

Did You Know How The US And UK Medical Establishments Covered Up That Vaccines Etc. Cause Autism? It Is A Horrendous Story!

By Matthias Chang – Future Fast-Forward

Prologue:

All parents must think long and hard on the dire consequences of injecting the young and innocent (Five to Eleven Years Old) – your children, grand-children, nieces and nephews with experimental vaccines. You may have taken the two jabs of whatever vaccine; that is your human right and choice to do so, in spite of the fact that you were driven by manipulated fear by the political establishment and the Medical Mafia (while some were even motivated by the infantile and spurious excuse that they could shop, dine and travel and not be inconvenienced). And you could not be bothered to verify whether the various experimental vaccines that were injected into your body were safe as promised and were not harmful to you in anyway.

But the young and innocent have no say at all. You, the parent have THE SOLE RIGHT and AUTHORITY. This article is a wake-up call to all parents – exercise your right and authority with care and love. However, if you had recklessly agreed to inject your children with experimental vaccines without any qualms and regrets, then repent and beg for mercy from God.

I am writing this article because I had received a specific meditative insight yesterday, to have the same published in my website and circulated far and wide. When you read this article, you will know that it is extremely uncanny that I could discover the sources to back up the science that *vaccines have caused severe harm to the young and innocent*. What are the odds that I would even bother to drill down and uncover this hideous controversy and cover up?

So, read this article and “hear me out” and then make your fateful decision whether to stop the mass killing of innocents, not only in Malaysia but throughout the world.

Why would any parent want their children to be so exposed? And if you have a child who is so afflicted, surely the government, any government for that matter must ensure that the best care be provided for these children and alleviate the financial hardships faced by the parents regardless of their social status. Care and love know no bounds!

Why The Cover Up?

Time does not permit me to mine the global population data on the number of children who have been afflicted by this medical terror and the burden which affected parents must shoulder for the rest of their lives. An immediate available

source directed me to the statistics in the US where the controversy is most intense.

2007: the estimate was a million children were afflicted with autism. Dr. Richard E. Frye at Arkansas Children's Hospital Research Institute co-authored an analysis of 18 published studies showing that at least 30 per cent of children having an autism diagnosis — a mental disorder characterized by difficulties in communicating and forming social bonds — **have mitochondrial dysfunction which corroborates an earlier estimate by Dr. Richard Kelly of John Hopkins University.**¹

30% of a million equates to 300,000 children and the lifetime care was estimated to cost US\$3 million. Therefore, we can deduce that a huge sum of US\$900 Billion dollars compensation would be payable by the US government, if such claims are allowed in the US Vaccine Court!

This sum excludes other claims for injury and or death from vaccines! So, you know why Big Pharmas demanded and obtained total immunity from vaccine claims, more so now, when vaccines are 1000% experimental and our Medical Mafia are singing in tune with Big Pharmas as criminal doctors are equally immune from injecting such experimental vaccines into your body and soon, the young and innocent!

The cases are very complex for the layperson, but I shall quote from a US Court of Appeals for the Federal Circuit to illustrate the point. **For brevity, just read the underlined words in bold:**

*United States Court of Appeals for the Federal Circuit
2009-5128
ROLF HAZLEHURST and ANGELA HAZLEHURST,
parents of WILLIAM YATES HAZLEHURST,
Petitioners-Appellants,
v.
SECRETARY OF HEALTH AND HUMAN SERVICES,
Respondent-Appellee.
Appeal from the United States Court of Federal Claims
in 03-VV-654, Senior Judge John P. Wiese.*

DECIDED: May 13, 2010

Before NEWMAN and BRYSON, Circuit Judges, and GUILFORD, District Judge.*
BRYSON, Circuit Judge.

This is one of a large number of cases involving claims for compensation on behalf of autistic children whose condition is alleged to have been caused by childhood vaccinations. In this case, Rolf and Angela Hazlehurst filed a claim for their son, Yates Hazlehurst, seeking compensation under the National Childhood Vaccine Injury Act of 1986 ("the Vaccine Act"), 42 U.S.C. §§ 300aa-1 to 34. The Hazlehursts alleged that the measles, mumps, and rubella ("MMR") vaccine, which was administered to Yates The Honorable Andrew J. Guilford, District Judge, United States District Court for the Central District of California, sitting by designation.2009-5128, shortly before his first birthday, caused

¹ <https://mitochondrialdiseasenews.com/2016/07/06/mitomedical-highlights-link-between-mitochondrial-disease-and-autism-in-educational-webinar/>

him to develop regressive autism. A special master denied the Hazlehursts' petition, and the Court of Federal Claims affirmed *Hazlehurst v. Sec'y of Health & Human Servs.*, 88 Fed. Cl. 473 (2009). On appeal to this court, the Hazlehursts argue that the special master improperly relied on certain evidence that should have been excluded and disregarded other evidence that should have been considered. We affirm.

The Office of Special Masters consolidated this case with several others as part of what was termed the Omnibus Autism Proceeding, an effort by the Office of Special Masters to identify and adjudicate certain test cases as a means of addressing the principal issues in approximately 5,000 autism claims that have been filed under the Vaccine Act. The objective of the omnibus proceeding was to determine the relationship, if any, between vaccines and autism spectrum disorders. This case was considered together with two others, *Cedillo v. Secretary of Health and Human Services*, No. 98-916V, and *Snyder v. Secretary of Health and Human Services*, No. 01-162V, in one of the groups of test cases. In the *Cedillo* and *Snyder* cases, the petitioners presented a theory of causation based on the combined effect of the MMR vaccine and vaccines containing thimerosal, a vaccine preservative. The Hazlehursts initially presented that theory of causation, but in post-hearing briefing they relied on the theory that Yates's autism was caused by the MMR vaccine alone. Although each of the three cases was decided by a different special master, the record in this case includes all of the general causation evidence admitted in *Cedillo* and *Snyder*. **The full record encompasses tens of thousands of pages of medical literature, more than four thousand pages of hearing testimony, and fifty expert reports containing the opinions of seven experts for the petitioners and eighteen experts for the government.**

The claims were disallowed obviously. But, one critical factor was missing. The lawyer for the Department of Justice not only lied but blatantly misrepresented their own **principal expert witness** (in DOJ medical claims cases) Dr. Zimmerman, the Director of Medical Research for Autism at the Kennedy-Krieger Institute for the John Hopkins University, who was dismissed as an expert witness just before the hearing with no reasons.

Why?

In an affidavit, Dr. Zimmerman stated and we quote from paragraph 6 thereof:

6. *On Friday June 15th 2007, I was present during a portion of the O.A.P. to hear the testimony of the Petitioner's expert in the field of pediatric neurology, Dr. Marcel Kinsbourne. During a break in the proceedings, I spoke with DOJ attorneys and specifically the lead DOJ attorney, Vincent Matanoski in order to clarify my written expert opinion.*
7. **I clarified that my written expert opinion regarding Michelle Cedillo was a case specific opinion as to Michelle Cedillo. My written expert opinion regarding Michelle Cedillo was not intended to be a blanket statement as to all children and all medical science.**
8. *I explained that I was of the opinion that **there were exceptions in which vaccinations could cause autism.***
9. *More specifically, I explained that in a subset of **children with an underlying mitochondrial dysfunction, vaccine induced fever and immune stimulation that exceeded metabolic energy reserves could, and in at least one of my patients, did cause regressive encephalopathy with features of autism spectrum disorder.***
10. *I explained that my opinion regarding exceptions in which **vaccines could cause autism was based upon advances in science, medicine, and clinical research of one of my patients in particular.***

11. For confidentiality reasons, I did not state the name of my patient. However, I specifically referenced and discussed with Mr. Matanoski and the other DOJ attorneys that were present, the medical paper, **Developmental Regression and Mitochondrial Dysfunction in a Child with Autism**, which was published in the Journal of Child Neurology and co-authored by Jon Poling, M.D. Ph.D., Richard Frye, M.D., Ph.D., John Shoffner, M.D. and Andrew W. Zimmerman, M.D. A copy of which is attached as exhibit C.
12. Shortly after I clarified my opinions with the DOJ attorneys, I was contacted by one of the junior DOJ attorneys and informed that I would no longer be needed as an expert witness on behalf of H.H.S. **The telephone call in which I was informed that the DOJ would no longer need me as a witness on behalf of H.H.S. occurred after the above referenced conversation on Friday, June 15, 2007, and before Monday, June 18, 2007.**
13. To the best of my recollection, I was scheduled to testify on behalf of H.H.S. on Monday, June 18, 2007.
14. At the time of the above referenced conversation with the DOJ, I did not know that **Hazlehurst v. HHS** or **Poling v. HHS** were potential test cases in the OAP.
15. **It is my understanding the HHS concession in Poling v. H.H.S. has become common knowledge and has been published by international news media. Among other news media coverage, I reviewed the CNN interview in which Dr. Julie Gerberding, the former head of the CDC discussed the concession by H.H.S. in Poling v. H.H.S. and the interview with Dr. Jon Poling, the father of the child whose case was conceded.**
16. The summary language, **“the vaccinations, significantly aggravated an underlying mitochondrial disorder, which predisposed her to deficits in cellular energy metabolism, and manifested as a regressive encephalopathy with features of autism spectrum disorder”** is in essence the chain of causation that I explained to the DOJ attorneys including Vincent Matanoski during the above reference conversations on June 15, 2007.
17. **I have reviewed extensive genetic, metabolic and other medical records of William “Yates” Hazlehurst. In my opinion, and to a reasonable degree of medical certainty, Yates Hazlehurst suffered regressive encephalopathy with features of autism spectrum disorder as a result of a vaccine injury in the same manner as described in the DOJ concession in Poling v. H.H.S., with the additional factors that Yates Hazlehurst was vaccinated while ill, administered antibiotics and after previously suffering from symptoms consistent with a severe adverse vaccine reaction.**
18. **“I have reviewed the attached portion of the transcript, of Vincent Matanoski’s closing argument in Hazlehurst v. H.H.S., which is attached as exhibit D. The relevant portion of the transcript states as follows:**

“I did want to mention one thing about an expert, who did not appear here, but his name has been mentioned several times, and that was Dr. Zimmerman.

“Dr. Zimmerman actually has not appeared here, but he has given evidence on this issue, and it appeared in the Cedillo case. I just wanted to read briefly because his name was mentioned several times by Petitioners in this matter. What his views were on these theories, and I’m going to quote from Respondent’s Exhibit FF in the Cedillo case, which is part of the record in this case as I understand it.

“There is no scientific basis for a connection between measles, mumps and rubella MMR vaccine or mercury intoxication in autism despite well-intentioned and thoughtful hypotheses and widespread beliefs about apparent connection with autism and regression. There’s no sound evidence to support a causative relationship with exposure to both or either MMR and/or mercury.”

“We know his views on this issue.”

19. ***In my opinion, the [above] statement by Mr. Matanoski during his closing argument regarding my expert opinion was highly misleading and not an accurate reflection of my opinion for two reasons. First, Mr. Matanoski took portions of my opinion out of context. My opinion as to Michelle Cedillo was case specific. I was only referring to the medical evidence that I had reviewed regarding her. My opinion regarding Michelle Cedillo was not intended to be a blanket statement as to all children and all medical science. Second, as explained above, I specifically explained to Mr. Matanoski and the other DOJ attorneys who were present that there were exceptions in which vaccinations could cause autism.***
20. ***In my opinion, it was highly misleading for the Department of Justice to continue to use my original written expert opinion, as to Michelle Cedillo, as evidence against the remaining petitioners in the O.A.P. In light of the above referenced information which I explained to the DOJ attorneys while omitting the caveat regarding exceptions in which vaccinations could cause autism.***

This is the irrefutable evidence of DOJ’s lies and misrepresentations. The DOJ misled the court and as a result, there has been a massive cover up of the truth that vaccines under certain medical conditions caused and will cause autism.

This is a real and present danger facing parents in Malaysia when our infantile politician and his Medical Mafia proceeds with the vaccination of the young and innocent from ages 5-11 in the near future.

What are parents going to do about this heinous crime? All parents are hereby put on notice, that you will be complicit in the crimes against humanity when young children are injured and or die following the vaccination program facilitated by the current government. Upon registration in the government website, your names and identities are all traceable. There is no way for you to hide. You will be held accountable!

In another bombshell case, Hannah Poling v HHS, the daughter of Dr. Poling a colleague of Dr. Zimmerman, the said doctor in a letter written to Poling’s lawyers, wrote and we quote:

“The cause of regressive encephalopathy in Hannah at age 19 months was underlying mitochondrial dysfunction, exacerbated by vaccine induced fever and immune stimulation that exceeded metabolic energy reserves. This acute expenditure of metabolic reserves led to irreversible brain injury...”

This is not the view of only one doctor, as the above medical analysis was supported by Dr. Richard Kelly, another colleague of Dr. Zimmerman of the John Hopkins University, who in an affidavit in the Hazlehurst case, affirmed as follows:

“I also find with a high degree of medical certainty that the sets of immunization administered to Yates at age 11 months while he was ill was the immediate cause of his autistic regression because of the effect of these immunizations to further impair the ability to weaken mitochondria to supply adequate amounts of energy for the brain, the highest energy consuming tissue in the body.”

To conclude this segment of my analysis and in anticipation of some arsehole doctors within the Medical Mafia of the MOH that the above experts cannot be trusted because the team of doctors assembled by the Director-General of MOH are scientists, let me smash this myth about doctors once and for all so that you, fellow parents and citizens, better arm yourself with some medical knowledge and not place your absolute trust that these MOH doctors are superb scientists.

I quote from:

Doctors are not scientists

BMJ 2004; 328 doi: <https://doi.org/10.1136/bmj.328.7454.0-h> (Published 17 June 2004) Cite this as: BMJ 2004;328:0-h

1. Richard Smith (rsmith@bmj.com), editor

“Some doctors are scientists—just as some politicians are scientists—but most are not. As medical students they were filled full with information on biochemistry, anatomy, physiology, and other sciences, but information does not a scientist make—otherwise, you could become a scientist by watching the Discovery channel. A scientist is somebody who constantly questions, generates falsifiable hypotheses, and collects data from well-designed experiments—the kind of people who brush their teeth on only one side of their mouth to see whether brushing your teeth has any benefit. Most doctors follow familiar patterns and rules, often improvising around those rules. In their methods of working they are more like jazz musicians than scientists.

“Questioning whether doctors are scientists may seem outrageous, but most doctors know that they are not scientists. I once asked a room of perhaps 150 medically trained educators which of them thought of themselves as scientists. About five put up their hands.

“If doctors are not scientists then it seems odd to supply them, as medical journals do, with a steady stream of original scientific studies. Teachers and social workers are not sent original research. Nurses are sent some, but are they simply aping the illogical ways of doctors?”

“The inevitable consequence is that most readers of medical journals don't read the original articles. They may scan the abstract, but it's the rarest of beasts who reads an article from beginning to end, critically appraising it as he or she goes. Indeed, most doctors are incapable of critically appraising an article. They have never been trained to do so. Instead, they must accept the judgment of the editorial team and its peer reviewers—until one of the rare beasts writes in and points out that a study is scientifically nonsensical.

“Sometimes readers will alight on an article as a bee alights on a flower to suck a little honey. They will alight, I suspect, for reasons that are more personal than scientific. I am interested in the study showing a steady rise in hospital admissions for acute pancreatitis from 1963 to 1998 (p 1466) because my brother had pancreatitis—maybe, indeed, that link had something to do with the study making it into the journal just as it's

been suggested that the BMJ publishes on toenail fungus because so many of the editorial team suffer from it. The authors note that the prognosis of acute pancreatitis is poor and that mortality after admission has not fallen since the 1970s—reflecting the absence of innovations in treatment.

“I am attracted as well to the study on whether the uncertainty principle is violated in clinical trials (p 1463). The principle says that you shouldn't conduct a trial if you think that one treatment is likely to be better than another. The study looked to see if trials more often favoured the experimental treatment. I guessed they would—and, indeed, they did. The authors, however, judge that the trials do satisfy the uncertainty principle. I'm unconvinced.”

I rest my case!

How Big Pharmas Control The Narrative And Brainwash Your Idle Mind

The subtitle seems to suggest that Matthias Chang is not objective and in fact is biased in his views on Big Pharmas. This will be the typical Malaysian who reads the headlines, has less than five minutes attention on any subject and just apes another jerk on any controversial views / subjects, finding comfort in the safety of the herd / crowd and just too lazy to verify.

What better way than to quote once again from the esteemed BMJ on the way Big Pharmas manipulate medical journals to control the narrative. Below are the important extracts:

Medical journals are corrupted by dependence on drug companies

BMJ 2005; 330 doi: <https://doi.org/10.1136/bmj.330.7501.1169-b> (Published 19 May 2005)
Cite this as: BMJ 2005;330:1169

It is unthinkable that reputable pharmaceutical companies and reputable medical journals would collude to publish fraudulent results about a drug trial, but we should bear in mind the pressures that operate when a major drug trial is submitted to a journal for publication. From the journal's viewpoint the financial benefits of publishing the trial are very large (see below). From the drug companies' viewpoint the stakes are even higher. They have already spent many £m in developing the drug, but if a major multicentre trial shows that the drug is relatively ineffective, or has serious side effects, that is a commercial disaster that must be avoided if that is at all possible. Initial drug trials are usually designed and funded by the manufacturer of the drug, the design of the trial is beyond reproach, and almost always the results are favourable to the sponsor. However, when independent researchers study the same drug the results are usually less favourable, and in some cases the drug is withdrawn because it is shown to be ineffective or unsafe. How can this occur?

Dr Smith led us through the methods that can enable companies to get the results they want without falsifying the data:

No need to falsify data: ways in which companies might use real trial results to get the results they want

The new drug can be compared with placebo, or too low a dose of a competitor drug, so the new drug is shown to be "effective", when really it is no better than an alternative treatment.

The new drug can be compared with too high a dose of a competitor drug, so it can be seen to have fewer side effects.

The new drug can be compared with a better (but more expensive) drug in a small trial so the results show "no significant difference" and the new drug appears good value for money.

The trial may have several different end-points, and the report cites those results in which the new drug performed well, but not those in which it performed badly.

The drug may be tested on a heterogeneous group of patients, some of whom did well and others badly. Select a group (e.g. men over age 50) who did well and publish those results and forget the rest.

*If there is no subgroup that does well do not publish that study at all.
If you have a good study, publish it more than once.*

*Sponsor multicentre trials, but publish only those centres that show favourable results.
Publish separately different outcome measures from the same trial.*

Publish different follow-up periods, e.g. results at 3 months, one year, two years...

Publish positive results in major journals and negative or neutral results in minor journals.

Combine results in ways that are favourable.

If we need further proof, the below extracts will settle the issue for you, me and the Medical Mafia led by the DG of MOH.

Source: Plos Medicine

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020138>

*"Journals have devolved into information laundering operations for the pharmaceutical industry", wrote Richard Horton, editor of the *Lancet*, in March 2004 [1]. In the same year, Marcia Angell, former editor of the *New England Journal of Medicine*, lambasted the industry for becoming "primarily a marketing machine" and co-opting "every institution that might stand in its way" [2]. Medical journals were conspicuously absent from her list of co-opted institutions, but she and Horton are not the only editors who have become increasingly queasy about the power and influence of the industry. Jerry Kassirer, another former editor of the *New England Journal of Medicine*, argues that the industry has deflected the moral compasses of many physicians [3], and the editors of *PLoS Medicine* have declared that they will not become "part of the cycle of dependency...between journals and the pharmaceutical industry" [4]. Something is clearly up.*

Conclusion

I am confident that after reading this article, your views of the doctors, big pharmas and the entire medical establishment in the USA, UK and Malaysia have been jolted and the realisation that the perceived reality is far from benign and respectable. We are staring at corruption at all levels of the medical industry, made worse by the infantile and arrogant behaviour of our ambitious politicians.

The ball is now in your court. Act now to save the lives of the young and innocent!

Matthias Chang

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