

## Expert Commentary Series

# ***Ad Hominem* Attacks Against Investigative Journalist Brian Deer: A Clear Example of Antivaccinationists' Inability to Address the Issues, Poor Scholarship, and Just Plain Unethical Behavior**

**by Joel A. Harrison, PhD, MPH  
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**For those interested in investigating the complete story, including documentation, (Accessed October 25, 2016):**

Brian Deer: "Wakefield & MMR: how a worldwide health scare was launched from London" at: <http://briandeer.com/mmr/wakefield-archive.htm> )

Brian Deer: the Lancet scandal at: <http://briandeer.com/mmr-lancet.htm>

Brian Deer: the Wakefield factor at: <http://briandeer.com/wakefield-deer.htm>

Brian Deer: Solved - the riddle of MMR at: <http://briandeer.com/solved/solved.htm>

Brian Deer: Secret of the MMR scare at: <http://briandeer.com/solved/bmj-secrets-series.htm>

Brian Deer: [Summary of Investigation] Exposed: Andrew Wakefield and the MMR-autism fraud at: <http://briandeer.com/mmr/lancet-summary.htm> )

Unfortunately, many people will read what antivaccinationists write about Brian Deer and what he wrote without taking the time and effort to actually investigate for themselves (See *Ad Hominem* Attacks below).

**For those interested, through the UK Freedom of Information Act, the complete transcript of the UK General Medical's Fitness to Practice Panel's three-year hearing has been made available on the Internet in two versions, one in day order and one grouped by type and name of witness, allowing one to carry out specific searches at:**

**General Medical Council: Transcripts: Grouped at:**  
<http://sheldon101blog.blogspot.com/p/grouped-wakefield-transcripts.html>

**General Medical Council: Transcripts: Day Order at:**  
<http://sheldon101blog.blogspot.com/p/day-order-wakefield-transcripts.html>  
<https://drive.google.com/file/d/0B9Ek8hRNlhrb-NTk4MWI5YjktMDU3MS00MWU1LWFiZjQjZjA3MzI0ZDM0NTBI/view?hl=en&pref=2&pli=1> )

## Introduction

In a series of articles in *The London Sunday Times*, investigative journalist Brian Deer uncovered numerous problems with the case series presented by Andrew Wakefield in a 1998 article published in the British medical journal *The Lancet*, the details of which can be found in the articles listed in the text box above and within my previous articles posted as part of the Every Child By Two (ECBT) Expert Commentary Series at: <https://www.vaccinateyourfamily.org/expert-commentary/>

Almost immediately antivaccinationists began an ongoing series of *ad hominem* attacks against Brian Deer. The purpose of this paper is to show that *ad hominem* attacks not only represent a false logic; but serve as a desperate act by those incapable of logically and scientifically supporting their positions. Not only are they illogical desperate acts; but a clear display of unethical behavior, attacking the messenger rather than the message. In addition, this paper will show that even the *ad hominem* attacks resorted to were wrong and, thus, one more example of the poor scholarship displayed by antivaccinationists.

## Background

Andrew Wakefield is a prominent figure among those who fear that vaccines cause more harm than good. When the UK's General Medical Council (GMC) revoked his license, his supporters viewed the decision as a political move to silence Wakefield's criticism of vaccine safety and his claims that vaccines, the MMR vaccine in particular, played a causal role in the increase in rates of autism and other childhood disabilities. The GMC's hearings and actions along with articles by investigative journalist Brian Deer presented Wakefield the ideal opportunity to become a martyr.

On February 28, 1998, Wakefield published an article in the *Lancet* describing 12 children "with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms. . . Onset of behavioral symptoms was associated by the parents with measles, mumps, and rubella vaccination in eight of the 12 children" (Wakefield, 1998). The paper itself did not claim that the MMR vaccine caused the symptoms, but the inclusion of the parent's attributions raised such a possibility. Previous and subsequent statements and articles by Wakefield indicated he believed a causal link was highly probable (20/20 Interview, 1998; Pulse, 1997; The Royal Free Hospital School of Medicine Press Release, 1998; Wakefield, 2000; Wakefield, 2002). Vaccination rates plummeted in the UK from 92% in 1996/97 to 80% in 2003/2004 (Public Health England, 2014ab), and outbreaks of vaccine-preventable diseases followed (Deer, 2006; Jansen, 2003; Ramsay, 2013).

"Investigative journalist Brian Deer was assigned to investigate the crisis [increase in measles cases]" (Summary of the investigation, Deer, 2016). On February 22, 2004, the first in a series of reports by Deer was published in *The London Sunday Times*, revealing numerous acts of dishonest and unethical medical practices by Wakefield related to the published article (Deer,

2004a). Deer's articles and subsequent events led 10 of the 13 co-authors to publicly retract the part of *the Lancet* article associating the MMR vaccine with autism (Murch, 2004). Wakefield's original article was retracted by *the Lancet* in February 2010 (The Editors of *The Lancet*, 2010).

## **The Dishonesty and False Logic of *Ad Hominem* Attacks**

Eons ago, or to be more exact, as a young college student in the early 1960s, I was required to take 60 credits of "general education courses." Among the required courses was Logic. We had two textbooks, one for formal logic and a second book by Fearnside and Heller entitled "Fallacy: the Counterfeit of Logic." Though well-worn, I still own the latter book and refer to it often. I've written about *Ad Hominem* attacks in a previous article for ECBT (Harrison, 2015).

From Fearnside & Halter:

Damning an opponent is a common and odious method of damning the source. Personal attacks are effective because it is difficult to credit a man who has been tarred and feathered with obloquy. There is no argument easier to construct or harder to combat than character assassination, and this may be the reason personal attacks are so commonly on the lips of ignorance and demagoguery.

How, then, can one take account of the character and motives of parties to an argument without falling into fallacy? Personal considerations are certainly relevant for judging the reliability of a man, his willingness to tell the truth. If judgment of a man holds him unreliable, then his statements are rightly suspect. But there is a *difference between "suspect" and "false"*. [my emphasis] (Fearnside, 1959, p.99)

And from a more recent book, Carroll writes:

Don't reject an argument just because you don't like the arguer or you question his motives.

The ad hominem fallacy occurs when one mentions things about a person in an attempt to show that the person's argument is flawed. An argument stands or falls on whether its premises adequately support its conclusion. . . Personal characteristics, associations, past history, motives, and the like of the one making the argument are irrelevant to whether premises support a conclusion.

No argument is refuted by showing that the arguer is flawed or biased. Good people with good intentions can argue fallaciously and bad people with evil motives can argue cogently. (Carroll, 2013, p.17)

Or from RationalWiki:

<https://www.vaccinateyourfamily.org/wp-content/uploads/2019/05/Joel-A.-Harrison-2016-Dec-6.-Expert-Commentary-Series-Ad-Hominem-Attacks-Against-Investigative-Journalist-Brian-Deer.pdf>

An argumentum ad hominem (from the Latin for "to the person") is a logical fallacy that occurs when one attacks the person making an argument rather than the argument itself. The fallacy is a genetic fallacy -- the source of the argument is almost always irrelevant to its truth. Even if the ad hominem attack is true, that fact has no bearing on whether the disputant's argument is logically sound. (RationalWiki, "Argumentum ad hominem")

In other words, labeling and attacking someone is a way of avoiding actually addressing/critiquing/analyzing what they write. It either reflects an inability to think logically and scientifically and/or a dishonest attempt to get readers biased so that they either do not even bother to read what the person said or read it with a predetermined closed mind. Personally, I think resorting to character assassination says more about the person using *ad hominem* attacks than the target, i.e., a clear display of unethical behavior.

### **Rebuttals to the *Ad Hominem* Attacks of Brian Deer**

In an article posted on *Age of Autism* by J.B. Handley entitled "Keeping Anderson Cooper Honest: Is Brian Deer The Fraud?", **Handley (2011) writes:**

"I watched Brian Deer's appearance on Anderson Cooper 360, the one where he closed his eyes for extended periods of time when Anderson asked him certain tough questions, and kept wondering to myself, 'Who IS this guy?'"

#### **Harrison's Response:**

A famous experiment from many years ago by David Rosenhan (1973) entitled "On Being Sane in Insane Places" may cast some light on the above statement by Handley. The introduction to the article states: "*What is -- or is not -- "normal" may have much to do with the labels that are applied to people.*" The study basically tested whether trained professionals could distinguish people with psychiatric problems from normal people. Volunteers, called "pseudopatients", made appointments for interviews at psychiatric facilities where they complained they had been hearing voices. Once admitted they were instructed to otherwise act normally:

[the pseudopatient] spent his time writing down his observations about the ward, its patients, and the staff. Initially these notes were written "secretly," but as it soon became clear that no one much cared, they were subsequently written on standard tablets of paper in such public places as the dayroom. No secret was made of these activities. . . If no questions were asked of the pseudopatients, how was their writing interpreted? Nursing records for three patients indicate that the writing was seen as an aspect of their pathological behavior. "Patient engaged in writing behavior" was the daily nursing comment on one of the pseudopatients who was never questioned about his writing. Given that the patient is in the hospital, he must be psychologically disturbed. And given that he is disturbed,

continuous writing must be behavioral manifestation of that disturbance, perhaps a subset of the compulsive behaviors that are sometimes correlated with schizophrenia. (ibid)

When pondering an idea or answering a question, I sometimes close my eyes, other times, I stare off into space. I've asked several friends if they do the same, to which they answered, "Yes." Handley has obviously framed his view of Brian Deer with a label of not trustworthy, so he sees what I consider normal behavior as raising alarms. I ask the reader to consider if he or she has ever closed their eyes when considering an answer to a question. If so, then based on Handley's perspective, you may be untrustworthy. Whereas Handley writes: "where he closed his eyes for extended periods of time when Anderson asked him certain tough questions," I watched the same program several times and noticed Deer close his eyes briefly, a couple of seconds. I suggest the reader watch the program for themselves, Anderson Cooper 360°: "Journalist Brian Deer responds to Dr. Andrew Wakefield" January 7th, 2011 at:

<http://ac360.blogs.cnn.com/2011/01/07/video-journalist-brian-deer-responds-to-dr-andrew-wakefield/>

**Handley (2011)** then goes on to quote from an alleged e-mail from Alastair Brett, Legal Manager of the *Sunday Times*:

*"It is quite clear that you do not understand English. Brian Deer is not a member of the Sunday Times staff. He is a freelance journalist who runs his own website and blog and is not under the control or direction of the Sunday Times. Mr. Deer should not represent himself as a Sunday Times journalist. He is not a member of staff, does NOT have a regular salary from us, is not on our pension scheme and pays his own tax as a freelance. If he says that he writes for the Sunday Times that would be correct. He is a contributor to The Sunday Times on an occasional basis but again we have no control over him ..."*

**- Alastair Brett, Legal Manager, Sunday Times**

Followed by **Handley stating** among his points that:

**1. He's not a Sunday Times reporter, and never has been, so who the heck is paying his bills?** He has published very little since 2004, despite being a freelance journalist.

**13. Anderson Cooper called Brian Deer "an independent journalist who's won many awards" and he's neither.** As far as awards go, his fairly narcissistic and odd website (checkout the picture gallery!) cites exactly ONE award he has one, in

<https://www.vaccinateyourfamily.org/wp-content/uploads/2019/05/Joel-A.-Harrison-2016-Dec-6.-Expert-Commentary-Series-Ad-Hominem-Attacks-Against-Investigative-Journalist-Brian-Deer.pdf>

1999, at The British Press Awards HERE: Specialist Reporter of the Year -- Brian Deer, Sunday Times.  
Many awards? Independent? Give me another break!

### **Harrison's Response:**

There is no way to know if the above quote from Alastair Brett is valid. In addition, if valid, there is no way to know if and how it was edited, nor what the complete e-mail contained. However, it states that Brian Deer "is a contributor to The Sunday Times on an occasional basis but again we have no control over him". Appendix 1 gives a search of LexisNexis Academic which found 217 articles in *The Sunday Times* by Brian Deer going back to July 1985. In addition, Deer lists on his website nine longer stories in *The Sunday Times Magazine* and one in *The Times Educational Supplement* which I've listed in Appendix 2. So, all in all, 227 articles were written by Brian Deer for the *Sunday Times* over a period of 30 years. Doesn't sound like "an occasional basis" to me. In addition, I'm not sure what the phrase "have no control over him" means? The *Times* editorial staff certainly determines what is printed and one would assume also does actual editing. As for "paying his bills", who does Handley think paid Deer for 227 articles? As for "he has published very little since 2004", the LexisNexis gives 34 articles from 2005 and 41 including 2004. In addition, there are, of course, his seven articles in the BMJ and one on the BMJ Blog (see Appendix 2). In addition, Deer has 10 articles in various other news outlets (ibid). All in all, a total of 245 published articles over a span of more than 30 years.

In several of his articles Deer is listed as the *Times* Social Affairs Correspondent (e.g. Deer, 1988). And an article in the UK Press Gazette confirms Deer's position on the *Times*:

Social affairs is currently the boom area of serious journalism, says Brian Deer, who is in charge of the beat for The Sunday Times. It is also a very challenging specialism requiring a soft heart, a hard nose, a quick brain and a good capacity for striking a balance.

If you feel that social affairs are things that begin at dinner parties and invariably end in tears, the time has arrived when you'll have to think again. Social affairs is now the fastest-growing beat in journalism and is set to become a powerful force in news and current affairs.

*Sunday Times* editor Andrew Neil was first off the mark, giving a reporter (as, it happens, myself) the title of social affairs correspondent two and a half years ago. The Western Mail followed soon after, and more recently the Press Association and the Financial Times have both created the job. (UK Press Gazette, 1988)

At the end of an article by Brian Deer published in *The Sunday Times*, it states:

#### **THE INVESTIGATOR**

Brian Deer spent four months investigating the MMR scare. His previous ***assignments for this newspaper*** [my emphasis] have led to drugs being withdrawn,

doctors being prosecuted and new laws being enacted. *As one of Britain's top investigative journalists, he has also had to work under assumed names because pharmaceutical companies have tried to block his inquiries.* [my emphasis] (Deer, 2004a)

*The Times* Editorial Staff must have either written the above paragraph or read and approved it.

A Wikipedia article on Deer (note that I checked out every reference given in the Wikipedia article and obtained copies) writes:

**1 Career.** After graduating in philosophy from the **University of Warwick**, he became editor and press officer for the Campaign for Nuclear Disarmament, and was a member of The Leveller magazine collective. Subsequently he joined *The Times*, then *The Sunday Times*, first as a business news subeditor and then as a staff news reporter and feature writer. In the 1980s, under *Sunday Times* editor Andrew Neil, he was the UK's first social affairs correspondent, and between 1990 and 1992 reported from the United States.

**1.2 Honours.** Working for *The Times* and *The Sunday Times* Deer received several awards, including two British Press Awards for his *Sunday Times* investigations. Following his first British Press Award in 1999, in February 2011 he was nominated for two more, in the categories of news reporter of the year and specialist journalist of the year, the latter of which he won on 5 April 2011. In October 2011, Deer won the annual HealthWatch award, previously awarded to Sir Iain Chalmers, Professor David Colquhoun, and other prominent British medical campaigners. (Wikipedia. "Brian Deer")

As I mentioned above, I obtained the articles in the Wikipedia reference list. Some of them are:

Flanagan, Padraic (1999 Mar 25). *The Guardian* takes two top newspaper awards. *The Press Association*. [list includes: Specialist Reporter of the Year -- Brian Deer, *Sunday Times*] Available at: <http://briandeer.com/award.htm>

Healthwatch Award (accessed 2016 Oct 25). Available at: <https://www.healthwatch-uk.org/awards.html>  
[lists: "2011 Brian Deer: for contributing to the public's understanding of health issues"]

*The Sunday Times* (2011 Feb 27). *The Sunday Times* wins 15 nominations for the 2011 British Press Awards. *The Sunday Times*. [writes: "The remarkable investigative work of Brian Deer in exposing the MMR scandal has been recognised with two nominations, for news reporter and specialist journalist of the year"]

Press Gazette (2011 Apr 5). The Press Awards 2011: The full list of winners. Available at: <http://www.pressgazette.co.uk/press-awards-2011-the-full-list-of-winners/> [lists: “Specialist Journalist of the Year—Brian Deer The Sunday Times...News Reporter of the Year—Brian Deer The Sunday Times]

Society of Editors (accessed 2016 Oct 25). Press Awards Winner 1990 - 1999. Available at: <http://www.pressawards.org.uk/page-view.php?pagename=1990-1999-Winners> [lists: Specialist Reporter of the Year - Brian Deer (Sunday Times)]

Society of Editors (accessed 2016 Oct 25). The winners and shortlists for The Press Awards 2010. Available at: <http://www.pressawards.org.uk/pageview.php?pagename=Winners-Shortlist> [lists: “Specialist Journalist of the year— WINNER Brian Deer The Sunday Times, finalist News Reporter of the Year— Brian Deer - The Sunday Times]

The evidence certainly contradicts the claim that Brian Deer only occasionally writes for *The Sunday Times*.

Despite Handley’s claim of only one award, he has received several awards as well as additional nominations for journalism, including prior to his work on Wakefield and the MMR. As for Handley’s claim that Deer was not employed by the *Times*, not only did he have the position with *The Times* of Social Affairs Correspondent; but all of his awards and nominations include his affiliation with *The Times*, including an article in *The Sunday Times* announcing one of his nominations. So, I don’t know if the e-mail from Alastair Brett is real nor, if real, if the quote was accurate. What I do know is that, if accurate, the overwhelming evidence, I repeat, “the overwhelming evidence” refutes it. So, when Handley writes: “He’s not a Sunday Times reporter, and never has been, so who the heck is paying his bills?”, he is displaying a typical trait of many antivaccinationists, that is, cherry picking, finding something that confirms his rigid ideology and not bothering to delve deeper into the subject. Not a trait that engenders much confidence in Handley or other antivaccinationists.

**Handley (2011), in another of his points, writes:**

**2. When Brian Deer began his investigation of Andy Wakefield, he was supported by a pharmaceutical front group**

WAKEFIELD: Well, that's interesting you should say that, because he was supported in his investigation by the Association of British Pharmaceutical Industries, which is funded directly and exclusively by the pharmaceutical industry.

So...

“Deer was provided with free assistance by Medico-Legal Investigations a company owned and controlled by the Association of the British Pharmaceutical Industry - I

have documentation on this. MLI specialise [sic] in getting medical doctors prosecuted by the General Medical Council. And that was done before he published in The Sunday Times in Feb 2004.”

### **Harrison’s Response:**

Wakefield claims he has documentation to prove the above. Let’s see it. Deer’s response to the allegation, originally made by Martin J. Walker, is that:

The truth is rather different, and rather awkward for Walker, as he seeks to sponge off families hit by autism. As would be the duty of any responsible investigative journalist, tackling a serious, complex issue such as MMR, my inquiries involved interviews with hundreds of sources, drawn from many relevant backgrounds and viewpoints. The first of these interviews was with Jackie Fletcher of the litigation and campaign group JABS. The second was with a litigant, and close Wakefield collaborator, Rosemary Kessick of Peterborough, Cambridgeshire. And another of these hundreds of interviews was with a doctor-lawyer called Jane Barrett, who works with MLI [Medico-Legal Investigations].

Why MLI? Well, it's a respectable business, with a track record of evaluating conduct. Usually it's that of doctors faking medical research while employed by drug firms or health bodies. You'd think that Walker, if he genuinely cared about the integrity of medicine, would welcome the company's objectives and achievements. MLI's sometime chairman, Dr Frank Wells, for example, is co-editor of a highly regarded book called "Fraud and Misconduct in Biomedical Research". It was published by the BMJ.

In my interview with Barrett, we discussed the role of ethics committees and the EU clinical trials directive. This is routine research for journalists: a staple of professional reporting. Walker wouldn't grasp this - since he fabricates his material - but we do this kind of stuff every day. Moreover, it wasn't hidden, as Walker implies, but has been declared by me - for example in legal papers served on Wakefield in 2005:

*"3.87. The Third Defendant additionally carried out numerous interviews and studied various publications concerned with the ethics of research, including discussions with the editors of The Lancet and the British Medical Journal, Department of Health sources, the chair of the RFH ethics committee, Dr Evan Harris, MP for Oxford West and Abingdon, who maintains a special interest in medical ethics, Dr Jane Barrett, a doctor and lawyer with Medico-Legal Investigations, RFH doctors, and others."*

No doubt, MLI - who I first stumbled on during a *Sunday Times* investigation in 1997 - hoped that a namecheck in the paper might be good for its business. But, as it turned out, no interview material was used, or even relied upon in anything published. However, in much the same way that the *Lancet's* editor, Richard Horton, issued a press notice following a meeting with me in 2004, MLI was evidently so excited to be interviewed at all that it trumpeted the fact on its website. Nowhere, in a far-from-conspiratorial online reference, does it claim to have investigated anything, or to have collaborated with me. It didn't.

Would it have mentioned me on its website if it had?

Stupidity aside, underlying Walker's message is the insinuation that I'm on the take. On this point, his smearing snidery came to the fore early on. In 2007, he peddled this filth:

"One unanswered question remains writ large, 'Does anyone other than the Sunday Times newspaper, fund Brian Deer to carry out this work?'" (Deer, 2011)

Perhaps Wakefield's documentation refers to the above mentioned legal papers served on Wakefield in 2005? All that we have in Handley's paper are allegations without any corroborative evidence. And the only evidence I have found is that among Deer's many interviews, one was with Dr. Jane Barrett, a doctor and lawyer with Medico-Legal Investigations. Not exactly a smoking gun.

In one of his papers, Martin J Walker writes about Medico-Legal Investigations (MLI), including Dr Frank Wells, one of its founders (Walker, 2009a). As Walker points out, exactly what Deer writes, Wells is the co-author of a book entitled *Fraud and Misconduct in Biomedical Research*. A PDF of an earlier edition of the book (Third Edition), 2001 is available at: [http://himam.ajums.ac.ir/himam/Documents/Copy%20of%20Fraud%20And%20Misconduct%20In%20Biomedical%20Research%20%7B0727915088%7D\\_20130507\\_145215.pdf](http://himam.ajums.ac.ir/himam/Documents/Copy%20of%20Fraud%20And%20Misconduct%20In%20Biomedical%20Research%20%7B0727915088%7D_20130507_145215.pdf) (accessed October 25, 2016)

As one of the co-founders of Medico-Legal Investigations, Dr. Wells is considered an authority on the subject. So, who should an investigative journalist turn to for learning more about the ins and outs of fraud and misconduct in biomedical research? Among many interviews during his investigation, Medico-Legal Investigations was one of them. And despite Medico-Legal Investigation's affiliations, neither Walker nor Handley give any evidence for a bias on MLI's part nor how Brian Deer used the information he received from his interview with Dr. Barrett in the context of all the other information he was amassing. As an aside, Walker writes: "Wells is also the author of *Pharmaceutical Ethics*." (ibid, p. 19). Nope, Wells was not the author of *Pharmaceutical Ethics*, though he did write a review of it (Wells, 2004). Besides mainly hyperbole, innuendo, and speculation, Walker doesn't seem to do much fact checking.

**Handley (2011), in another point, continues:**

#### **4. Deer is the person who filed the complaint against Andy Wakefield with the GMC in the first place – he wagged the dog!**

Brian Deer, a journalist hired by a pharmaceutical front group, a group that specialized in reporting doctors to the GMC, was the only person in all of Britain interested in filing a complaint about Wakefield's study with the GMC, and he didn't even do so until 6 years after Wakefield's work had been published in *The Lancet*.

According to Handley, citing "journalist" Martin Walker:

The GMC hearing could be part of a law school learning module on abuse of process, nowhere more so than in its origins. How could it be possible for a single pro vaccine journalist to have such command of the medical-legal process that he can initiate one of the biggest prosecutions in GMC history against three doctors whose research casts doubt on the safety of MMR? How could it be possible that an agency solely funded by the pharmaceutical industry could help this journalist bring the complaint before the GMC? Finally and perhaps most disconcertingly, how is it possible for the General Medical Council, an organisation granted serious legal powers under an act of parliament, to work in collusion with the government and the pharmaceutical industry dragging out a prosecution over a period of five years in order to protect the government's vaccine programme?

#### **Harrison's Response:**

As discussed above, Deer was asked by *The Sunday Times* to investigate the outbreaks of measles cases that had been occurring during recent years, a disease that had been considered eliminated from the UK except for an occasional case brought in from abroad. It was this investigation that led Deer to the 1998 article by Wakefield in *The Lancet* and Wakefield's press conferences. Is it Handley's contention that, whether he agrees or not, if someone believes they have found something wrong several years after its actual occurrence that nothing should be done? Wow! Or, perhaps, Handley believes it appropriate to draw attention to possible wrongs by those he disagrees with; but not those he supports? Though wrong, antivaccinationists certainly are playing up allegations made by William Thompson, the so-called "CDC whistleblower," regarding a 10-year-old publication (e.g. Carey, 2016; Orac, 2016; Science-Based Medicine, 2016; Skeptical Raptor, 2016).

Deer did call attention to his findings in a letter to the GMC dated February 25, 2004, where he writes:

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 name registered medical practitioners. . . I am not a doctor, but my research leads me to think that some of these investigations - particularly the intubations and lumbar punctures - are highly-invasive procedures, and which posed potential risks to the children. . . I understand that up to 150 of these children were clients of a single solicitor, Mr Richard Barr. (Deer, 2004b)

I highly recommend reading Mr. Deer's letter. A group called Citizens for Responsible Care and Research: A Human Rights Organization (CIRCARE) wrote the following, which I consider an excellent rebuttal to Handley's questioning of who lodged the first complaint:

**Comment:** This document is troubling for several reasons, not the least of which is the apparent breach of confidentiality. Supporters of Dr. Wakefield and colleagues assert the document demonstrates a conflict of interest on the part of reporter Brian Deer, informant in the above document, and that by extension, the GMC proceeding against Dr. Wakefield and colleagues is somehow flawed or unjust. In our opinion this line of reasoning is based on several misunderstandings. First and foremost we believe journalists who report information likely to be of interest to regulators have an obligation to report these findings because, as a rule, regulatory authorities cannot evaluate a situation unless they receive a report. Generally speaking this arises from legal limits on the investigational authority of regulatory bodies. For example, many regulatory authorities cannot open an investigation (solely) based on a news report. In context such limits are reasonable because, taken to extremes, it would be possible for board or council members to actively search for and report situations apparently suitable for investigation, and so prejudice themselves as objective judges to the potential or actual detriment of regulated parties.

In the U.S. there is a relatively rich tradition of regulatory action following news reports of objectionable circumstances in research, and it's quite likely the case consumers were spared from death or serious injury by the work of diligent journalists.

One common misunderstanding, and perhaps operating here, is the notion that only patients may legitimately complain to medical licensing authorities but this is simply incorrect. A good example of why this is so is the case where a patient dies. If there was suspicion that the patient's death was the result of substandard care (etc.), such a case would be of interest to the licensing authority and it should be self-evident the decedent could not report it. In point of fact, in our experience with U.S. medical and osteopathic licensing boards, complaints about physicians come not just from patients and their families but also from hospitals, health care workers, (rarely) federal agencies, and insurance companies. In some states licensing boards review malpractice cases and at the board's discretion may

recommend investigation. In the document at issue the GMC indicated it received complaints from several sources in addition to Mr. Deer.

Another issue appears to be some lack of understanding of the way in which regulatory authorities handle complaints. As we stress on our web page on complaints about research consumers should not be afraid of “getting somebody into trouble” by complaining or asking questions. Properly speaking, complaints are allegations. In this case, the GMC, like most regulatory authorities, evaluated an allegation and determined an investigation was warranted. Based upon the results of its investigation, a decision was made to charge Dr. Wakefield and colleagues. We should also keep in mind the hearing panel has yet to render a decision, and accordingly Dr. Wakefield and his colleagues are innocent unless and until proven otherwise.

Our most serious concern about the release of this document is that it may tend to dissuade research subjects from complaining to the regulator for fear of breach of confidentiality or retribution. Consumers should keep in mind that an allegation of noncompliance is not the same thing as a finding or judgment by the regulator, and that an allegation is but the first step in a long process. More to the point, in our experience, such a breach of confidentiality is virtually unheard of and hopefully will remain this way. While supporters of Dr. Wakefield surely prefer that charges had not been filed by the GMC, in our opinion it's not correct that Mr. Deer was solely and entirely responsible for the charges, and we believe that all reporters have an obligation to report concerns arising from their work to the appropriate regulator where warranted by their professional judgment. The bottom line is that research is everyone's business, and all the more so in the absence of effective regulation to protect research subjects (CIRCARE, 2013).

**Handley (2011), in another point in his article, writes:**

### **3. His most recent hit piece was funded by the British Medical Association, who has many reasons to shut Wakefield up**

The British Medical Journal receives most of their funding from ads sold to pharmaceutical companies. Additionally, the journal is 100% owned by the BMA, a trade union that represents all of the United Kingdom's doctors. The UK has socialized medicine, it is nothing like the US in this regard. All the doctors belong to the BMA and the BMA represents the doctors interests in every aspect of their practice, including salary negotiations with the British government. The BMA is an exceptionally powerful trade union representing doctors. If vaccines cause autism, this will be very bad for the BMA's members. So, the BMA hired Brian Deer to write a hit piece for their trade journal.

## Harrison's Response:

Yes, the BMJ is owned by the British Medical Association and yes, it sells ads to pharmaceutical companies; but the same is true with many of the most respected medical journals including *The New England Journal of Medicine*, *The Journal of the American Medical Association*, *The Annals of Internal Medicine* and many more, all owned by various medical associations. And, except for the more recent open-source journals, all medical journals sell ads to pharmaceutical companies.

Why exactly would the BMJ decide to “shut Wakefield up?” This implies they are protecting the pharmaceutical companies' interests. However, the BMJ has published many articles critical of the pharmaceutical industry. Just a few examples:

Tanne JH (2008 Apr 19). Merck Used Selective Data in Vioxx Publications. *The British Medical Journal*; 336 (7585): 849.

Moynihan R (2010 Mar 20). Australian court find Vioxx increased risk of heart attack. *The British Medical Journal*; 340(7747): 613.

Walker PC, Evans SJW, Beard K (2005 Jul 2). Drug Safety and Regulation: New Powers and Resources Are Needed. *The British Medical Journal*; 331(7507): 4-5.

And an article by Ben Goldacre, whose webpage *Bad Science* (<http://www.badscience.net>) and book “Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients” (2012) are sharply critical of the pharmaceutical industry:

Goldacre B, Lawton V (2009 Dec 5). Is the conflict of interest unacceptable when drug companies conduct trials on their own drugs? *The British Medical Journal*; 339(7733): 1286-1287.

And the BMJ has published numerous articles on vaccine safety, for instance:

Kang LW, Crawford N, Tang MLK *et al.* (2008 Dec 13). Hypersensitivity Reactions to Human Papillomavirus Vaccine in Australian Schoolgirls: Retrospective Cohort Study. *The British Medical Journal*; 337(7683): 1392-1396.

Spoulou V, Gilks CF, Ioannidis JPA (2002 Mar 30). Protein Conjugate Penumococcal Vaccines: Offer New Opportunities For High Risk Individuals But Still Lack Robust Evidence. *The British Medical Journal*; 324(7340): 750-751.

Aaby P, Whittle H, Benn CS (2012 Jul 7). Why vaccine programmes can no longer ignore non-specific effects. *The British Medical Journal*; 345(7864): 2528.

Elliman D (1999 May 1). Vaccination and Type 1 Diabetes Mellitus: Currently No Evidence of a Link, but More Studies Are Needed as Vaccines Change. *The British Medical Journal*; 318(7192): 1159-1160.

Above are just a few examples. While, as Goldacre has pointed out on his webpage (Goldacre, 2016) and in his book (Goldacre, 2013), there are numerous problems with the pharmaceutical industry and its regulation, all of the above listed journals and many others have documented many of these problems with peer-reviewed articles as well as accompanying editorials. So, why would *The BMJ* specifically target Wakefield, except, of course, if the evidence against him was compelling, which it was? Or, perhaps, for Handley, only studies he disagrees with lack credibility? While it is true that medical journals have often published studies, especially those funded by the pharmaceutical industry, that later have been found to be flawed, it is because the research was published that other researchers could view it and critique it and, yes, eventually the critiques get published. This isn't a perfect world; but until a better system is developed, medical journals, peer-review, and the world of scientists who read them is the best we have.

**Handley (2011), in yet another point in his article, writes:**

**10. The Lancet 12 parents are terrified of Brian Deer and deem him to be unhinged, dangerous, and able to cause harm to their families**

**Harrison's Response:**

The Lancet 12 parents are in a very difficult situation. They have children with various problems, problems that would tax any family emotionally, physically, and financially. They, very likely, love their children and are trying to do the best they can for them. For whatever reason, they have decided that the MMR vaccine, specifically the measles component, is responsible for their child's condition. Wakefield listened to them. Listening to a patient isn't the same as agreeing with them. He agrees with them, confirming their belief. They are NOT scientists; they are people in a very difficult situation. As caring parents, they would not want to believe that invasive, potentially risky procedures, with the pain and fear they may have caused their children, were inappropriately done. There are numerous books explaining how people arrive at logically fallacious conclusions. Just a few, for instance:

Carroll, Robert Todd (2013). *The Critical Thinker's Dictionary: Biases, Fallacies, and Illusions and what you can do about them*. Lulu Publications (also available as an e-book)

Gilovich, Thomas (1991). *How We Know What Isn't So: The Fallibility of Human Reason in Everyday Life*. The Free Press.

Kahneman, Daniel, Slovic, Paul, Tversky, Amos (1982). *Judgment under uncertainty: Heuristics and biases*. Cambridge University Press.

<https://www.vaccinateyourfamily.org/wp-content/uploads/2019/05/Joel-A.-Harrison-2016-Dec-6.-Expert-Commentary-Series-Ad-Hominem-Attacks-Against-Investigative-Journalist-Brian-Deer.pdf>

Shermer, Michael (1997) *Why People Believe Weird Things: Pseudo-Science, Superstition, and Bogus Notions Of Our Times*. MJF Books.

Toumey, Christopher P. (1996). *Conjuring Science: Scientific Symbols and Cultural Meanings in American Life*.

Wikipedia gives good explanations for many fallacies. See Wikipedia, “Fallacy” at: <https://en.wikipedia.org/wiki/Fallacy> and check out at the bottom the various Wikipedia articles under “See also.”

These parents obviously decided that measles vaccines caused their respective child’s problems and either initiated a lawsuit or joined JABs. There are many research articles that explain people’s reluctance, once committed, to change their minds; but one book, I believe, does an excellent job of summarizing much of the evidence:

Tavris, Carol & Aronson, Elliot (2007). *Mistakes Were Made (but not by me): Why We Justify Foolish Beliefs, Bad Decisions, and Hurtful Acts*. Harcourt.

They write: “Most people, when directly confronted by evidence that they are wrong, do not change their point of view or course of action but justify it even more tenaciously.” (Tavris, 2007, p.2)

I highly recommend this book and also suggest the reader investigate some of the other books listed above and Wikipedia. The bottom line is that even if Handley’s comments correctly reflects the parents’ attitude, that attitude (though extreme) is understandable but not relevant to the validity of Deer’s investigations or an accurate description of Deer himself.

Deer himself writes:

“Most of their parents would be outraged by the idea: some of the mothers have grown to hate me like satan. I’m the man who pulled the rug from under the idea that, however painful, helped them to make sense of their world, and I feel for their grief.” (Deer, 2010)

Obviously Deer understands the pain/grief his investigation has caused the families; but allowing them to continue in their false beliefs and even more importantly allowing more and more families to refuse to vaccinate their children because of these untrue claims would have, in the long run, hurt many more families, and the public health.

This article would be far too long, if it is not already, if I were to respond to each and every attack against Mr. Deer. I have, however, shown that many are clearly wrong. Even if every one had been valid, as explained in the beginning of this section, they would NOT change the facts of his investigation. If people who disagree with Deer have valid arguments that directly address his findings, then they should clearly, in a well-documented fashion, present these. *Ad hominem* attacks are a clear sign that those making them have a weak to non-existent case and are trying to make their

case by a classical logical fallacy. In addition, it raises the question of their own ethics and integrity, their “need” to attack the integrity and honesty of anyone who disagrees with them.

### **Martin J Walker:**

Since Handley refers to writings by Martin J Walker and Wakefield also refers to him in his book “Callous Disregard”, I think it appropriate to include Walker in this paper. As the following will clearly demonstrate, Walker displays an incredible lack of understanding and scholarship and, thus, Handley and Wakefield referring to him is just one more indication of their own deficiencies.

I went to Walker’s website which contained a list of his “publications” (Walker, 2016). Most of his “publications” are self-published. I created a list of his writings not self-published which totaled 25 in all (Appendix 3). Seven of his articles were published in one issue of the journal *Medical Veritas*. Andrew J Wakefield is listed with the Editorial Board (Medical Veritas International, 2016a). The journal was only published between 2004 and 2008 (Medical Veritas International, 2016b). Since several of Walker’s articles in *Medical Veritas* support Andrew Wakefield, it’s interesting that Handley, who accused Brian Deer of bias and conflict-of-interest based on much less, doesn’t seem to be bothered by Walker’s articles published in a journal with Wakefield as one of its editors (e.g., *Left Brain Right Brain*, 2010). In addition, using WorldCat (<https://www.worldcat.org>), I could not find the journal in any local or regional libraries. In fact, only the US Library of Congress had the journal and they purchase just about everything printed. Walker also published three articles in *Continuum*, a newsletter published by a group who believed HIV did not cause AIDS, an overwhelmingly discredited belief. According to WorldCat, no library in the US has copies of this newsletter (see below). So, discounting these 10, “journalist” Martin J Walker has 20 articles over a 30-year career that aren’t self-published. So, Handley cites Walker, calling him a journalist when, at best, he has 20 articles; but doesn’t give much credence to Deer with 245 articles and several awards during the same time frame. [Note. If anyone reading this article knows of other non-self-published articles by Martin J Walker, please e-mail to Every Child By Two at: [info@ecbt.org](mailto:info@ecbt.org) a detailed reference, including title, publication, volume, issue, page numbers and, if available on the web, the URL. I did my best to find as many publications by Walker as possible; but may have missed some.]

I wrote an article reviewing/critiquing Wakefield’s claims regarding vaccine safety (Harrison, 2013). One of Wakefield’s claims dealing with the safety of the Urabe strain of mumps vaccine relies mainly on an article by Walker entitled “The Urabe Farrago” (Walker, 2009b). Besides Walker’s article, Wakefield based his claim on three additional documents:

Health & Welfare Canada (1987 Sep 5) - Canada Diseases Weekly Report; 13-35.  
Available at: <http://gsg.uottawa.ca/gov/Docs/CDWR%20RHMC%20Vol.13-35.pdf>

JCVI [UK Joint Commission on Vaccination and Immunisation] Working Party

<https://www.vaccinateyourfamily.org/wp-content/uploads/2019/05/Joel-A.-Harrison-2016-Dec-6.-Expert-Commentary-Series-Ad-Hominem-Attacks-Against-Investigative-Journalist-Brian-Deer.pdf>

(1987 Jan 23) - MMR Vaccine. Available at:[http://webarchive.nationalarchives.gov.uk/20120405095146/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@ab/documents/digitalasset/dh\\_095327.pdf](http://webarchive.nationalarchives.gov.uk/20120405095146/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_095327.pdf)

JCVI [UK Joint Commission on Vaccination and Immunisation] (1993 May 7) - Minutes. Available at:  
[http://webarchive.nationalarchives.gov.uk/20120907090205/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@ab/documents/digitalasset/dh\\_117403.pdf](http://webarchive.nationalarchives.gov.uk/20120907090205/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_117403.pdf)

My article was based on over 25 articles and documents, original sources, including over a dozen Canadian and UK government documents (Harrison, 2013, pp.12-13). So, what about Walker's article?

Walker writes: "The Chief medical officer described aseptic meningitis as a slight problem from which children wholly recover. But aseptic meningitis is actually a far more serious illness than the government made out at the time . . . Contrary to the inconsequential problems highlighted by the DH on withdrawal of the Urabe containing brands of MMR, Lucy Johnston reported in 2002 on a number of very serious cases of vaccine induced aseptic meningitis (Walker, 2009b, p.4).“ . . . The British government turned Mumps into a dangerous and notifiable disease (ibid, p.7) It is hardly surprising therefore, given the colossal health destroying error of the British Government in partnering Galxo [sic] Smith Kline in the distribution of the dangerous Urabe mumps strain virus, that Dr Wakefield was initially concerned about the adverse reactions of MMR (ibid, p.57).”

So, according to Walker, was the British government wrong in determining mumps to be a “dangerous” disease? According to the World Health Organization article listed in Walker's own footnotes:

Epididymo-orchitis occurs in about 25% of postpubertal men who contract mumps. In one large cohort study the median age for mumps orchitis was 29 years (range, 11–64 years). Testicular atrophy occurs in about one-third of patients with mumps orchitis, but sterility is rare. Mumps orchitis appears to be a risk factor for testicular cancer, though not a major one. In postpubertal women, mastitis and oophoritis can occur; one study found mastitis in 31% of women over 14 years of age. Among women who acquire mumps during the first 12 weeks of pregnancy, more than a quarter suffer spontaneous abortion; in a large cohort study, the rate of spontaneous abortion in the first trimester due to mumps infection was higher than that due to rubella infection.

Pancreatitis is seen in about 4% of patients with mumps. There is evidence suggesting that mumps virus can infect human pancreatic beta cells, and may trigger the onset of insulin-dependent diabetes mellitus in some individuals.

The incidence of mumps encephalitis is reported to range from 1 in 6000 mumps cases (0.02%) to 1 in 300 mumps cases (0.3%). The associated symptoms vary from mild alterations of consciousness to coma; emotional lability, irritability, and focal neurological signs are also common. The age distribution of encephalitis cases parallels that of mumps cases, with 75% of patients being below 15 years of age.

Deafness is a well-recognized complication of mumps [According to Table 1 on p. 4: 4%]. . . Rare case reports of fatal nephritis or myocarditis have been published.

Death due to mumps is exceedingly rare, and is mostly caused by mumps encephalitis. In the USA, over the period 1966–71 there were two deaths per 10 000 mumps cases, with 38% of such deaths involving persons aged > 40 years. In the United Kingdom, 93 deaths were registered from mumps over the period 1962–81, with 53 (57%) of those who died being aged > 45 years.

In the pre-vaccine era in Sweden, mumps was estimated to cause about 1000 cases of meningitis each year, leading to 20 000 days of hospitalization and 20 000–40 000 days of disability. (Galazka, 1999, pp.3-4)

Walker basis his claim of aseptic meningitis being dangerous on a newspaper article which stated: “AT LEAST 26 families claim their children died as a result of the controversial measles, mumps and rubella jab, the *Sunday Express* can reveal (Johnston, 2002).” The article goes on to list a number of conditions, many associated with the measles vaccine, not the Urabe mumps vaccine. In fact, the article does not mention the Urabe mumps virus vaccine strain nor aseptic meningitis at all. And the article clearly states “claim” not proved, neither in scientific research or court decision. So, though the article discussed risks from measles, just to be clear, aseptic meningitis and mumps encephalitis are separate and distinct conditions.

So, is aseptic meningitis “dangerous?”

According to the WHO article in Walker’s footnotes:

Aseptic meningitis occurs in up to 10% of all mumps patients, more often in males. Meningitis is clinically manifest by severe headache aggravated by movement, photophobia, and neck stiffness due to spasm of the spinal muscles. Mumps meningitis is a benign condition that appears within a few days of parotid swelling, although some meningitis patients do not have any parotid swelling. Patients recover without complications, but many require hospitalization during the course of the illness.

Several studies in the United Kingdom have examined rates of aseptic meningitis following vaccination with Urabe strain vaccine. A study in Nottingham was followed by a multi-centre confirmatory study, which showed a rate of 9 aseptic meningitis cases per 100 000 vaccine doses.

In Japan, nationwide surveillance conducted by the Ministry of Health and Welfare during 1989 demonstrated an overall rate of 49 cases of aseptic meningitis per 100 000 doses of domestically produced MMR vaccine containing Urabe mumps strain. Subsequent studies up to 1993 identified an incidence of approximately 100 aseptic meningitis cases per 100 000 doses of MMR containing Urabe mumps strain. (Galazka, 1999, p.7).

And another study included in Walker's footnotes states:

"The estimated risk of aseptic meningitis was 1 in 14,000 doses (Dourado, p.524). No sequelae or deaths were observed (ibid, p.526)."

So, though a benign condition, that is, no sequelae, the risk of aseptic meningitis is exponentially greater from the natural disease than the vaccine. And, more importantly, the risks from the natural disease are substantial (see above). (see also Harrison, 2013, pp.12-15) It is difficult to follow Walker's twisted logic and the fact that Wakefield, rather than citing any of the numerous original studies of mumps vaccine-associated aseptic meningitis or encephalitis, published in highly respected, peer-reviewed scientific journals, instead relied mainly on Walker's article. This doesn't say much positive about Wakefield as a source for valid scientific knowledge. In my opinion and I hope most will agree with me, the UK was justified in considering mumps a "dangerous" disease. Is there anyone besides Martin J Walker who considers the risk of 4% of children losing their hearing anything but serious? Or more than a quarter of women who acquire mumps during the first 12 weeks of pregnancy suffering a spontaneous abortion?

### **Martin J Walker writes:**

"Following Deer's 'expose' his completely unverified non peer reviewed investigative material was handed to the General Medical Council." (Walker, 2012, p.7)

### **Harrison's Response:**

Journal articles are peer-reviewed, not the source material. Given that UK libel laws are much harsher than ours, one would expect that the *London Times* editorial staff would have fact checked the article. However, as in any legal proceeding, investigative material is presented to the adjudicatory body and it is up to the defense team to challenge it. However, perhaps Walker just doesn't understand this?

### **Walker writes:**

“Wakefield as an award winning researcher into Crohn’s disease.” (ibid)

### **Harrison’s Response:**

I was unable to find any reference to Wakefield receiving an award for his research on Crohn’s disease [Note. If anyone reading this article has any valid information referring to such an award, please e-mail to Every Child By Two at: [info@ecbt.org](mailto:info@ecbt.org) a detailed reference and, if available on the web, the URL]; but he did receive a number of awards:

On 1 April 2011, the James Randi Educational Foundation awarded Wakefield the Pigasus Award for "refusal to face reality" . . . In 2011, Wakefield was at the top of the list of the worst doctors of 2011 in Medscape's list of "Physicians of the Year: Best and Worst". In January 2012, Time Magazine named Wakefield in a list of "Great Science Frauds".[3] In 2012 he was awarded the Lifetime Achievement in Quackery award by the Good Thinking Society. (Wikipedia, “Andrew Wakefield”)

I seriously doubt the above awards were what Martin Walker had in mind.

### **Walker writes:**

“Despite the fact that opposition to Dr Andrew Wakefield has consistently argued proof of the *complete safety* of the triple vaccination, no scientific evidence exists for this assertion, nor, logically, could it.” (Walker, 2009a, p.4)

### **Harrison’s response:**

No one, not the CDC, not the FDA, not the Institute of Medicine, nor any of the credible vaccine promoting organizations have ever claimed the “complete safety” of any vaccine. What they have claimed, based on extensive research, is that the risks from the vaccines are exponentially fewer than from the natural diseases. And the risks are available for anyone interested in them:

1. By law, every time a vaccine is given, a vaccine information statement must be given, either to the parent or guardian or the adult recipient. These sheets include lists of common mild adverse events and rare serious ones. (CDC, Vaccine Information Statements, Available at: <http://www.cdc.gov/vaccines/hcp/vis/> )
2. The CDC’s book, “Epidemiology and Prevention of Vaccine-Preventable Diseases: The Pink Book, 13th Edition (2015)” contains comprehensive chapters of all vaccine-preventable diseases and can be read online or downloaded as a pdf for free. Available at: <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
3. Institute of Medicine reviews of vaccine safety can be read online or downloaded for free by a simple signing up process. Available at:

<https://www.vaccinateyourfamily.org/wp-content/uploads/2019/05/Joel-A.-Harrison-2016-Dec-6.-Expert-Commentary-Series-Ad-Hominem-Attacks-Against-Investigative-Journalist-Brian-Deer.pdf>

<http://www.nationalacademies.org/hmd/Reports.aspx?filters=inmeta:activity=Immunization%20Safety%20Review> )

4. The CDC Vaccine Safety webpage includes a list of peer-reviewed studies. Available at: <http://www.cdc.gov/vaccinesafety/index.html>
5. And Every Child By Two's website includes discussions of vaccine safety, including: "As with any medication, side effects can occur after vaccination. However, these side effects are usually minor and most often include tenderness at the injection site and a low fever (which is actually a positive sign that the body is doing its job by reacting to the vaccine). Severe reactions to vaccines are very rare. Information about possible adverse events are available in the ACIP's recommendations for each vaccine. Information for the public on possible side effects after vaccination can be found on each vaccine's Vaccine Information Statement." (Every Child By Two, Available at: [http://www.ecbt.org/index.php/facts\\_and\\_issues/article/vaccine\\_safety](http://www.ecbt.org/index.php/facts_and_issues/article/vaccine_safety) )

The claim made by many antivaccinationists that vaccine advocates have stated that vaccines are completely safe is a straw man. It is a clear demonstration of the mentality of many antivaccinationists, needing to see the world as absolutes, in black and white, not as scientists and public health experts see it as benefits and risks based on well-researched probabilities.

#### **Walker writes:**

"AZT was a useless and dangerous drug." (Walker, 2009a, p.9)

#### **Harrison's Response:**

Early studies did find that AZT did not confer a longer life on those receiving it; but subsequent studies have found:

1. That AZT delayed the onset of opportunistic infections, allowing for a longer quality of life.
2. That AZT given to pregnant women significantly reduced infection in the fetus.
3. And AZT is still being used in treatment cocktails. Whereas the HIV virus mutates rapidly, rendering AZT ineffective, when multiple drugs are used, including AZT, those infected have been able to live much much longer. Yes, these drugs have side-effects; but many on them have managed quite well. People with transplanted organs also have unpleasant side-effects from the numerous drugs they must take to inhibit the bodies rejection of the transplants; yet, they live long and productive lives. (Broder, 2010; Chappell, 2014; Cihlar, 2010; D'Andrea, 2008; NIH, 2010; Stevens, 2014; Wikipedia, "Zidovudine")

Though AZT isn't a vaccine, I thought it another good example of Walker's deficient scholarship and science. More than 10 years after his original article, he relies on it without any indication he did a new search of the literature.

**Walker writes:**

“We see in your writing just how far the mood in Britain has changed from the time that The Sunday Times journalists carried out their beautiful investigation into Thalidomide. The paper was then utterly on the side of the patients whose lives had been devastated by the birth of severely damaged children.” (Walker, 2009c, p.12)

**Harrison’s Response:**

If Brian Deer or any of his predecessors who worked on the thalidomide investigation worked as advocates for some patient group, then there might be some validity to what Walker writes. However, Brian Deer is an award winning (see above) investigative journalist. The job of an investigative journalist is to go where the story takes him/her, not to advocate for one side or the other. The *Times* thalidomide investigation led to clear and incontrovertible evidence of the culpability of the manufacturer and the government in refusing compensation to the victims (e.g. The Insight Team, 1979; Macnab, 2016). In the case of the MMR investigation, it began with looking into reasons for a resurgence of measles, resulting in discovery of Wakefield’s public statements and his 1998 article. Walker just doesn’t seem to understand the difference between an advocate and an investigative journalist.

**Walker writes:**

“Of course the GMC prosecutors believed *The Sunday Times* story in all it’s [sic] detail.” (Walker, 2009c, p.8)

**Harrison’s Response:**

The GMC obtained from Brian Deer the documentation he used for his stories, and went further by subpoenaing the patient records and additional documents, including those from Wakefield’s lawsuit against Brian Deer and Channel 4. During the hearings, the children’s primary care physicians testified as well as many others AND THE DEFENSE ATTORNEYS CROSS-EXAMINED THEM. In other words, the articles in the *Sunday Times* and Brian Deer’s letter to the GMC led to the investigation; but the GMC then conducted its own thorough, careful investigation, and the defendants had a chance to counter the claims. Here, too, Walker’s statement is patently incorrect. Interesting, as with many such statements in his articles, he gives his opinion with no evidence to support it. Even more interesting is that Wakefield did not call any witnesses or present any evidence for his defense (e.g. Harrison, 2016).

Just to be clear, Walker continues with the antivaccinationist lie that public health authorities claim vaccines are absolutely safe. Not true; however, the risks from vaccines are dramatically less than the risks from the diseases they prevent. Apparently, for instance, Walker doesn’t

<https://www.vaccinateyourfamily.org/wp-content/uploads/2019/05/Joel-A.-Harrison-2016-Dec-6.-Expert-Commentary-Series-Ad-Hominem-Attacks-Against-Investigative-Journalist-Brian-Deer.pdf>

consider around 4% of children infected with mumps losing their hearing nor spontaneous abortions serious matters. Twenty-five years ago, Walker's claim about AZT had some validity; but, as with his ignoring the scientific studies in his own footnotes regarding aseptic meningitis being a benign condition with no sequelae and also that the risk of aseptic meningitis is exponentially higher from the natural disease, he seems oblivious to the scientific knowledge of the benefits of AZT that have developed over the past two decades. What's more, Wakefield in his book based much of his claim regarding the Urabe strain of mumps vaccine on Walker's article.

Most of Walker's writings involve innuendo, guilt by association, over-the-top inflammatory rhetoric, personal opinion not grounded in publicly-verifiable facts or logic, all poorly footnoted/referenced. And Handley, Wakefield, and others cite Walker's writings. Wow, the blind leading the blind!

## Conclusion

*Ad hominem attacks* are one of several logical fallacies. If the source of any evidence is considered biased, this should lead to a more careful questioning/investigation, possible critique of the evidence. Even the most biased source can still have produced valid evidence. Antivaccinationists, in their zeal, resort all too often to personal attacks when they cannot logically and/or scientifically refute evidence. These attacks include impugning people's integrity, innuendo, hearsay, guilt by association, and several other approaches, which, in my opinion, put into question the accuser's inability to use reason and logic to scientifically approach evidence. It also reflects a lack of integrity, decency, and civility. Antivaccinationist use of *ad hominem attacks* are acts of desperation by those who believe they have some absolute truth; but are incapable of supporting it through scholarship, science, logic and common sense.

Though it would have taken a much longer article to refute every single attack, this article clearly demonstrates that antivaccinationists attacks on investigative journalist Brian Deer are seriously flawed, demonstrating poor scholarship, and display a pattern whereby the accusers simply cherry pick anything that confirms their rigid dogma with NO evidence of any effort to verify the validity of their attacks.

Handley's claims regarding Deer, regarding his journalism career, awards, and employment lack any validity. Handley's explanation of the ownership of *The BMJ* by the British Medical Association and its receiving ad monies from the Pharmaceutical Industry as "proof" of bias ignores the long history of almost all the respected medical journals in both being owned by some medical society, receiving pharmaceutical ad money, and, yet, publishing articles critical of the industry, including reports of adverse events linked to vaccines. In addition, Handley doesn't seem to understand how science works. Yes, some articles supported by funding from the pharmaceutical industry were flawed and even got through peer review; but once public, researchers around the world could try to replicate them and/or simply write a critique. Science may not be perfect; but it is the best we have.

As for Martin J Walker, his writings show either an ignorance of medical science, or intentional dishonesty. Examples include ignoring the evidence that aseptic meningitis is a benign condition and that AZT significantly reduces HIV infection in the fetus. He apparently doesn't understand that an investigative journalist follows the story and does not function as an advocate for one side. He doesn't seem to understand how a legal hearing works, that is, presenting the evidence, questioning witnesses, and the defense presents its evidence and cross-examining witness and evidence. Most of his writings are comprised of innuendo, guilt by association, hearsay, and his opinion, often contradicting logic and common sense, and poorly footnoted/referenced. And both Handley and Wakefield base some of their arguments on Walker's writings. Yikes!

## **Postscript**

On a personal note, I would like to express my appreciation to investigative journalist Brian Deer for his incredible investigative work in revealing the flaws in Wakefield's 1998 article and other revelations of unethical conduct by Andrew Wakefield. Unfortunately, Mr. Deer has had to suffer through the stress, both psychological and financial, caused by Wakefield's abuse of the British and American legal systems. In my opinion, there was absolutely NO chance that Wakefield would have prevailed. In fact, in the lawsuit against Deer and Channel 4 the Court ordered Wakefield to pay their legal fees (Dyer, 2007; Press Gazette, 2007). Though he withdrew his appeal of the BMC findings, it is clear that Judge Mitting would have ruled against him (Harrison, 2016). And, in Wakefield's lawsuit in Texas, the Court ruled that they did not have legal jurisdiction. Though this ended Mr. Deer's long nightmare, I believe the Court would have ruled in favor of Mr Deer's and the BMJ's anti-SLAPP petition (frivolous lawsuit) and Wakefield would have been forced to pay their legal fees and, perhaps, punitive damages. Given that Wakefield presented NO evidence NOR called any witnesses during the GMC hearings, given my article that refuted every claim made by Wakefield regarding vaccine safety (based on his clearly deficient scholarship), it is tempting to speculate that, Wakefield instituted the lawsuits, not with the hope of winning; but to position himself as a martyr, and to solicit funds from his supporters.

Years from now, as more and more scientifically valid evidence contributes to our understanding of Autism Spectrum Disorders, hopefully, antivaccinationists will dwindle, mainly residing in the dustbins of history. Brian Deer will, on the other hand, find his place among those investigative journalists who have made major contributions to public health and the public welfare. I just hope the above occurs soon, given that resistance to vaccination is fueling the resurgence of several diseases that were on the verge of elimination. That more and more children suffer unnecessarily from vaccine-preventable diseases is a disgraceful result of the anti-vaccine movement.

## **Acknowledgments**

<https://www.vaccinateyourfamily.org/wp-content/uploads/2019/05/Joel-A.-Harrison-2016-Dec-6.-Expert-Commentary-Series-Ad-Hominem-Attacks-Against-Investigative-Journalist-Brian-Deer.pdf>

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## **Appendix 1**

### **Brian Deer’s Publication in Sunday Times (London)**

## **Appendix 2**

### **Brian Deer’s Publications Not in Sunday Times (London)**

## **Appendix 3**

### **Martin J Walker’s Published Articles**