccine Whistleblower William Thompson,” (Focus for Health, 4/26/16) [https://childrenshealthdefense.org/wp-content/uploads/2016/11/Dr_BrianHooker_statement_regarding_Vaccine_Whistleblower_William_Thompson.pdf].

¹²¹ Grundvig, Master Manipulator: The Explosive True Story of Fraud, Embezzlement, and Government Betrayal at the CDC, (Skyhorse, 2016) [<https://www.amazon.com/Master-Manipulator-Explosive-Embezzlement-Government/dp/151070843X>]; Children’s Health Defense, “Paul Thorsen: Fugitive Researcher,” (9/10/17) [<https://childrenshealthdefense.org/wp-content/uploads/world-mercury-project-report-on-poul-thorsen-9-7-17.pdf>]; Clay, B., “Paul Thorsen, MD, PhD, CDC Researcher: Fugitive From Justice,” Safeminds (Nov., 2012) [<https://www.safeminds.org/wp-content/uploads/2015/04/Thorsen-Background-Report-Nov-2012.pdf>]; Safeminds, “Office of Inspector General Most Wanted List for Over a Year, but Still No Results,” (4/14/14) [<https://safeminds.org/news/three-years-counting-failure-prosecute-poul-thorsen/>].

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In summary, you should withdraw your promotional blurb about the book, apologize for the false statements therein, and state your intent to withdraw publication of Deer’s book altogether. It is a repeat of previously made and discredited allegations and adds nothing new to the story of Dr. Wakefield, the causes and treatments for autism, the safety of MMR or vaccine safety in general, and will only expose JHUP to liability for publishing with malice false and defamatory allegations against Dr. Wakefield. Publication is also utterly contrary to the public interest. Before you proceed, I strongly recommend that you avail yourself of all the facts contained in this letter and its references. If you intend to proceed, we insist that a copy of the manuscript be submitted to us for immediate review with sufficient time to provide further

analysis and rebuttal. The analysis herein is of course incomplete until we have an opportunity to review the entire manuscript.

If JHUP decides to proceed, the adverse impact on public health will be very real by further delaying vaccine safety science; the concern that children will die and suffer needless injury is very real. Deer's book will create a false sense of security regarding vaccine safety and act as a further detraction from much-needed research and regulatory reform.

Deer's false allegations have been widely repeated throughout the echo chamber of the vaccine safety and autism debates, yet his "findings" have never been independently verified or validated. Indeed, they have been rejected as "fake news" by every reanalysis. By republishing the already discredited rants of an untrained, unsupervised, obsessed stalker, JHU Press will be colluding in a carefully contrived propaganda and misinformation campaign designed to promote the agenda of a serial stalker, who is possibly a secretly-funded industry toady.

Far from your claim that Dr. Wakefield "fooled the world," the evolving story is as follows: 1. The comorbidity of bowel disease is now the *accepted* standard of care in children with autism, and it is further identified as having a unique genetic characterization.

2. The Institute of Medicine has rejected the majority of published research offered by CDC to exonerate MMR of causing autism.

3. The Cochrane Collaboration has concluded that the design of MMR safety studies is largely inadequate.

4. The Vaccine Court has financially compensated for and the government has financially paid out dozens of vaccine-caused autism injuries since 1990.

5. The Institute of Medicine has concluded that the safety of the childhood vaccine schedule has never been measured against adequate controls, and that

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very little is known about the actual rate and mechanisms of vaccine adverse events.

6. A whistleblower, senior scientist at CDC has revealed to Congress that the authors of the only CDC study of MMR and autism in American children deliberately altered their research protocol and concealed findings showing a causal association.

7. The demands for a formal investigation of Dr. Wakefield's supposed falsification of pathology findings have been rejected by UCL, the UKRIO¹²²¹²³ and Parliament, as well as by the GMC itself by not charging falsification of data.

8. Merck is facing a massive fraud suit for false claims regarding MMR efficacy, while FDA is on the verge of licensing GSK's Priorix as a substitute.

As a distinguished academic press, it does no credit to JHUP to be on the wrong end of the Semmelweis reflex and of a defamation action (that failed to reach the merits and the jury in Texas solely due to lack of personal jurisdiction).¹²⁴

If you desire to discuss these charges further, please contact me directly at the number below so that I can provide additional information.

Sincerely,

James A. Moody, Counsel for Dr.
Andrew Wakefield

¹²² Zosia Kmietowicz, "University College London issues new research standards but says it won't investigate Wakefield," *BMJ*, 2012;345:e6220 (9/14/2012) [<http://www.bmj.com/content/345/bmj.e6220>]; UCL, "MMR and the development of UCL's research governance framework," (9/13/12) [<https://www.ucl.ac.uk/news/2012/sep/mmr-and-development-ucls-research-governance-framework>].

¹²³ UKIRO, "UKRIO responds to 'MMR and the development of a research governance framework in UCL,'" (9/13/12) [http://printeger.eu/wp-content/uploads/2018/08/UK-Case-Study-1_MMR.pdf].

¹²⁴ Deer invited the litigation, no doubt anticipating that his defense would be paid for by the BMJ, and here by JHP.

See CNN, "Medical journal: Study linking autism, vaccines is 'elaborate fraud,'" (1/6/11) ("The point you have to remember about all this, firstly, it's not me saying this. It's the editors of the BMJ," Deer said. "... Secondly, this material has been published in the United Kingdom in extraordinary detail. If it is true that Andrew Wakefield is not guilty as charged, he has the remedy of bringing a libel action against myself, the Sunday Times of London, against the medical journal here, and he would be the richest man in America.")
[<http://edition.cnn.com/2011/HEALTH/01/06/autism.vaccines/index.html>].

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CDC's public-facing communications strategy of ignorance, secrecy and injury-denialism is¹²⁵ not only anathema to public trust -- it is unlawful.

¹²⁵ Two examples demonstrate that this ignorance is deliberate. First, although VSD was created and paid for by taxpayers for the express purpose of analyzing vaccine safety, and enrolls over nine million children from six MCO's, it contains no 'bit' for e.g. 'non-medical exemption on file,' and no other way to designate or identify unvaccinated controls, frustrating the ability to conduct the most basic comparative health outcomes study. See, e.g., Verstraeten T, Davis RL, DeStefano F, et al. Safety of thimerosal-containing vaccines: a two-phased study of computerized health maintenance organization databases [published correction appears in *Pediatrics*. 2004 Jan;113(1):184]. *Pediatrics*. 2003;112(5):1039–1048 (Fig. 1, noting the deletion of several thousand unvaccinated 'controls' from the study). In a second example, CDC claims in its Parents' Guide to Childhood Immunizations (p. 33) that "[o]bserving vaccinated children for many years to look for long-term health conditions would not be practical, . . ."

[<https://www.cdc.gov/vaccines/parents/tools/parents-guide/downloads/parents-guide-508.pdf>].

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