

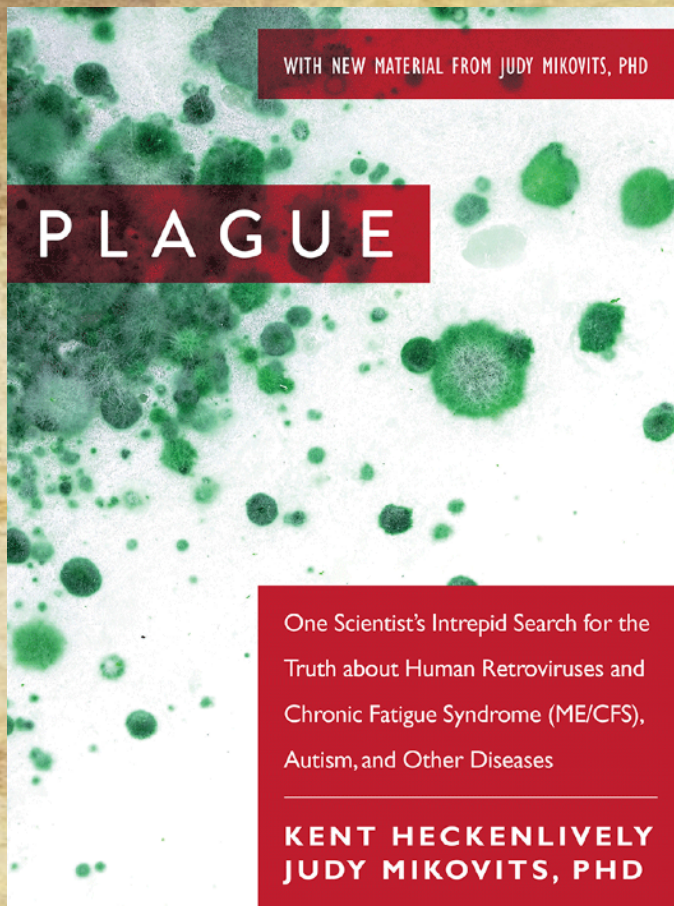


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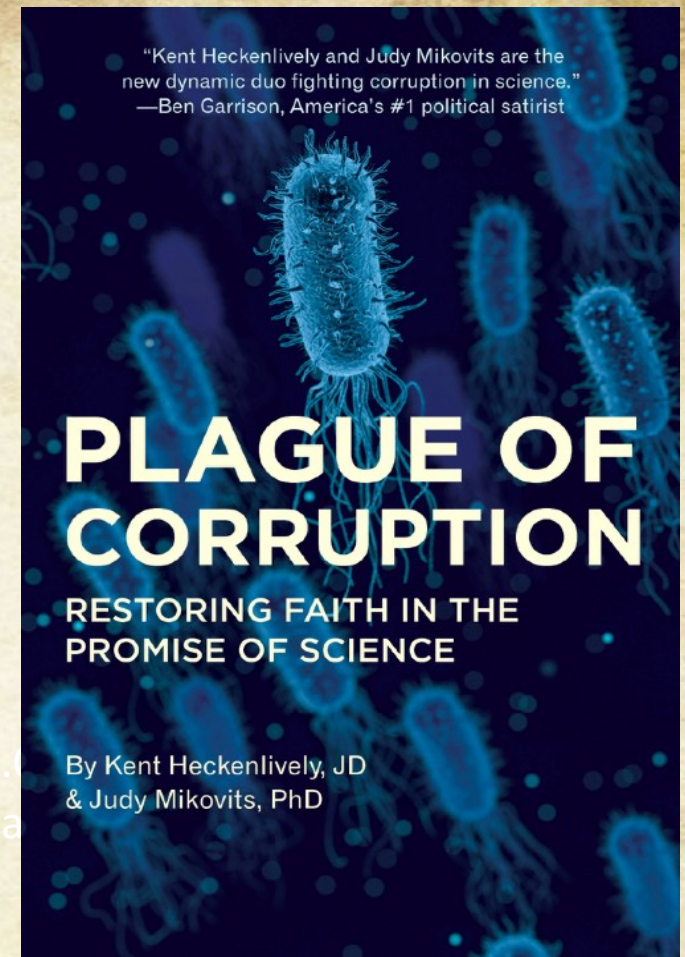
# Persecution and Cover-Up

Judy A. Mikovits, PhD





[www.plaguethebook.com](http://www.plaguethebook.com)



M.A.R.  
Carlsba

That is the inconvenient truth.

“Retroviruses and environmental toxins led to this explosion of chronic diseases,”

To go against conscience is neither right nor safe. Therefore, I cannot and will not recant. Here I stand. I can do no other. God help me, amen.

From the movie, *Martin Luther* (1953)

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## Suzanne Vernon: "Agency heads are scared to death...if XMRV works out"

Discussion in 'Action Alerts and Advocacy' started by CBS, Feb 23, 2011.

Page 1 of 4 [1](#) [2](#) [3](#) [4](#) [Next >](#)



**CBS**

Senior Member

Messages: 1,184

Likes: 760

"Agency heads are scared to death of how the patient population will react if XMRV works out." - Suzanne Vernon, September 11th, Lobby of the Salt Lake City Downtown Hilton – During a break at the 2010 OFFER Utah Patient Education Conference

I've been struggling with what I ought to do with this for almost six months. Suzanne Vernon said this during a conversation she was having with me and Cort. She just sort of interjected it. No real need nor was there much of a segue. She said that it should not be repeated. Yet I wondered why I earth she would say something like that to someone she had just met.

**September 11, 2010**

**Why? Because in 1991 ONE million Americans were Infected with HIV in 2010 when studies showed between 10-25 Million Americans were infected with XMRVs which likely got into humans via contaminated blood and vaccines**

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# Solution for Agency Heads to 2009 and 2010 Publications of XMRVs strongly associated with ME/CFS in Elite Journals?

## Lasker Award Winner , Harvey Alter , Confirms findings

So it's really probably a better term is murine leukemia virus-related viruses which encompasses XMRV so we found this in a very high percentage of the chronic fatigue patients that Dr. Komaroff had sent to us—about 86 percent—and simultaneously found that in about 6.6 percent of our healthy blood donors.

So there was a dramatic association with chronic fatigue syndrome, with the syndrome of chronic fatigue but that's all it is . . . we think basically it confirms the findings of the Whittemore Peterson group.<sup>20</sup>

## Detection of an Infectious Retrovirus, XMRV, in Blood Cells of Patients with Chronic Fatigue Syndrome

Vincent C. Lombardi,<sup>1\*</sup> Francis W. Ruscetti,<sup>2\*</sup> Jaydip Das Gupta,<sup>3</sup> Max A. Pflot,<sup>3</sup> Kathryn S. Hagen,<sup>1</sup> Daniel L. Peterson,<sup>3</sup> Sandra K. Ruscetti,<sup>4</sup> Rachel K. Bagni,<sup>5</sup> Carl Petrow-Sadowski,<sup>6</sup> Bert Gold,<sup>2</sup> Michael Dean,<sup>2</sup> Robert H. Silverman,<sup>3</sup> Judy A. Mikovits<sup>1</sup>

www.sciencemag.org SCIENCE VOL 326 23 OCTOBER 2009

*Taken together, these data demonstrate the first direct isolation of infectious XMRV from humans and implicate a role for XMRV infection in the pathogenesis of CFS."*

The original abstract of the Science article which was published on October, 8, 2009

## Detection of MLV-related virus gene sequences in blood of patients with chronic fatigue syndrome and healthy blood donors

Shih-Ching Lo<sup>1,†</sup>, Natalia Pripodova<sup>2</sup>, Bingjie Li<sup>3</sup>, Anthony L. Komaroff<sup>4</sup>, Gao-Chuan Hung<sup>5</sup>, Richard Wang<sup>6</sup>, and Harvey J. Alter<sup>1,†</sup>

<sup>1</sup>Basic Microbiology Laboratory, Division of Cellular and Gene Therapies and Division of Human Tissues, Office of Cellular, Tissue and Gene Therapies, Center for Biologics Evaluation and Research, Food and Drug Administration, Bethesda, MD 20895; <sup>2</sup>Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA 02115; <sup>3</sup>Department of Transfusion Medicine, The National Blood Management Clinical Center, National Institutes of Health, Bethesda, MD 20892

Using Lombardi et al. nested PCR methods, gag sequences more closely related to polytropic MLV than to XMRV were detected

gag sequences were found in 86.5% of CFS patients' samples drawn in 1991-4 and in 6.8% of control samples

8/9 CFS patients exhibited the same gag sequences in blood freshly drawn 15 years later

No mouse mitochondrial DNA could be detected in the samples

Lo et al. presented no evidence of infectious virus

1. Force authors to destroy the data
2. Force authors to withdraw the paper
3. Journal Retracts Paper (implying fraud)

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In 2011 Harvey Alter picked the poison to have this 2010 confirmatory study withdrawn



# WHO & WHY?

Workshop, July 22, 2009 – Public Health Implications of XMRV Infection

Center for Cancer Research (CCR)

Center of Excellence in HIV/AIDS & Cancer Virology (CEHCV)

**Introduction** – In 2006, the human retrovirus XMRV (xenotropic murine leukemia virus-related virus) was identified and reported to be associated with certain cases of prostate cancer. Although the public health implications of this finding were not immediately clear, a series of presentations at the most recent Cold Spring Harbor Laboratory meeting on Retroviruses provided additional support for this linkage and suggested that the number of individuals infected with XMRV is significant enough to be a cause for public concern. In view of these developments, it was deemed appropriate for NCI to convene a small group of intramural and extramural scientists and clinicians with expertise in this area to provide the NCI leadership with recommendations on future directions. The following summarizes the scientific presentations and resulting round-table discussion among workshop participants.

## Organizers

Stuart Le Grice, Ph.D. CEHCV	HIV Drug Resistance Program & Head,
John Coffin, Ph.D. CCR	Tufts University & Office of the Director, CCR

## Participants

Carlos Cordon-Cardo, M.D., Ph.D.	Columbia University
Stephen Goff, Ph.D.	Columbia University
Eric Klein, M.D.	Cleveland Clinic
Robert Silverman, Ph.D.	Cleveland Clinic
A. Dusty Miller, Ph.D.	Fred Hutchinson Cancer Research Center
Ila Singh, M.D., Ph.D.	University of Utah
Judy Mikovits, Ph.D. Nevada	Whittemore Peterson Institute, University of Nevada

Stephen Hughes, Ph.D.	HIV Drug Resistance Program, NCI
Vineet KewalRamani, Ph.D.	HIV Drug Resistance Program, NCI
Douglas Lowy, M.D.	Laboratory of Cellular Oncology, NCI
John Schiller, Ph.D.	Laboratory of Cellular Oncology, NCI
Chris Buck, Ph.D.	Laboratory of Cellular Oncology, NCI
William Dahut, M.D.	Medical Oncology Branch, NCI
James Gulley, M.D., Ph.D.	Laboratory of Tumor Immunology and Biology, NCI
Jeffrey Schlom, Ph.D.	Laboratory of Tumor Immunology and Biology, NCI
W. Marston Linehan, M.D.	Urologic Oncology Branch, NCI
Charles Rabkin, M.D.	Division of Cancer Epidemiology & Genetics, NCI



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# 21<sup>st</sup> Century Acquired Endocannabinoid Immune Dysfunction:

## *Unintended?* Consequences of Unsafe Vaccinations & CDC Schedule

Prostate\*  
Breast\*  
Multiple Myeloma\*  
Non Hodgkin's Lymphoma\*  
Chronic Lymphocytic  
Leukemia\*  
Mantle Cell Lymphoma\*  
Hairy Cell Leukemia  
Bladder\*  
Colorectal  
Kidney\*  
Ovarian\*

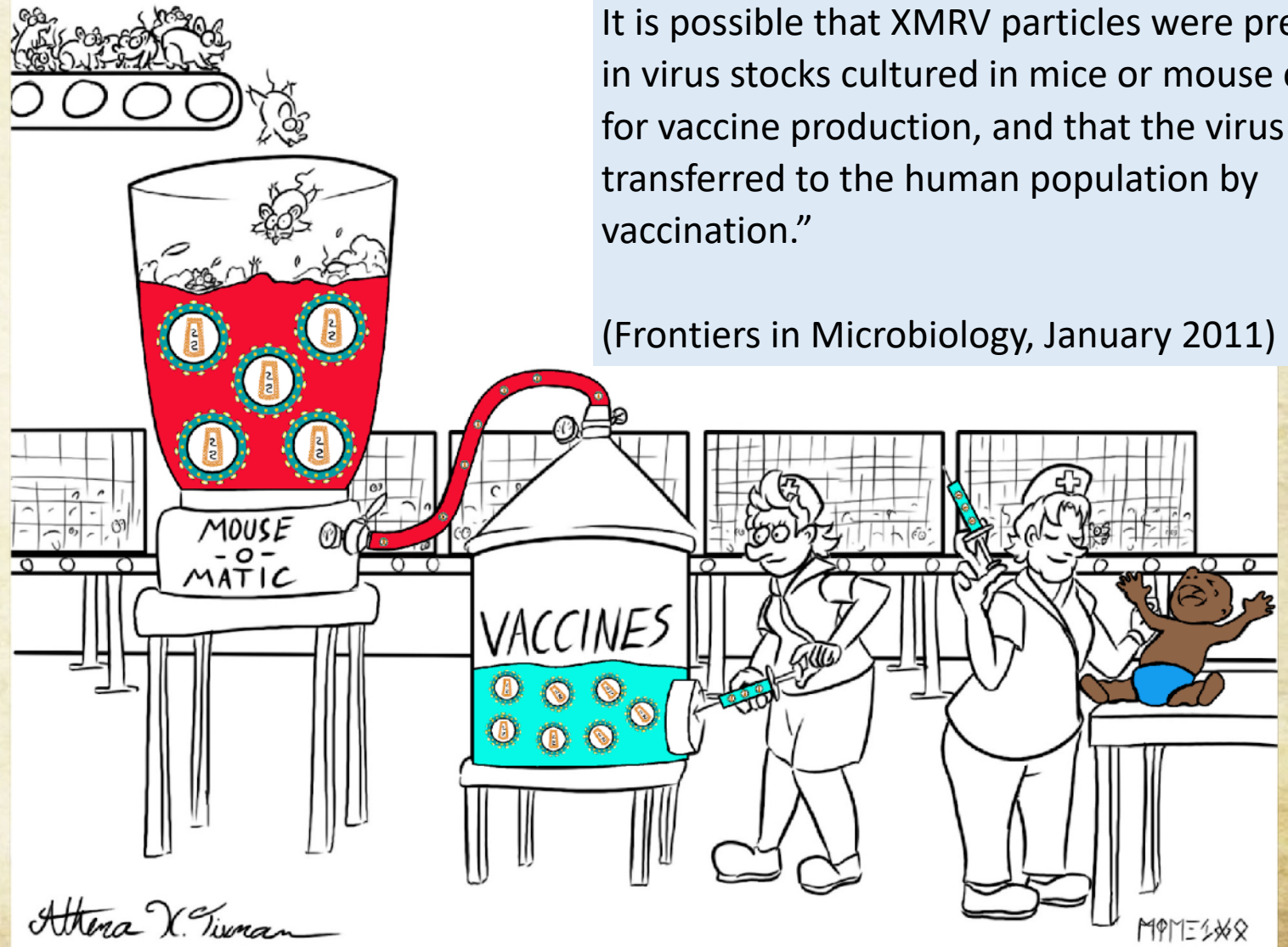
Lupus  
Crohn's\*  
Hashimoto's Thyroiditis\*  
Polymyositis  
Sjogren's Syndrome  
Bechet's Disease\*  
Primary Biliary Cirrhosis\*  
IBD\*  
Psoriasis, Dermatitis  
Diabetes  
Cardiovascular Disease\*  
Neuroendocrine tumors\*

ME/CFS\*  
Gulf War Syndrome\*  
Autism/ASD\*  
MS\*  
Parkinson's\*  
ALS\*  
Fibromyalgia  
Chronic Lyme Disease\*  
OCD  
ADHD  
PTSD  
Psychosis\*

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# How did mouse retroviruses get into humans?



“One of the most widely distributed biological products that frequently involved mice or mouse tissue, at least up until recent years, are vaccines, especially vaccines against viruses . . . It is possible that XMRV particles were present in virus stocks cultured in mice or mouse cells for vaccine production, and that the virus was transferred to the human population by vaccination.”

(Frontiers in Microbiology, January 2011)



# This email Brought a Phone Call And A Threat

**From:** Judy Mikovits <[jamikovits@gmail.com](mailto:jamikovits@gmail.com)>  
**Date:** August 31, 2011 8:24:00 PM PDT  
**To:** "Glynn, Simone (NIH/NHLBI) [E]" <[glynnsa@nhlbi.nih.gov](mailto:glynnsa@nhlbi.nih.gov)>  
**Cc:** Frank Ruscetti <[fwruscetti@gmail.com](mailto:fwruscetti@gmail.com)>  
**Subject:** Re: SRWG-lab subgroup

That's impossible

I have IRB protected data that I cannot even access until the 6th. I told that to Graham yesterday and he indicated that was fine. Given the complexities and limitations of this study, many of which were not recognized at the time the (flawed) experimental design was agreed upon, to have one day to agree upon a manuscript, a holiday at that, is totally unacceptable. This is NOT good science or the appropriate process. What is the rush?

Afraid the truth??? how many of these viruses were introduced into the human population and are now threatening a lot more than the blood supply ??!because a few declared it "impossible" 40 years ago and JC himself was the most vociferous!

how many XMRVs??

I am sending this to only Simone and Frank because I will make this rush a public relations nightmare for the entire US govt..

I have integration data and variants of many new strains!! Did those arrogant SOBs introduce these into humans and now are trying to cover it up??

And then pedigree the negatives with a test with a cutoff so high it would not find a willing roman in a whore house???

Wonder if anyone will listen to a press conference from me?? Asking how many new recombinants from Vaccines? From lab workers?? doctors?

The first ever contagious Human retrovirus???? Spread like mycoplasma?? Are you kidding me???

It happened once!!! How many xenograft cell lines were created?? How many vaccines contained mouse tissue??

These sick people lost their entire lives and this travesty of justice

These sick people lost their entire lives and this travesty of justice will not be carried out at their expense.. Not again

If we have to write and publish online a dissenting opinion, we will and I will not coauthor any paper that misrepresents our findings..

Not will our data be included .. You can simply say we all found nothing ..totally expected ANC we'll prove them all wrong.

Our assays may not be sensitive or reproducible given the complexity and lack of knowledge of reservoirs etc

Nothing about these data say anything about Lombardi et al or Lo et al

Except that there are likely many strains of XMRVs and only God knows the impact on chronic disease but nothing about this study says anything about our original discoveries

And if this is rushed to print without a fair and balanced discussion of its limitations, I will spend every minute of my life exposing the fraud that has been perpetrated against this patient population.

Judy Mikovits

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**CANCER** [LIVE]

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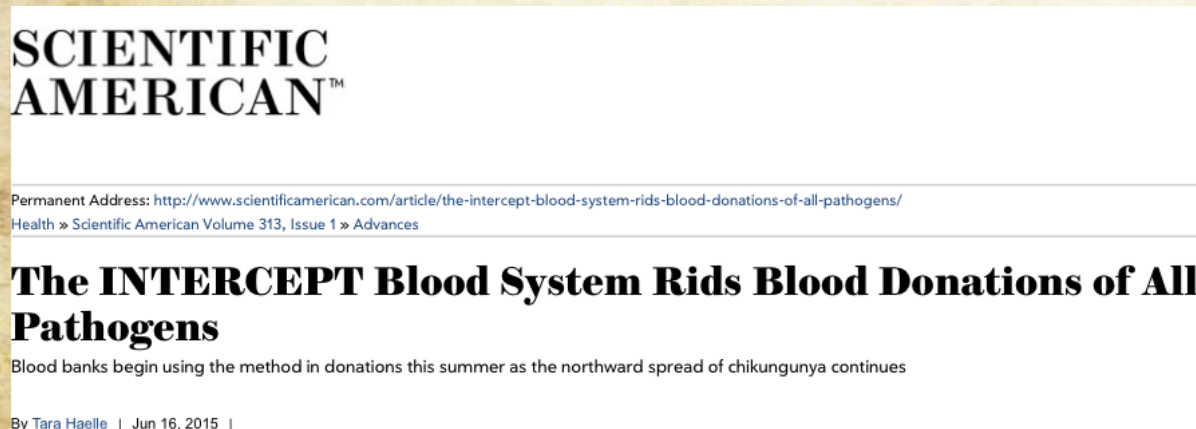
# THE BLOOD Supply IS CONTAMINATED with MLV-related viruses!

NYAS Mikovits March 29, 2011

**Antibodies to XMRV ENV Reproducibly Detected in 4-8 % Population In every single study!**

## Summary/Conclusions

- Data suggest there are different strains of Gamma Retroviruses that can infect humans
- Assays that capture the variation of these viruses in the blood supply are the best i.e. Serology and transmission
- Cerus Technologies can inactivate infectious strains of XMRV/HGRVs in Blood Components
- New Disease associations include leukemia, lymphoma and the platelet/megakaryocyte disorder, ITP
- Need more full length sequencing!!!



**FDA Approval December 1, 2014 of Intercept Blood System**



# “*Science* Started this and *Science* is going to End This”

John Coffin to Frank Ruscetti, November 2010

## Failure to Confirm XMRV/MLVs in the Blood of Patients with Chronic Fatigue Syndrome: A Multi-Laboratory Study

Graham Simmons,<sup>1</sup> Simone A. Glynn,<sup>2</sup> Anthony L. Komaroff,<sup>3</sup> Judy A. Mikovits,<sup>4</sup> Leslie H. Tobler,<sup>1</sup> John Hackett Jr.,<sup>5</sup> Ning Tang,<sup>5</sup> William M. Switzer,<sup>6</sup> Walid Heneine,<sup>6</sup> Indira K. Hewlett,<sup>7</sup> Jiangqin Zhao,<sup>7</sup> Shyh-Ching Lo,<sup>8</sup> Harvey J. Alter,<sup>9</sup> Jeffrey M. Linnen,<sup>10</sup> Kui Gao,<sup>10</sup> John M. Coffin,<sup>11</sup> Mary F. Kearney,<sup>12</sup> Francis W. Ruscetti,<sup>12</sup> Max A. Pfof,<sup>4</sup> James Bethel,<sup>13</sup> Steven Kleinman,<sup>14</sup> Jerry A. Holmberg,<sup>15</sup> Michael P. Busch,<sup>1\*</sup> for the Blood XMRV Scientific Research Working Group (SRWG)†

12 September 2011; accepted 20 September 2011

Published online 22 September 2011;

Mikovits said she hopes to have full sequences of her new viruses “in a couple of weeks.”

—JON COHEN

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### NEWS&ANALYSIS

#### VIROLOGY

## The Waning Conflict Over XMRV And Chronic Fatigue Syndrome

OTTAWA, CANADA—Less than a day after a new study dealt what many consider a lethal blow to the controversial theory that a newly detected virus, XMRV, is linked to chronic fatigue syndrome (CFS), proponents and skeptics of the theory squared off in a meeting here.

In one corner was Judy Mikovits, research director at the Whittemore Peterson Institute for Neuro-Immune Disease (WPI) in Reno, Nevada, and the main champion of the idea that XMRV and its relatives play a role in CFS. Her opponent, an erstwhile supporter, was heavyweight retrovirologist John Coffin of the Tufts University Sackler School of Graduate Biomedical Sciences in Boston. When Mikovits and Coffin took the stage at the meeting, which was organized by IACFS/ME (an international association devoted to the disease) and attracted 460 researchers and patients, they sat on opposite sides of the lectern. During their introductions, Coffin clasped his hands in front of his mouth, looking like a man in

had asserted—explained the XMRV DNA it found in some patient samples.

In Ottawa, Mikovits came out swinging. But she didn't make the case for XMRV, which stands for xenotropic murine leukemia virus-related virus. Instead, she offered new evidence that people with CFS (known as myalgic encephalomyelitis in some countries) had a virus “highly related” to XMRV.

Unlike the original study that appeared in *Science* that showed entire sequences of XMRV and infection of fresh cells, Mikovits revealed only partial viral sequences that she



Pro and con: Judy Mikovits (left) argued for the link between human



## The Whittemores are forgiven their crimes in exchange for destroying the data Mikovits defends with Solid Science

### NEWS

#### False Positive

By Jon Cohen, et al. | Sep 21st, 2011

Virology False Positive Jon **Cohen**, Martin Enserink A report in Science 2 years ago that linked a mouse retrovirus, XMRV, to chronic fatigue syndrome astonished scientists and patients alike. ... **COHEN/SCIENCE** If this seems like wordsmithing and splitting hairs, welcome to the confusing, maddening world of XMRV. ... In scientific circles, **Mikovits** has developed a less flattering reputation.

DOI: 10.1126/science.333.6050.1694 Science Vol. 333, No. 6050

### NEWS

#### Newsmakers

Oct 5th, 2011

[http://scim.ag/\\_JgNobels](http://scim.ag/_JgNobels) CFS Researcher Fired CREDIT: JON **COHEN/SCIENCE** Judy **Mikovits**, who for 2 years has championed the controversial theory that XMRV, a mouse retrovirus, has links to chronic fatigue syndrome (CFS), was fired on 29 September. The next day, a blogger raised questions about a slide **Mikovits** presented at a scientific meeting, triggering a probe by Science of a figure in a paper it published by **Mikovits** and colleagues in October 2009. ... In a termination letter dated 30 September, Annette Whittemore, CEO of WPI, charged **Mikovits** with being "insubordinate and insolent."

DOI: 10.1126/science.334.6052.24-a Science Vol. 334, No. 6052

When Max Pfof catches them In the act of setting up Mikovits on the night she is fired. Whittemores Unleash their power:

### Controversial CFS Researcher Arrested and Jailed: By [Jon Cohen](#) Nov. 19, 2011

Sheriffs in Ventura County, California, arrested Mikovits yesterday on [felony charges](#) that she is a fugitive from justice. She is being held at the [Todd Road Jail in Santa Paula](#) without bail. But *ScienceInsider* could obtain only sketchy details about the specific charges against her. The Ventura County sheriff's office told *ScienceInsider* that it had no available details about the charges and was acting upon a warrant issued by Washoe County in Nevada. A spokesperson for the Washoe County Sheriff's Office told *ScienceInsider* that it did not issue the warrant, nor did the Reno or Sparks police department. He said it could be from one of several federal agencies in Washoe County.



AND ARE REWARDED!

### Embattled Institute Retains Major Grant to Study Chronic Fatigue Syndrome

By Jon Cohen | Feb 8th, 2012

WPI, based in Reno, Nevada, could have lost the grant from the National Institute of Allergy and Infectious Diseases (NIAID) because in September, it fired Judy **Mikovits**, the principal investigator on the award. WPI subsequently filed a lawsuit against **Mikovits** for allegedly misappropriating property, and she also became subject to a related criminal case that led to her arrest and brief jailing. **Mikovits** has maintained her innocence and both cases still are in the courts.

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When I kept my promise, *Science* ended my career and those who participated in the fraud are REWARDED

NEWS

## New Data Spark Retraction Request for Chronic Fatigue Virus Study

By Jon Cohen | May 31st, 2011

As for the Levy study, **Mikovits** insists that her team carefully controlled for contamination of reagents. ... He says **Mikovits** and her team have offered "an endless succession" of criticisms about the way other labs have conducted studies. ... **Mikovits's** team is participating, and results are expected by the end of the year.

NEWS

## UPDATED: In a Rare Move, *Science* Without Authors' Consent Retracts Paper That Tied Mouse Virus to Chronic Fatigue Syndrome

By Jon Cohen | Dec 22nd, 2011

WPI's Judy **Mikovits**, who led the study with Ruscetti, says she and two of her contributing lab assistants refused to sign the retraction. ... **Mikovits** says this \$2.3 million study, funded by the U.S. ... "We think it's premature to do anything before it's complete," says **Mikovits**, who estimates they will have results within 2 months.

NEWS

## Insider Looking Out: How People With Chronic Fatigue Syndrome View the Death of XMRV

By Jon Cohen | Sep 27th, 2011

Several stressed that **Mikovits**, research director of the Whittemore Peterson Institute for Neuro-Immune Disease (WPI) in Reno, Nevada, long has argued that XMRV relatives are linked to the disease—not just a single isolate of XMRV—and that the new findings only sharpen the hunt for the real culprits. One blog poster, a clinician who tested positive for XMRV and began taking antiretroviral drugs, praised **Mikovits** for a debate she had at a CFS meeting last week in Ottawa, Canada, at which leading researchers discussed the new findings. ... **Mikovits** went up against Darth Vader today in Ottawa," she wrote (Darth Vader being retrovirologist John Coffin of Tufts University in Boston, Massachusetts).

Paper co-author Robert Silverman of the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University sent this statement to Science Insider:

*I requested a full retraction of our findings this summer after discovering that the blood samples were contaminated. I was in favor of a retraction of the entire paper at that time. I am pleased to see that the Journal has now granted a retraction of the entire paper, and I agree with that decision.*

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# Scientific Fraud: Deliberately use wrong patients and change study AIM

*“Designed to Fail”*

## **Lipkin Multi-Center Study (2012) – The Great Debunker!!!!**

1. Medical or psychiatric condition that might be associated with fatigue
2. Abnormal serum characteristics
3. Abnormal thyroid functions
4. Lyme disease spirochete
5. Treponema pallidum (tapeworm)
6. Hepatitis B or C virus
7. HIV infection

“We found retroviruses in 85 percent of the sample pools. Again, it is very difficult to know whether this is clinically significant or not. And given the previous experience with retroviruses in chronic fatigue, I am going to be very clear in telling you, although I am reporting them in Professor Montoya’s samples, neither he, nor we, have concluded there is a relationship to disease.”

(Dr. Lipkin in a public conference call with the Centers for Disease Control, September 10, 2013)

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**"However, the group also recommended that further studies be Undertake urgently and internationally to put into perspective the very low levels of RT activity found in the vaccines."**

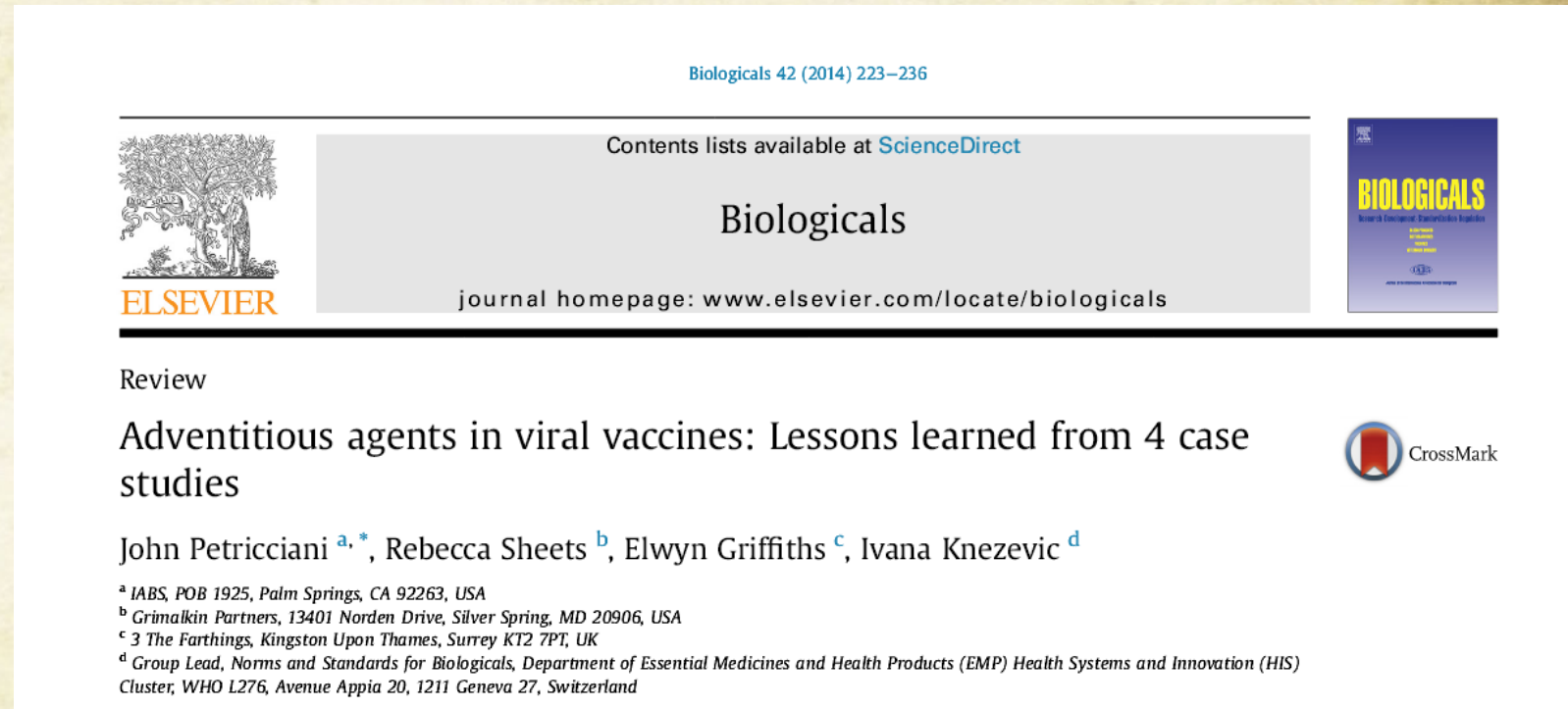
#### 4.1. Initial findings

The discovery in 1995 of reverse transcriptase (RT) activity in marketed measles, mumps and rubella (MMR) vaccine raised concerns that the vaccine was contaminated by an unrecognized avian retrovirus with unknown safety implications.

#### 4.2. Background

The usual flow of genetic information is from DNA to RNA. However, the reverse of that process was discovered to be mediated by an RNA-dependent DNA polymerase (reverse transcriptase) that some RNA viruses, such as retroviruses, use to reverse-transcribe their RNA genomes into DNA. That viral DNA can then be integrated into the host genome and replicated, resulting in the production of more RNA virus. RT activity has therefore been used as a biochemical marker for the presence of retroviruses. However, the

genes that encode RT are widely distributed in eukaryotic organisms and all reverse transcriptases are evolutionarily related. In addition, cellular DNA-directed DNA polymerases can exhibit some ability to use RNA as a template and reverse-transcribe as well.





## Independent analysis of the Priorix Tetra vaccine confirmed the presence of the following contaminating retroviruses:

These viruses are known to be adventitious vaccine contaminants and are known to be potentially dangerous, which is why manufacturers are required to verify that they are completely absent from the vaccine. The presence of potentially dangerous adventitious viruses which certifies that there is no adequate control on vaccines because if there were, these elements would have been detected.

- **Human endogenous retrovirus K - 32 sequences**
- **Equine infectious anemia virus - 2 sequences**
- **Avian leukosis virus - 2 sequences**
- **HERV-H/env62 - 4 sequences**



Residual DNA/RNA deriving from cultured cells - Total amount of DNA: 1.7-3.7 µg/dose, the 80% of which was human (Human fetal DNA / RNA from the MRC-5 cell line). Other amount of DNA: chicken

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# INFECTIOUS VIRUS IS NOT NECESSARY TO *CAUSE* DISEASE

Murgai et al. *Retrovirology* 2013, **10**:34  
<http://www.retrovirology.com/content/10/1/34>



RETROVIROLOGY

## RESEARCH

## Open Access

### Xenotropic MLV envelope proteins induce tumor cells to secrete factors that promote the formation of immature blood vessels

Meera Murgai<sup>1</sup>, James Thomas<sup>2</sup>, Olga Cherepanova<sup>1</sup>, Krista Delviks-Frankenberry<sup>4</sup>, Paul Deeble<sup>3</sup>, Vinay K Pathak<sup>4</sup>, David Rekosh<sup>5</sup> and Gary Owens<sup>1\*</sup>

ENV proteins from both viruses impact tumor pathogenesis (change microvasculature)

Similarities to Vascular Pathologies seen in ME/CFS & Vaccine injuries

Microvasculature aberrations caused solely by XMRV ENV protein

“Although it is highly unlikely that either XMRV VP62 or B4Rv themselves infect humans and are pathogenic, the results suggest that xenograft approaches commonly used in these studies of human cancer promote the evolution of novel retroviruses with pathogenic properties. Similar retroviruses may have evolved to infect humans!”

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U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Biologics Evaluation and Research  
February 2002

They withdrew in on: Withdrawn May 2015 ( Coffin was part of the meetings where they said partners of xeno were not at risk when all previous research said they were. They didn't want it to show that close contact relatives could catch something from a xeno recipient)

## **Withdrawn - Draft Guidance for Industry: Precautionary Measures to Reduce the Possible Risk of Transmission of Zoonoses by Blood and Blood Products from Xenotransplantation Product Recipients and Their Intimate Contacts**

The guidance document entitled "Draft Guidance for Industry: Precautionary Measures to Reduce the Possible Risk of Transmission of Zoonoses by Blood and Blood Products from Xenotransplantation Product Recipients and Their Intimate Contacts" was withdrawn on May 8, 2015. Please visit: <http://www.gpo.gov/fdsys/pkg/FR-2015-05-06/html/2015-10477.htm> for additional information. that link goes to this:

[Federal Register Volume 80, Number 87 (Wednesday, May 6, 2015)]  
[Notices]  
[Pages 26059-26061]

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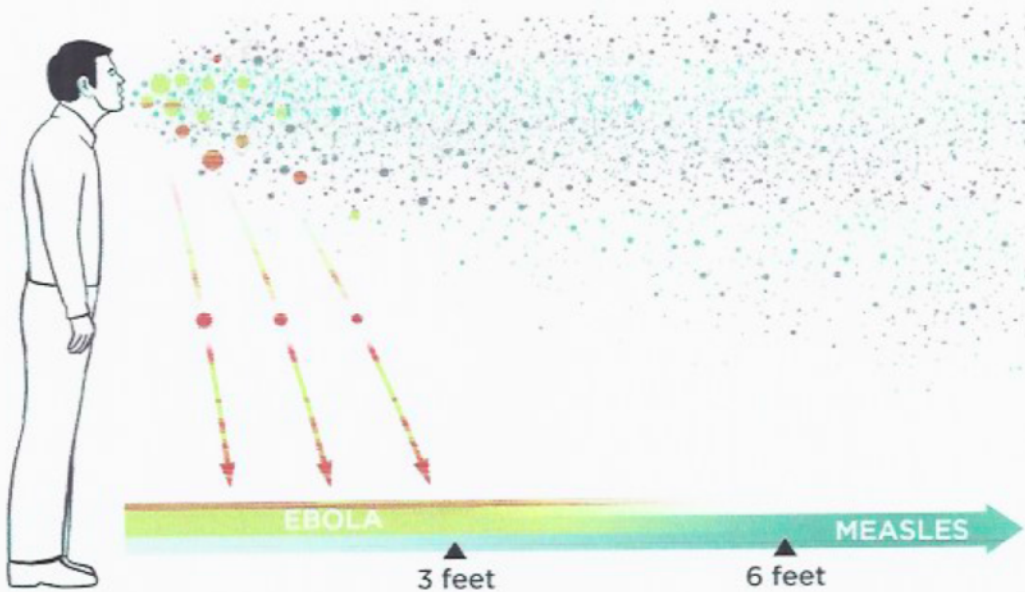
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## Ebola In The Air: What Science Says About How The Virus Spreads

DECEMBER 01, 2014 12:29 PM ET

MICHAELEEN DOUCLEFF



Viruses can spread through the air in two ways: inside large droplets that fall quickly to the ground (red), or inside tiny droplets that float in the air (gray). In the first route, called droplet transmission, the virus can spread only about 3 to 6 feet from an infected person. In the second route, called airborne transmission, the virus can travel 30 feet or more.

Adam Cole/NPR

Here's an Ebola puzzle for you: If the virus isn't airborne, why do doctors and nurses need to wear full protective suits, with face masks, while treating patients?

Harold Varmus was NIH Director who implemented the xenotransplantation program in 1999. This included xenografts for cancer research, gene therapy. Varmus also started the NIH Vaccine Research Program.

Many infectious diseases of animals can be transmitted to humans via routine exposure to or consumption of animals (e.g., rabies). Viruses that are not pathogenic in their natural host reservoirs may, in some cases, be highly pathogenic when transmitted to a new host species. Several zoonotic viruses have produced significant outbreaks when introduced into human hosts under normal circumstances of exposure (e.g., Ebola, Hanta Virus, Influenza).

Consequently, the recipient of a xenotransplant is potentially at risk for infection with infectious agents already known to be transmissible from animals to humans as well as with infectious agents, which may become transmissible only through xenotransplantation and which may not be readily identified with current diagnostic tools. Infected xenograft recipients could then potentially transmit these infectious agents to their contacts and subsequently to the public at large.

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# National Vaccine Injury Compensation Program: BEYOND CORRUPTION

Prepared for February 27 and 28<sup>th</sup> meeting of Advisory Committee on Immunization Practices by Judy A. Mikovits, PhD

Since 2015 Dr. Ruscetti and I have been providing expert testimony for vaccine injury cases in the national Vaccine Injury Compensation Program. This Program is directed by Captain Narayan Nair, MD. I was disturbed to hear Dr. Nair's update on the program presented to the committee on February 28<sup>th</sup>, 2019. He reported large increases in claims filed in the program with 1243 claims filed in FY 2018 with 226 million dollars awarded in compensation and 26.9 million paid in attorney's fees. This was an increase from the previous fiscal year of 411 claims with 74.4 million awarded. Dr. Nair reported that because of the increased claims there is a backlog of 726 claims. He went on to say between 2006 and 2012 there were 6000 claims and of those 70% were compensated. He stated that since 3.4 billion doses were given during that time period then 1 million doses equals 1 compensated claim. This is a highly misleading statement suggesting erroneously that there is only 1 Injury justifying compensation per 1 million doses of vaccine. Nothing could be further from the truth and the public is continuously being misled.

Dr. Nair described the program's approach as "the vaccine is guilty unless proven innocent." It has a table listing injuries and conditions that could potentially be caused by each vaccine within a certain time frame after a shot is received. They include fainting, bowel obstruction and brain inflammation. Dr. Nair said if someone's medical condition matches a description on the table, "they get the presumption of causation."

## The New York Times

June 18, 2019

### *Vaccine Injury Claims Are Few and Far Between*

Data from a federal program designed to compensate people harmed by vaccines shows how rare it is for someone to claim they were hurt after getting vaccinated.

THE TRUTH ABOUT  
**CANCER** [LIVE]

ANAHEIM, CALIFORNIA 2019



**HHS And DOJ Committing Federal Crimes Against Innocent Victims:  
Vaccines Are Presumed Innocent at all Costs.  
The True Costs Buried with The Victims Of Unsafe and Untested Vaccine**

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**IN THE UNITED STATES COURT OF FEDERAL CLAIMS  
OFFICE OF SPECIAL MASTERS**

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CATHERINE GERTRUDE McCABE,

Petitioner,

v.

SECRETARY OF HEALTH  
AND HUMAN SERVICES,

Respondent.

\*\*\*\*\*

No. 13-570V  
SPECIAL MASTER  
CHRISTIAN J. MORAN

**RESPONDENT'S OPPOSITION TO PETITIONER'S  
REQUEST FOR FEES AND COSTS**

On December 5, 2018, petitioner filed an Application for Attorneys' Fees and Costs ("Application"). Petitioner requested \$113,034.65 in attorneys' fees and \$73,610.58 in costs, for a total of \$186,645.23. Application at 1. As explained below, the Secretary of Health and Human Services ("respondent") maintains that petitioner lost reasonable basis for her claim after the filing of respondent's expert report from Dr. Thomas Leist. Therefore, petitioner is not entitled to receive a discretionary attorneys' fees and costs award beyond February 20, 2015.



# Call To Action

- Repeal 1986 National Vaccine Injury Compensation Act
- Enact immediate Moratorium on ALL Vaccines Until All and the entire Vaccine Schedule Is Safety Tested
- End all Mandates and Restore Liability to all
- Convict criminals at CDC, FDA, NIH for crimes against humanity
- Eliminate Advisory Committee on Immunization Practices (ACIP)
- Use NIH and CDC & FDA Patent Royalties to Compensate all Victims of this 35 Year Plague Of Corruption



*Thank You*

THE TRUTH ABOUT  
**CANCER** [LIVE]  
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