

## Dr Andrew Wakefield – Feast of Consequences – Whistleblowing in the Public Interest

Brett Wilcox :: 26.10.2015

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Orem, Utah

October, 2015

(Video and Transcript)



Thank you. It's a pleasure to be here. Thank you very much indeed. It's really an extraordinary time in this nation. We know about SB277 passage of mandatory vaccination law in the state of California that you will be segregated from public and private education if you do not have your children fully vaccinated according to the CDC schedule. The CDC schedule is something that we're going to discuss tonight. And the topic that you just heard is an excellent introduction to the issues on which these laws must be fought, and that is on safety and efficacy.



[https://youtu.be/qzI\\_yEydqfE](https://youtu.be/qzI_yEydqfE)

It's been said that I am not anti-vaccine, but I am anti—for reasons that will become extremely clear—I am anti-vaccine regulators. And I am anti-the pharmaceutical industry.

**The notion of protecting children against serious infectious disease with safe and effective vaccines is a laudable one; however, the more research that I've done, the more I've come to realize that none of the vaccines on the schedule meet any of those criteria.**

So I want to talk about whistleblowing in the public interest, about how to take a moderately successful career and flush it down the toilet.

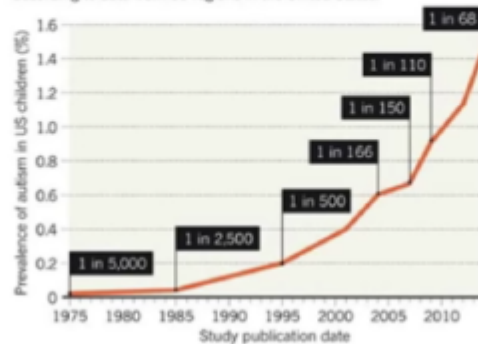
You've heard about the growth in autism. Autism is a new disease. Before the 1930s, we can assume that the prevalence, the incidence of autism in the world was zero. It is a novel condition. The best diagnosticians in medicine, the most astute clinicians, the people who described the great human diseases from the beginning of the last century, over the century before, they were people like [Charcot](#) in Paris and [Pierre Marie](#) described the great diseases. They could do very little for them, but they could describe them in meticulous detail and had a condition as enigmatic as autism existed, it would have been described by those doctors, and yet it was not. It was not until the year [Kanner](#) described it many years later when it first became a pattern. But it was rare. It was an anomaly. Physicians and clinicians could expect to see no cases in their lifetime, and then something changed.

We have data now going back to the '70s. We know that the numbers were 1 to 5 in 10,000 very early on. And then it has risen in exponential fashion.

## A Frightening Trend\*

### Exponential Growth!

Almost 1.5% of US children are now diagnosed with autism, according to data from 11 regions in the United States.

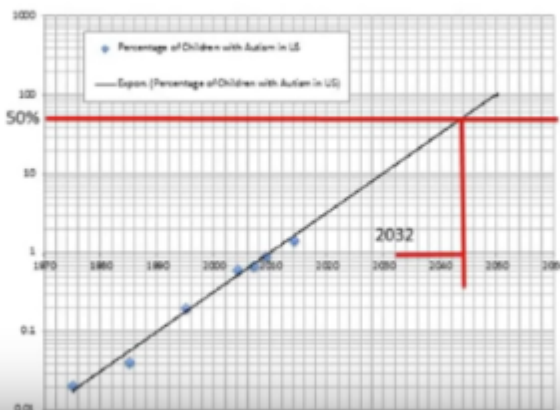


\*K. Weintraub, Nature 479, Nov. 3 2011, 22-24.

These are numbers from the CDC, so I suggest you treat them with some caution. You can see now that the rise in this approaches 1 in 68. This is for children who were born in 2002, so these data are many years out of date. The CDC is mandated to provide these data every four years. They have not provided them. That means, I suggest to you, that the news is not good.

The risk from autism, if you extrapolate from this curve, the risk for autism for a child born today in America is 1 in 25. 1 in 25 children.

## Percentage of children with Autism in the US



And if you [take this line as an MIT scientist has done](#) and you extrapolate it out, you can tell looking into the future where it will intersect with 1 in 2, and that is in the year, according to her, of 2032. She has reason to believe and has been said publically as you've heard earlier that it will happen earlier, perhaps by 2025.

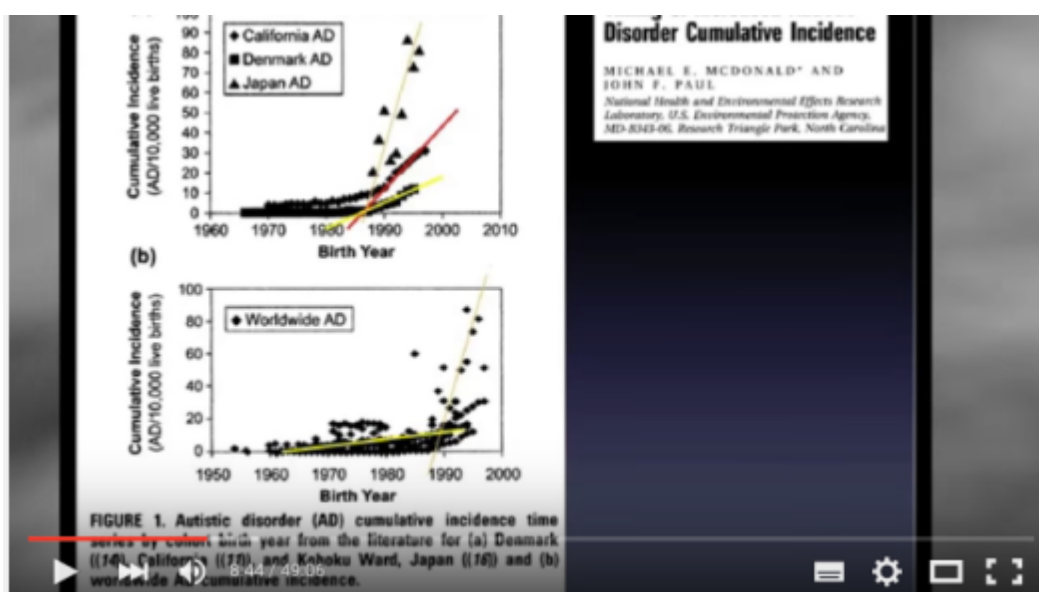
When 1 in 2 of the population has autism, you either have it or you care for someone with it. And that's it. You have no standing army, no economy, no infrastructure whatsoever. And that is the way this is headed. And there is absolutely no reason to believe that the trajectory of this curve is going to change whatsoever.

None.

And the absence of the latest CDC data gives us cause of concern. This is what is happening. **This is the most important issue in America today. Forget foreign policy, forget everything else. If this is going to continue, there is no economy, there is no foreign policy. And the irony is that even without a standing army, no one is going to want to invade this country because it is a country of damaged people.**

Please think about that. If you love this country, and you wish only the best for its future, something has to be done to change this. And autism—medicine gives you the sharp end first—it gives you the worst cases, the most easily recognized cases first. What happens if what we are doing to damaged children causing autism is shaving 9 points or 5 points off the IQ of the average American? We know now that the [SAT scores have had to be recentered twice in the last decade](#) to get the same pass rate. Boys in particular are failing in schools. Not girls. This is a biological phenomenon. It is not a problem with the school infrastructure; this is a biological phenomenon. And we saw it before with lead poisoning. We saw the sex-specific difference and we're seeing it again now for autism and IQ problems. And this problem is worldwide.

This is [a paper from the Environmental Protection Agency](#) and it looks at the incidence of autism worldwide, that is the number of new cases happening year on year plotted by year of birth.



And what is extraordinary about this is that there is a common denominator, a factor or a set of constrained factors that operated at the same time in different countries around the world: Denmark, Japan, and the U.S. shown in here and in the bottom graph, the trajectory for the world-wide aggregated incidence data.

It happened . . . the hockey stick effect occurred in children born in 1988 and '89. It is as discreet as that. Something changed in those birth cohorts that lead to this dramatic increase. And the conclusion is that there is some common denominator between these countries. And that must help us to pin it down. This must be environmental. We do not have genetic epidemics. This is definitely environmental. It can be understood, and by looking at what those common denominators might be, we can start to hone in on the cause.

Now this is my introduction to this. I'm a gastroenterologist. When I was in medical school autism was so rare that we were not taught about it. On May the 19th 1995, a mother called me, a very articulate mother, a very clever woman who said,

"My child was developing perfectly normally in speech, language, and interaction with his siblings. He was a happy little boy, then he had his MMR vaccine, his measles, mumps, rubella vaccine. He had a high fever, he slept for three days, and when he woke up, he was never the same again. He was then diagnosed with autism."

She was not anti-vaccine. She was not looking for something to blame. She was describing precisely what happened to her child. **The fundamental rule of clinical medicine is you listen to the patient or you listen to the patient's parents, because nobody knows that child like them, no pediatrician, no public health doctor. You listen to the mother and she will tell you what happened to that child.** If the child had gone to a party and caught natural chickenpox and had regressed within a week, then as doctors we would be saying, "That's a terrible thing. We need to produce a chickenpox vaccine." But because it was a vaccine that in the mother's eyes was the trigger of this problem, it could not be. It was not to be discussed.

She said to me,

"Doctor, my child has terrible gastrointestinal issues which is why I've come to you. And I believe that those gastrointestinal issues are related to the autism. When the diarrhea is really bad, when he's in pain, and I know that he's in pain because even though he's lost the ability to speak, to articulate his pain, to tell me where it is, and he's banging his head against the wall, I as his mother know that he is suffering from pain. When this (the abdomen) is bad, this (the head) is bad. And when I treat this, when I put him on a special diet that excludes gluten or casein or soy, then this (the head) gets better. When the bowel gets better, the brain gets better. There is some link, doctor."

This was an extraordinary intuition that turned out to be absolutely right. And she said,

"Doctor, I know that there are many, many parents who are calling me and telling me exactly the same story."

And so we saw twelve of these children. And we published this case series in the *Lancet*. A case series is where you take a group of patients who have a unique and idiosyncratic pattern of signs and symptom. They represent in such a common way and in such a unique way that they merit publication in their own right. You're not testing a hypothesis, you're not saying, "This is the cause or that's the cause or this is the mechanism." You're saying, "Here is the story. This is what we heard, this is what we found, and these are ideas that we have about this going forward, a hypothesis that we might test in the future." And this is the way in which human disease syndromes are described, be it congenital rubella, Crohn's disease, be it multiple sclerosis or AIDS, anything you like. This is the way in which the description of human disease syndromes begins. And then a better understanding evolves, an interpretive wave is inferred from that point forward.

This paper was very careful having explained the findings of the bowel disease to say in the final paragraph, "This study does not prove an association between MMR vaccine and the syndrome

described. Further work is needed to investigate this.” And yet it has been said in the media worldwide that I have claimed in this paper with my colleagues that MMR vaccine causes autism. Explicitly, that is not what we said. If that’s what you heard, then those people who told you have not bothered to read the paper.

What has happened in the intervening years has been a sideshow, a tragedy, to divert attention from gross regulatory failure, to protect individuals, to protect governments, but finally to protect the industry from past liabilities and future profits. And I intend to discuss that tonight.

And it came down here to Rupert Murdoch and his son, James Murdoch, who was on the board at GlaxoSmithKline, which was the UK’s MMR vaccine manufacturer, he was put on, James Murdoch was put on that board to protect GlaxoSmithKline’s reputation in news international media, and I was his favorite target. And Brian Deer, a journalist working for the Sunday Times owned by Murdoch, published a paper which claimed all kinds of things, that this paper, what we had done was experimentation on children, there was no ethical approval, it was all done to foment a legal case, it was done to make money, all kinds of things. A huge, complex study.

And this is John Walker-Smith.



John Walker-Smith was the world’s leading pediatric gastroenterologist at the time before his retirement. He wrote the textbook that teaches now pediatric gastroenterologists around the world. He was one of the founding fathers on the subject of pediatric gastroenterology. And he said there was a bowel disease, and he investigated these children, and his team discovered that bowel disease along with me and it was his word pitted against that of Brian Deer, of a man with no scientific background and no medical training. And the General Medical Council decided that they would side with Brian Deer and believe him.

Well, this finally came, and you will never have heard this, we were struck off, we had our licenses removed, and for the first time when Professor Walker-Smith appealed to the English High Court, this was the first time it had ever come forth before the proper judiciary. And in his appeal the judge said of the General Medical Council that they had made “fundamental errors,” there was a distortion of evidence, inadequate analysis, inadequate and superficial reasoning and explanation, inappropriate rejection of evidence, “flawed” and “wrong” reasoning, and “numerous and significant inadequacies, ... .”



“Universal inadequacies” and some errors on the panel’s determination accordingly go to the heart of this case. They are not curable.” “The panel’s determination cannot stand. I therefore quash it.”

In other words, everything that Brian Deer had said went out the window. Everything at News International had gone out the window. Did this appear in the media? Did [the exoneration of Professor Walker-Smith](#) and that study appear in the media? Did they reinstate the study in the *Lancet*? No, because the fix was in from the beginning.

This is Brian Deer. In was later the case that Brian Deer in the British Medical Journal accused me of scientific fraud, that it was all made up. There were 13 scientists on that paper including some of the world’s leading pediatric gastroenterologists. Unimpeachable careers. We published 5,000 papers between us. Do you think it likely that I could get away with publishing a paper that pulled the wool over all the eyes of all of these fine scientists? Really? But that’s the lie they bought into.

This is Brian Deer. When Brian Deer . . . we sued Brian Deer in the court in Travis County, Texas, where I live and we were denied jurisdiction, ultimately even in the face of precedent we were denied jurisdiction, which is a great shame because in discovery this is the kind of thing that we found in emails between Brian Deer and the editor of the BMJ. This is the kind of objectivity that the editor of the BMJ was looking for in their writers.

Here’s [Deer on himself](#):

“I freely admit to being semi-notorious for packing into single highly-readable and apparently bland sentences, rats nests of complexity and implication.”

This is the man upon whom science and medicine have placed their trust.

Deer on the parents. If you ever thought that he operated out of altruism, out of concern for autism parents, [this is what he said on his website](#):

“The festering nastiness, the creepy repetitiveness, the weasly, deceitful, obsessiveness, all signal pathology to me.”

“And they wonder why their children have problems with their brains.”

Now this is Brian Deer. They are welcome to him.

So this is the kind of child that we saw at the Royal Free.



By the time I left, we had seen about 180 such children and made a huge advance in understanding what was going on and helping. This child looks like a famine victim from West Africa. As you can see in profile his abdomen is grossly extended. He has no muscle mass. He is clearly, extremely physically unwell. Who is the person who is under investigation in this family? The mother. The mother by CPS, and doctors thought that she was starving her child. And yet behind him is his sister who belies that notion because she is perfectly well nourished. This child had inflammatory bowel disease.

This child, it was said he would do this, he would lean on pieces of furniture for hours a day, hours a day.



“Now this is just repetitive behavior. This is just autism.” No, it is not! This child is applying pressure to his abdomen to relieve the pain that he cannot articulate because he’s lost the power to speak. He is doing something that is entirely appropriate to relieve that pain.

This little boy would sleep on this.





He would sleep on this ball with his head on his little doggie because he was in pain. And we know that because when he was treated, when his inflammatory bowel disease was treated, he stopped doing this. He went to bed and he slept normally.

This is self-injury. This little boy was in such pain that he would beat himself unconscious in order to alleviate that pain, to escape from it.



This little boy came to see us in Texas to be investigated, to be scoped. And the parents were in some distress. They had to stop in the car halfway to the emergency room. And can you imagine taking this little boy into an emergency room and what might happen? There only salvation is the doctor in the ER had an autistic child himself and recognized what was going on immediately and helped the child and sent him on his way.

This little boy is trying to kill himself.



This child is in such pain that he is trying to end his life. This is self-injury. This is what I see on a daily basis. **So when someone tells me that autism is great and we should accept it, just part of being normal . . . this is what we deal with on a daily basis.** The irony of this, we are surrounded by ironies, is that the father of this child is a senior executive in the company Wyeth that produces Thimerosal, the mercury preservative in vaccines.

Data from other scientists and this is now the most common and consistent finding in autism research today is the gastrointestinal link, the disturbance between the gut and the brain.

“Our data clearly show that gastrointestinal problems are very common in children with autism.” (<http://www.ucdmc.ucdavis.edu/publish/news/newsroom/8320>) (Irva Hertz-Picciotto Ph.D. UC Davis)

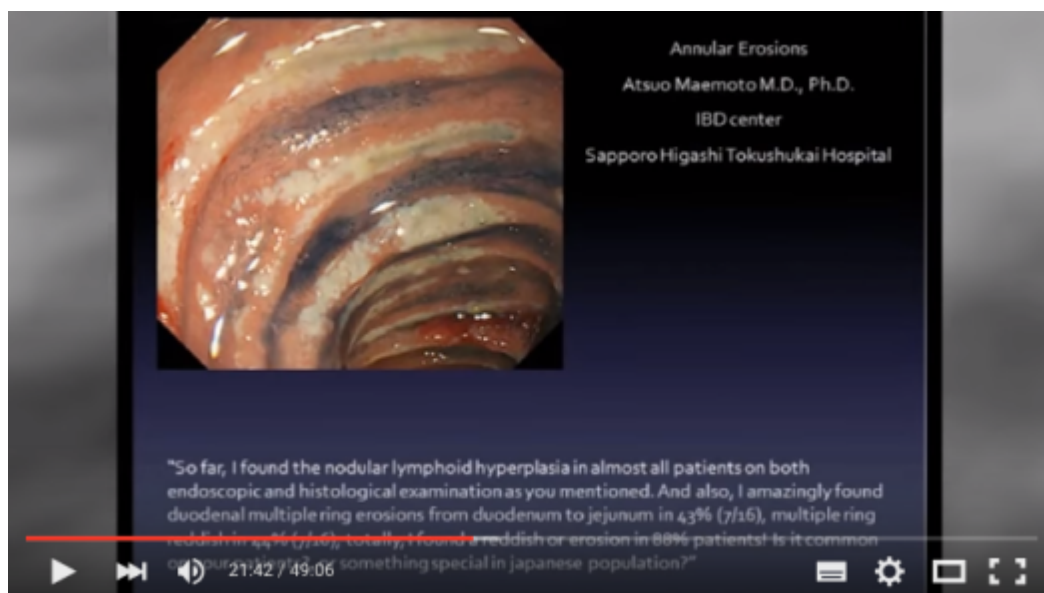
Why are they in pain? This is an image taken from a pill camera.



So you swallow the capsule, it goes through your small intestine, takes two frames a second. And this shows inflammation and ulceration similar to what you might see in Crohn's Disease. That picture does

not come from us, that picture comes from [Dr. Balzola](#) in Turin, in Italy, who has described in the medical literature exactly the same bowel disease.

This is an image of duodenal ulcerations.



This is an extreme sick duodenum, which would have you and I screaming in pain on the floor. In a patient with autism and this comes from Japan. This is a worldwide phenomenon.

These are [the papers that are published](#) in addition to the *Lancet* paper before I left the Royal Free. We had described this disease and characterized it in some detail.

There is this enigmatic link between the gut and the brain. And the chief medical officer who is the equivalent of the surgeon general said to me,

“I just to don’t get this gut brain thing you’re talking about.”

I said,

“Well, look, come with me and I’ll buy you a beer and within 15 minutes you’ll understand what I’m talking about.”

And this idiot thought that I wanted to buy him a beer. I can’t stand the man. What I was trying to get across to him is that a neurotoxin from the gut can effect the brain . . . even his brain.

**And the important thing about this is that the parents were right.** There is a link between the bowel and the brain. It was real, it was common, and it was treatable, but because of the lies told by Brian Deer, the medical profession was terrified of doing its job. And for the intervening years, these children could not get appropriate medical care because the bowel disease was synonymous with vaccine injury and nobody wanted to touch it. So autism remained a psychological thing that was in the brain, it was genetic, and that was it. Put your child in a home; get over it.

So they were right about the bowel disease. Were they right about the vaccine? I don’t know, but we had to take it extremely seriously. We certainly didn’t know at the time. We had an obligation, a duty, to take that seriously. Not to dismiss it because it might be uncomfortable. And all of this may have gone

nowhere, all of this may have gone absolutely nowhere, because of the power of the industry's influence on politicians, and its influence on the media which has been bought by that industry.

If not for one man. If not for one man.

Last year, 2014, Dr. William Thompson, a senior scientist from the Centers for Disease Control & Prevention came forward to a colleague and friend of mine, Dr. Brian Hooker who's the father of an affected child living in Redding, California and scientist. They had been at odds for some time because Dr. Hooker had been seeking through FOIA requests to get access to vaccine safety data from the CDC, and had got into various fights with the scientists who had been allocated, designated to look after him and to deal with him. And that was Dr. Thompson. So it was unusual to say that least that ten years later he should call him out of the blue. But call him, he did.



<https://youtu.be/sG0tDVilkUc>

And the history of this is that [in 2000 I presented to Congress to the government's Oversight Committee](#). Dan Burton held a series of hearings. Dan Burton was a congressman from Indiana whose grandson was vaccine damaged and autistic. And I presented to that committee, I presented these findings, and I talked about the circumstances in which a child might be damaged.

Why some children and not others? One of the questions that we hear a lot is,

“MMR is given to everybody. Why should some children have problems and not others?”

And one of the things that we were interested in was pattern of exposure. The way in which you're infected with a particular virus determines the outcome. The age of exposure is critical. If you get measles under one, you're much more likely to have an adverse outcome than if you get it over one. This is intuitive. The immune system is developed; it's stronger. And so we put forward the hypothesis to Congress and to the CDC that age of exposure to MMR may be a risk, the younger a child gets the vaccine, the greater the risk. And there was a reason for believing that.

There is an MMR vaccine that was produced by GlaxoSmithKline used in the UK. It wasn't used here. And there was a mumps strain in it called [Urabe AM9](#). It came from Japan and it caused meningitis. Interestingly, when used alone as the single monovalent mumps vaccine, it didn't cause injuries. When it was put in MMR it caused meningitis at a rate of more than 1 in 2000. This is a fascinating observation right off the bat. 1 and 1 and 1 doesn't equal 3. It's something very different. And this meningitis from the mumps vaccine was recognized in Ontario where they introduced it and they withdrew it rapidly. But the British government wanted that vaccine used in the UK because it was made by the home team, GlaxoSmithKline. And they wanted to give them 85% of the market, so they brought in a doctor, a whistleblower, who came to me later from the government in Canada to advise them on the introduction of that vaccine in the UK.

He said,

“Don’t touch it. It’s causing meningitis at an unacceptable rate.”

They ignored him completely; the only thing that changed was the name. [It was called TriVirix in Canada and they changed the name to Pluserix in the UK.](#) And they introduced it, GlaxoSmithKline, SmithKlineBeecham at the time, got 85% of the market. Four years later, after meningitis had occurred in exactly the same way, it had to be rapidly withdrawn, and we went to Merck to get the MMR II. At that point, the vaccine should have been destroyed. It’s now been withdrawn in two countries. It should have been destroyed. Was it? No. It was shipped to developing countries like Brazil, where it was used in a mass vaccination campaign. And not surprisingly, [there was an epidemic of meningitis.](#)

**These are the people you are dealing with. Please understand. There is absolutely no concern for the downside for children whatsoever.** And when they studied that epidemic in Brazil, what they found is that those at greatest risk were the ones who got the vaccine youngest. So there you have it again. The younger the age of exposure, the greater the risk.

Another drug that shows this really exquisitely well is Thalidomide. You didn’t use Thalidomide in America. It was a drug taken for morning sickness, It was developed in Germany and then used in countries around the world, not America. It was one of the great successes of the FDA is keeping this drug out of the country.



It was used for morning sickness and children were born like this, no arms, no legs, blind, deaf, no ears. This is phocomelia.

And the important thing about this is that the timing at which the mother took the drug during pregnancy was absolutely critical. And interestingly, [this drug taken by the mother during pregnancy was associated with autism, but she had to take the drug between 20 and 24 days.](#) That is how narrow a window in which this drug operated to cause autism. And children with autism had ear abnormalities because the ear was developing at the same time. They did not have limb abnormalities. It was all about timing. And so we gave the hypothesis to the CDC that we believed younger age of MMR vaccination was a risk for autism. And that’s exactly what they went away and tested and that’s exactly what they found. [That is exactly what they hid from the American public for 13 years.](#)



They found the autism risk in two groups of children who were at exquisitely high risk: African American boys and children with what they called Isolated Autism who were developmentally normal for the first year of life irrespective of race.



<https://youtu.be/VEsSvBRfGgM>

And that is a whole lot of children. And the most worrying thing about these two groups is the greatest risk was seen in those children receiving their vaccine on schedule, between 12 and 18 months.

And Thompson on this study was the accountant in a money-laundering ring. He was the statistician; he was the guy with the data, the skills and the software. And he went to the meeting and he showed them what they had. And they spent the intervening four years manipulating and covering up those data. In the end, they found that they could not get rid of them altogether so they destroyed the data. [They destroyed it](#). They moved from a level of a scientific fraud with huge consequences for the American population and by proxy the rest of the world to a felony by destroying government documents which were at the time under FOIA request and Department of Justice request.

(<http://www.c-span.org/video/?c4546421/rep-bill-posey-calling-investigation-cdcs-mmr-reasearch-fraud>)

Dr. Thompson, unlike the others, was a man of conscience. He was a man of conscience, and he was deeply troubled by what was going on. And we have all of the original documents provided to us by him, all of the original data sets, the analyses, the internal emails, the exchanges between him and Julie Gerberding who was head of the CDC at the time, and the head of the National Immunization program, Dr. Walter Orenstein. He alerted them all to this problem. What was happening in 2004, there was a meeting of the Institute of Medicine where they had to present an update on their findings. They delayed them, they had the data gathered in 2001. They should have presented to Congress in 2002 and 2003. They didn't; they held on to them and they manipulated them further. They had to present them in 2004. And Dr. Thompson was carded to do that presentation, and his conscience was so troubled that he wrote to Julie Gerberding and he said,

"I will have to present data showing an association between MMR vaccine and autism."

And he wrote to Walter Orenstein, making it absolutely clear to him that there were mistakes in these worrying, these troubling data.

**Data are data, they shouldn't be troubling, but they were unable to get rid of them.**

And three days before the Institute of Medicine meeting, then he was removed from the roster because he said he would have to present the facts. [Dr. Frank DeStefano with the National Immunization Program took the stand and lied](#). He hid the data completely. [The Institute of Medicine wrote a report declaring the MMR vaccine was safe](#). They went further and said that all research into this association should now stop, should not be funded further. It went even further than that, and the court, the vaccine court where there were 5,000 children as plaintiffs waiting to have [their cases heard were thrown out based upon that](#)



IOM report saying that MMR vaccine was not associated with autism. And they were denied justice for all time.

The vaccine went on being given in one, two, and three doses earlier in life. Children were put in danger of risk. Millions and millions of American children were deliberately and knowingly, recklessly put in harm's way in order to protect what? In order to protect what? Why? They had the opportunity to just change the age at which the vaccine was given. It wasn't anti-vaccine. They simply could have given the vaccine after three, the group they compared them with and found that the risk of autism was much less.

**One thing they should not do and cannot do is mandate that parents have to expose their children to this risk in the face of this obvious federal fraud. That is absolutely unacceptable. When the bill comes around again here, as it will, for you to mandate that your children get this MMR, there can be no mandates, there can be no mandates where there is risk particularly in the face of such an extraordinary problem.**

**This is the greatest medical fraud in the history of the world.**

Let me characterize it. It's not as though we're dealing with patients with end-stage terminal cancer who are receiving a drug where the data get bloated in favor of the pharmaceutical industry. You're dealing with healthy infants, every healthy infant in the country. **You're dealing with the future of the country while destroying the future of the country, willfully and deliberately.** What does it prove? It proves once again the parents were right. That's what it proves. Did I say MMR caused autism? No, but for those parents who came forward and said, "This is what happened," they were right. Medicine needs to have the humility to go back to its origins, back to its roots and listen. Listen.

**So Senator Pan forced through the bill in the certain knowledge that this fraud had taken place in California.** I know that because I provided him with all the information. And that deals with the issue of safety. And Dr. Thompson has said himself that the CDC can no longer be trusted to do vaccine safety studies.

While talking about Dr. Thompson and what one should do in going forward, I just want to read to you if I can find my glasses, which I can't. I can't see them to put them on.

This is what he said and I want to ask you if your opinion is that this has to come before Congress.

**This is a federal crime. It must come before Congress. It must come before the Oversight Committee on Government Reform. That is the appropriate place. And your congressman here, Chaffetz is in charge of that committee. And he must hear this case. He must get Dr. Thompson in front of him. Dr. Thompson is willing to testify under oath to that committee. But that must happen, it cannot be allowed that the pharmaceutical industry can lobby . . . to lobby and buy and put pressure on politicians to the extent that they do not do their job. It cannot be the case that the public health authorities say to that committee, "No, no, we can investigate this ourselves," which is exactly what the CDC is saying in response to an official complaint that I sent to them. "We can investigate this." I can already tell you that that is a whitewash; it is an absolute whitewash. And that is what will happen. Nothing will come out of this. It will be business as usual.**

This is what he wrote.

Okay I'd really like by outlining where the three of us have common ground, that's me, Dr. Thompson, and Dr. Hooker.

["I was involved in deceiving millions of taxpayers regarding the potential negative side effects of vaccines."](#)

That's it, right there. That's it. That is every reason why he must come before that committee. [This is a federal crime](#). The mantra should be that the CDC once again, note that, once again didn't share controversial analysis and results, and the CDC can no longer be trusted to do vaccine safety work. . . . The CDC can't be trusted to be transparent and monitor vaccine adverse events. Just a few thoughts.

What about the efficacy of the vaccine? Let's just take that same vaccine, MMR, and talk about the efficacy, that is the ability of the vaccine to prevent disease. We've pulled one plank from under the case for mandatory vaccination: safety. Now let's deal with efficacy.

Merck, some ten years ago, another whistleblower came to me in Chicago and handed me a bunch of documents that had been secured from the Merck MMR vaccine laboratories. And [these documents showed clear evidence of fraud](#).

What had happened is that the mumps vaccine in the MMR was not working, and there were outbreaks of mumps around the country, around the world in highly vaccinated populations. So you had college students and all the adults getting mumps after having two or three doses of the mumps vaccine. Now, why is that important? The vaccine wasn't working. Mumps in children is treatable. Mumps in adults is not treatable. In post pubertal males in particular it can cause testicular inflammation and sterility. **So a mumps vaccine that does not work turns a harmless disease into a serious disease. Exactly the same has happened with chickenpox.**

Let me move through some slides here. They were told that they would lose their license. The FDA said if you cannot prove that what you say on your product insert—96% efficacy—then you will lose your license. And they knew they couldn't do that.

Now Merck had two options: you see if you lose the license for mumps, you lose the license MMR in which in this country they have a monopoly. It throws the marketplace wide open. They really, really don't want that. So they had two choices. They could improve the vaccine in the interest of children, or they could fix the results in the interest of Merck. Which do you think they chose to do? Yes. So the first they did was to say, "It doesn't work, our test doesn't work."

The test in the laboratory was called Plaque Reduction Neutralization, PRN. It doesn't really matter about the details, but this is the way in which they assessed the potency of the vaccine, its ability to neutralize the virus. It didn't work against the wild virus, the wild mumps virus that you were worried about, so they got away with using it against the weakened vaccine virus. You're not interested in that, you're interested in protection against the natural infection, but the vaccine didn't work for that so they got away with looking at the weakened vaccine virus, and it still didn't work. It couldn't even neutralize the weakened vaccine virus. So then they had a brilliant idea, they would develop a test that allowed the detection of 95% efficacy . . . that allowed it. What do you think?

Does anyone in this room know what Merck did in their laboratory to produce that test that allowed them? They added rabbit's blood. They added rabbit's blood to the test. What has that got to do with protection of children against mumps? Nothing. It's a completely non-specific artifactual effect that gave them the result they wanted . . . except that it didn't. And here's why. Because when you look at the efficacy of a vaccine, you take 100 children who have never been exposed to mumps or the vaccine, you take their blood, you then give them the vaccine and six weeks later you take another blood sample and you show that there are no antibodies here and there are antibodies here, and you've protected them.

The problem with the rabbit's blood is that it made these blood samples positive. So they went from positive to positive. Well, big deal. That doesn't show efficacy. At that stage, they got the scientists into the laboratory and they just said,

"We want you to cross out the offending results that we don't want and change them."

And Steve Krahling who was the scientist who became the whistleblower just said,

"No. That is fraud and I'm not doing it. In fact, I'm going to report you to the FDA."

Brave guy! So they said, "Right, well you'll go to prison." So he went to see his boss and he went to see his boss's boss, a guy called [Emilio Emini, who tried to explain to him that this was a business decision](#). It wasn't about protecting children, this was a business decision.

And he said, "Well, I'm still going to report you to the FDA."

"Well, you'll definitely go to prison." So, Krahling went and he got on his phone and he reported them to the FDA. He reported a serious violation to the FDA. And the FDA were kind enough to call Merck and say,

"We're coming to do a surprise visit to your laboratory next week."

You can't write this stuff, people, you cannot write this. That is exactly what happened, giving them time to destroy the offending evidence, except that Krahling had already secured it. And that is now in federal court in Pennsylvania. Merck have moved to have the case struck out on the basis that, yes, they committed fraud, but the FDA knew about it. Well, no they didn't. They knew some of it, they were complicit in some of it and that's their problem, but [the judge said, "You are going to trial."](#)

**So there you have it, just one vaccine, MMR, is neither safe nor is it efficacious. And it is absolutely unacceptable under those circumstances to even consider the possibility of mandatory vaccines. Where there is risk, there must be choice.**

**It's the greatest medical fraud in the history of the world conducted against your children.**

**Whether you believe vaccines cause autism or not, you have a moral obligation, obligation as a citizen and parent not to allow this to stand. This must come before the Oversight Committee. You have the power to make that happen right here in Utah. That is your duty, that is your obligation. The future of this country and the future of the world is at stake. ([Contact information for Representative Jason Chaffetz](#))**

What happened to me is utterly irrelevant. It happened, it's just a fact of life. Doesn't matter. It's not important. What is important are the children. What is important is the future. So I'm looking to you to make a difference because this cannot succeed when the consumer demands change. **The underbelly of all of this, all of this, requires that you trust in the policy makers. And after this, I do not believe anyone can trust in the CDC. It's therefore important that you call them to account and that we make change.** The vaccine is given later, they're broken up, they're separated out, vaccines that are not necessary should not be given. They should be spaced longer over time. Vaccines safety research should be completely outside the jurisdiction of the CDC. Their mandate is to make sure that every child in this country gets fully vaccinated. How can they possibly be in charge of vaccine safety at the same time? They cannot. That needs to be put into a completely separate agency.

If a Boeing plane crashes, you do not have Boeing investigating that crash. And it cannot be the same with vaccines. So there are very positive things that can be done to change this. But that must happen and it must happen in the next election. And you must end up voting for the politician who is going to make a difference to this issue, because this is the future of this country.

Thank you very much.





**I am JASON CHAFFETZ**

**I can SUBPOENA the #CDC Whistleblower who has  
many studies linking the MMR Vaccine to AUTISM  
Urge me to SUBPOENA William Thompson NOW!\***



\* Jason didn't really say this, but he really CAN DO THIS - so CONTACT Jason NOW

[Contact Congressman Jason Chaffetz](#) (Utah), Head of Oversight & Government Reform Committee (OGR) to SUBPOENA William Thompson to testify and release his many CDC Documents linking MMR & Autism.

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