CHARGE SHEET 7: SIMON WESSELY, GULF WAR ILLNESS AND SOMATOFORMIA

Lobbying for a hearing for referral to the USDOJ for a prosecution of the Lyme disease crimes.

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Descrambling the Centers for Disease Control and Prevention's (CDC's) For-Profit scientific nonsense.

7.) Simon Wessely, Gulf War Illness, and Somatoformia, the current real definition.

CONJURMANIA!!

As long as psychiatry is completely made up and the entire vocabulary of the DSM is made up, it's a free for all, right?

So, Wessely claims Gulf War Illness Veterans are just plain cowards, basically.

The British "psychiatrist," Simple Simon, was hired by the U.S. Pentagon to trash Gulf War Illness veterans, while he totally knew otherwise:
http://www.gresham.ac.uk/lectures-and-events/something-old-something-new-something-borrowed-something-blue-the-true-story-of

Yet, this is a report Wessely wrote for the Pentagon:

BMJ. 2000 May 20;320(7246):1363-7.
Role of vaccinations as risk factors for ill health in veterans of the Gulf war: cross sectional study.
Hotopf M1, David A, Hull L, Ismail K, Unwin C, Wessely S.

"Among veterans of the Gulf war there is a specific relation between multiple vaccinations given during deployment and later ill health. Multiple vaccinations in themselves do not seem to be harmful but combined with the "stress" of deployment they may be associated with adverse health outcomes. These results imply that every effort should be made to maintain routine vaccines during peacetime."
http://www.ncbi.nlm.nih.gov/pubmed/10818024

Wessely later (see above, "Something Old, Something New…") made these statements about the sick veterans:

> "One way of doing that is through neuro-imaging, but we didn't get the money to do that, so instead we have used sophisticated neuro-psychological testing."
>
> "Those tablets, the NAPS tablets, it's just not possible to study. Pesticides, we don't find evidence. Chemical weapons, well, we don't think that for the British armed forces that was a big issue. But we do think there is a relationship between a **particular pattern of protection** and what happened later."

Neither of those claims are scientifically valid. "We didn't get the money to do real science testing so we just used the invalid subjective nonsense tests."

And, "We just plain can't be bothered to look at the very things that may cause immunosuppression on top of the hypervaccination, so we'll just call the veterans cowards instead. Me, Simon Wessely, calling soldiers cowards. I know it's hilarious but I am paid very well for this slander and libel, plus

it's hazard pay. Probably these vets and CFIDS/ME victims I abuse similarly would like to punch me in the face."

Kinda, yeah.

Those nerve agent antidote tablets? They cause immunosuppression, as does DEET.

(Sounds familiar, though, right? Hypervaccination in the presence of immune suppressors like fungi?)

Immunopharmacol Immunotoxicol. 2004 Feb;26(1):1-15.
Pyridostigmine bromide (PYR) alters immune function in B6C3F1 mice.
Peden-Adams MM1, Dudley AC, EuDaly JG, Allen CT, Gilkeson GS, Keil DE.

"Pyridostigmine bromide (PYR) is an anticholinesterase drug indicated for the treatment of myasthenia gravis and neuromuscular blockade reversal. It acts as a reversible cholinesterase inhibitor and was used as a pretreatment for soldiers during Operation Desert Storm to protect against possible nerve gas attacks. Since that time, PYR has been implicated as a possible causative agent contributing to Gulf War Illness. PYR's mechanism of action has been well-delineated with regards to its effects on the nervoussystem, yet little is known regarding potential effects on immunological function. To evaluate the effects of PYR on immunological function, adult female B6C3F1 mice were gavaged daily for 14 days with PYR (0, 1, 5, 10, or 20mg/kg/day). Immune parameters assessed were lymphoproliferation, natural killer cell activity, the SRBC-specific antibody plaque-forming cell (PFC) response, thymus and spleen weight and cellularity, and thymic and splenic CD4/CD8lymphocyte subpopulations. Exposure to PYR did not alter splenic and thymus weight or splenic cellularity. However, 20 mg PYR/kg/day decreased thymic cellularity with decreases in both CD4+/CD8+ (20 mg/kg/day) and CD4-/CD8- (10and 20 mg/kg/day) cell types. Functional immune assays indicated that lymphocyte proliferative responses and natural killer cell activity were normal; whereas exposure to PYR **significantly decreased primary IgM antibody responses to a T-cell dependent antigen at the 1, 5, 10 and 20 mg/kg treatment levels for 14 days**. **This is the first study to examine the immunotoxicological effects of PYR and demonstrate that this compound selectively suppresses humoral antibody responses."**
http://www.ncbi.nlm.nih.gov/pubmed/15106728

Repeat: "This is the first study to examine the immunotoxicological effects of PYR and demonstrate that this compound selectively **suppresses humoral antibody responses**."

DEET and Immunosuppression:

Toxicol Sci. 2009 Mar;108(1):110-23. doi: 10.1093/toxsci/kfp001. Epub 2009 Jan 13.
N,N,-diethyl-m-toluamide (DEET) suppresses humoral immunological function in B6C3F1 mice.
Keil DE1, McGuinn WD, Dudley AC, EuDaly JG, Gilkeson GS, Peden-Adams MM.

"Significant decreases were observed in the percentage of splenic CD4-/CD8- and CD4+/CD8- lymphocytes but only at the 62 mg DEET/kg/day treatment level and not in absolute numbers of these cells types. Additionally, significant decreases in the antibody PFC response were observed following

treatment with 15.5, 31, or 62 mg DEET/kg/day. Pharmacokinetic (PK) data from the current study indicate 95% bioavailability of the administered dose. Therefore, it is likely that DEET exposure ranges applied in this study are comparable to currently reported occupational usage. Together, the evidence for immunosuppression and available PK data suggest a potential human health risk associated with DEET in the occupational or military environments assuming similar sensitivity between human and rodent responses."
http://www.ncbi.nlm.nih.gov/pubmed/19141786

DEET and Immunosuppression, especially combined with Nerve Agent Antidote:

Toxicol Ind Health. 2001 Jun;17(5-10):192-209.
Evaluation of immunotoxicity induced by single or concurrent exposure to N,N-diethyl-m-toluamide (DEET), pyridostigmine bromide (PYR), and JP-8 jet fuel.
Peden-Adam MM1, Eudaly J, Eudaly E, Dudley A, Zeigler J, Lee A, Robbs J, Gilkeson G, Keil DE.

"Approximately 5,000 to 80,000 of the US service personnel involved in the Persian Gulf War have complained of a variety of nonspecific symptoms since their return in 1991. These symptoms have been collectively labeled Gulf War Illness and include muscle fatigue, general malaise, myalgia, impaired cognition, ataxia, headaches, fever, joint pain, skin rash, gastrointestinal disturbances, sleep disturbances, and respiratory difficulties. **Exposures of military and service personnel were diverse and included the prescribed anti-nerve gas agent pyridostigmine bromide (PYR), N.N-diethyl-m-toluamide (DEET) insect repellent, and environmental exposures to jet fuel**. Thus, studies in our laboratory were undertaken to determine if concurrent exposure to these agents, singly or in combination, would contribute to significant alterations in immunological function and disease susceptibility. To assess immune status, eight-week old B6C3F1 female mice were exposed for 14 days to single compounds or tertiary mixtures of 15.5 mg/kg DEET, 2 mg/kg PYR, and 500 mg/kg JP-8 (termed low dose), or 31 mg/kg DEET, 5 mg/kg PYR, and 1,000 mg/kg JP-8 (termed high dose). Immunosuppression was assessed 24 h after the last exposure. No remarkable alterations were evident in hematological parameters, spleen and thymus organ weight and total cellularity, natural killer (NK) cell activity, cytotoxic T-cell activity, or mitogen-induced lymphocyte proliferation after exposure to either single or tertiary mixtures at low or high doses. A few changes in CD4/CD8 flow cytometric lymphocyte subpopulations were detected after exposure to the tertiary mixture at the high dose. Delayed type hypersensitivity (DTH) was decreased by 88% after exposure to the high-dose mixture, and suppression of antibody-specific IgM immune responses (plaque-forming cell, PFC) occurred after exposure to all single and tertiary mixtures at both dose levels. In the PFC response, antagonism was apparent in the mixture, while coexposure to these agents resulted in a synergistic effect in the DTH response. Susceptibility to B16F10 tumor or Listeria monocytogenes challenge was not affected after single or tertiary exposures. **These data suggest that combined exposure to DEET, PYR, and JP-8 does not profoundly alter many immunological endpoints, but does selectively target functional endpoints such as the PFC and DTH response. This should be considered when assessing human health risks in the military environment."**
https://www.ncbi.nlm.nih.gov/pubmed/12539864

Amazing, someone got the money to do real science and were not too cowardly to slough it all off (like

a snake) as somatochondria and then say, "Knight me." And, oh, guess what, about the veterans (I know, sorry to take the attention off Silly Simon), they can have an immunological effect from hypervaccination or too-many-not-really vetted vaccines.

More scientifically valid data: Garth Nicolson on Mycoplasma (the fungal contaminant against which they put Thimerosal in vaccines) in Gulf War Illness veterans:

Science. 2001 May 4;292(5518):853.
Continuing research into Gulf War illness.
Nicolson G.

Summary The presence of systemic mycoplasmal infections in the blood of Gulf War veterans ($n=8$) and civilians ($n=28$) with Amyotrophic Lateral Sclerosis (ALS) and age matched controls ($n=70$) was investigated by detecting mycoplasma gene sequences with forensic Polymerase Chain Reaction (PCR) and back hybridization with a radiolabeled internal oligonucleotide probe. Almost all ALS patients (30/36 or ~83%) showed evidence of *Mycoplasma* species in blood samples, whereas <9% of controls had blood mycoplasmal infections ($P<0.001$). Using PCR ALS patients with a positive test for any mycoplasmal infection were investigated for the presence of *M. fermentans*, *M. pneumoniae*, *M. hominis* and *M. penetrans* in their blood. All Gulf War veterans with ALS were positive for *M. fermentans*, except one that was positive for *M. genitalium*. In contrast, the 22/28 civilians with detectable mycoplasmal infections had *M. fermentans* (13/22, 59%) as well as other *Mycoplasama* species in their blood, and two of the civilian ALS patients had multiple mycoplasma species (*M. fermentans* plus *M. hominis*). Of the few control patients that were positive, only two patients (2/70, 2.8%) were positive for *M. fermentans* ($P<0.001$). The results support the suggestion that infectious agents may play a role in the pathogenesis and/or progression of ALS, or alternatively ALS patients are extremely susceptible to systemic mycoplasmal infections.
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"**Summary** The presence of systemic mycoplasmal infections in the blood of Gulf War veterans (*n=8*) and civilians (*n=28*) with Amyotropic Lateral Sclerosis (ALS) and age matched controls *(n=70*) was investigated by detecting mycoplasma gene sequences with forensic Polymerase Chain Reaction (PCR) and back hybridization with a radiolabeled internal oligonucleotide probe. Almost all ALS patients (30/36 or ~83%) showed evidence of *Mycoplasma* species in blood samples, whereas <9% of controls had blood mycoplasma infections (*P<0.001*). Using PCR ALS patients with a positive test for any mycoplasmal infection were investigated for the presence of *M. fermentans, M. pneumonia, M. hominis*, and *M. penetrans* in their blood. All Gulf War veterans with ALS were positive for *M. fermentans*, except one that was positive *for M. genitalium*. In contrast, the 22/28 civilians with detectable mycoplasmal infections had *M. fermentans* (13/22, 59%) as well as other *Mycoplasma* species in their blood, and two of the civilian ALS patients had multiple mycoplasma species (M. fermentans plus M. hominis). Of the few control patients that were positive, only two patients (2/70, 2.8%) were positive for *M. fermentans* (*P<0.001*). The results support the suggestion that infectious agents may play a role in the pathogenesis and/or progression of ALS, or alternatively ALS patients are extremely susceptible to systemic mycoplasmal infections."

https://www.ncbi.nlm.nih.gov/pubmed/11341275
http://science.sciencemag.org/content/292/5518/853.2.long
http://www.actionlyme.org/GARTHNICOLSON.pdf

Naturally we wonder if any of those experimental vaccines the Gulf War veterans were stabbed with were contaminated.

We've seen in previous SASH criminal charge sheets for the Justice Department, that mycoplasma causes fatigue via hypoxia via erythrocyte membrane osmotic changes and changes to mitochondria, etc.

More scientifically valid data – seen previously:

Clin Diagn Lab Immunol. 1999 Jan;6(1):6-13.
Changes in immune parameters seen in Gulf War veterans but not in civilians with chronic fatigue syndrome.
Zhang Q1, Zhou XD, Denny T, Ottenweller JE, Lange G, LaManca JJ, Lavietes MH, Pollet C, Gause WC, Natelson BH.
https://www.ncbi.nlm.nih.gov/pubmed/9874656
http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=95652&blobtype=pdf

Next, … and this is all not to mention that during the first Iraq War in 1991, CNN showed a video clip where the soldiers were all standing around unprotected as they blew up the buried chemical and biological weapons... and the earth moved and the dust rose…:

2014: ***New research links Iraq dust to ill soldiers***
"An Armed Forces Health Surveillance Center report from 2012 also showed a 150 per 1,000 rate of clinic visits for respiratory diseases before the wars in Iraq and Afghanistan, and a rate of 173 per 1,000 rate during the war years."
http://www.usatoday.com/story/news/nation/2014/06/02/lung-study-va/9771237/

Now let's take a look at how you can have cortisol-reactivated Epstein-Barr **virus if you are an astronaut or medical school student** (clue, sleep-wake cycle) in the National Library of Medicine/ pubmed:

http://www.ncbi.nlm.nih.gov/pubmed/?term=epstein-barr+and+astronauts
Results: 9

Multiple latent viruses reactivate in **astronauts** during Space Shuttle missions.
Mehta SK, Laudenslager ML, Stowe RP, Crucian BE,Sams CF, Pierson DL.
BrainBehav Immun. 2014 Oct;41:210-7. doi:10.1016/j.bbi.2014.05.014. Epub 2014 Jun 2.

Latent and lytic **Epstein-Barr** virus gene expression in the peripheral blood of **astronauts**.
Stowe RP, Kozlova EV, Sams CF, Pierson DL,Walling DM.
Brain Behav Immun. 2005May;19(3):235-42.

Epstein-Barr virus shedding by **astronauts** during space flight.
Pierson DL, Stowe RP, Phillips TM, Lugg DJ,Mehta SK.
BrainBehav Immun. 2005 May;19(3):235-42.

Immune function during space flight.
Sonnenfeld G, Shearer WT.

Nutrition. 2002Oct;18(10):899-903. Review.

Elevated stress hormone levels relate to **Epstein-Barr** virus reactivation in **astronauts**. Stowe RP, Pierson DL, Barrett AD.
PsychosomMed. 2001 Nov-Dec;63(6):891-5.

Immune responses and latent herpesvirus reactivation in spaceflight.
Stowe RP, Mehta SK, Ferrando AA, Feeback DL,Pierson DL.
AviatSpace Environ Med. 2001 Oct;72(10):884-91.

Space analogue studies in Antarctica.
Lugg D, Shepanek M.
ActaAstronaut. 1999 Apr-Jun;44(7-12):693-9.

Stress-induced reactivation of **Epstein-Barr** virus in **astronauts**.
Stowe RP, Pierson DL, Feeback DL, Barrett AD.
Neuroimmunomodulation.2000;8(2):51-8.

Incidence of **Epstein-Barr** virus in astronaut saliva during spaceflight.
Payne DA, Mehta SK, Tyring SK, Stowe RP, PiersonDL.
AviatSpace Environ Med. 1999 Dec;70(12):1211-3.

Simon Says: if you're an astronaut, you may have a real disease. If a soldier or some other commoner, you may have a Salem Witch trial (no, really, wait until you see the exact definition of Somatoform).

Medical School Stress (it's baffling why they'd be stressed, after all, there is no science involved):

Health Psychol. 1993 Nov;12(6):435-42.
Stress and the memory T-cell response to the Epstein-Barr virus in healthy medical students.
Glaser R, Pearson GR, Bonneau RH, Esterling BA, Atkinson C, Kiecolt-Glaser JK.

"This study investigated the memory T-cell proliferative response to several early and late Epstein-Barr virus (EBV) polypeptides. Blood samples were collected twice, 1 month before a 3-day block of examinations and again on the last day of the exam series. Ss were 25 healthy, EBV seropositive medical students. The proliferative response to 5 of the 6 EBV polypeptides significantly decreased during examinations. In addition, Ss high (above the median) in seekingsupport, as measured by the COPE, had lower proliferative responses to 3 EBV polypeptides (p17, p52/50, and p85),as well as higher levels of antibody to EBV virus capsid antigen. **The data provide further evidence that psychological stress can modulate the cellular immune response to latent EBV**."
http://www.ncbi.nlm.nih.gov/pubhmed/8293726

The above report was cited by… 12 more reports:
http://www.ncbi.nlm.nih.gov/pubmed?linkname=pubmed_pubmed_citedin&from_uid=8293726

This one among them:

Interdiscip Perspect Infect Dis. 2011;2011:571340. doi: 10.1155/2011/571340. Epub 2011 Dec 20.

Fatigue in medical residents leads to reactivation of herpes virus latency.
Uchakin PN1, Parish DC, Dane FC, Uchakina ON, Scheetz AP, Agarwal NK, Smith BE.

"The main objective of this study was to detect fatigue-induced clinical symptoms of immune suppression in medical residents. Samples were collected from the subjects at rest, following the first night (low-stress), and the last night (high-stress) of night float.Computerized reaction tests, Epworth Sleepiness Scale, and Wellness Profile questionnaires were used to quantify fatigue level. DNA of human herpes virusesHSV-1, VZV, EBV, as well as cortisol and melatonin concentrations, were measured in saliva. Residents at the high-stress interval reported being sleepier compared to the rest interval. EBV DNA level increased significantly at both stress intervals, while VZV DNA level increased only at low-stress. DNA levels of HSV-1 decreased at low-stress but increased at high-stress. Combined assessment of the viral DNA showed significant effect of stress on herpes virus reactivation at both stress intervals. Cortisol concentrations at both stress intervals were significantly higher than those at rest."
http://www.ncbi.nlm.nih.gov/pubmed/22229027

The Poor Things.

Conclude: If you are a medical school student or astronaut, your stress will produce a real disease (use Pubmed to discover cortisol does this even independently of stress), but if you are a plain old commoner or a soldier, no, you are having a "pattern of protection" (are scared), or are somatizing or producing scientifically valid illness biomarkers with your magical brain—the definition of somatization disorders.

Look next at this description of somatization illnesses (also called "medically unexplained") from an "expert" seen on Fox "News" describing the **Justina Pelletier CPS kidnap case**, which became an international scandal revealing what knuckleheads make decisions in New England "hospitals."

This psychiatrist does not even question the illogic of claiming that people can actually produce valid medical illness biomarkers with their psychogenic powers alone, when, we know that if anyone had such abilities they would not inflict the disease on themselves, but upon people like the "ChIlD pRoTeCtIvE sErViCeS (CPS), psychiatry, or the CDC. At the same time, he claims there is no scientific evidence for how someone could produce such scientifically valid illness signs in themselves with their magical brains:

Follow**: "... causing her to believe she is medically ill, when she is not—that they have kindled in her a 'somatoform disorder' in which bodily symptoms actually have purely psychological roots, not anatomic ones..."**

And: **"First, we lack sufficient research data to back up my clinical experience and professional opinion (which some psychiatrists would agree with and some would disagree with)."**
http://www.foxnews.com/health/2014/03/28/dr-ablow-sure-parents-can-make-their-kids-sick/

Whaaaa ??

Conclude: A person can have a real disease, but not a real disease, and no one knows how they do it.

This sounds exactly like "magic" to a normal human.

We could take this one step further: Send Justina Pelletier and her kind to the CIA and see if she can do **remote viewing or kill goats with her eyeballs**, alone. If yes, she is a good witch. If not, she is a bad witch. If she can only inflict illness on herself, she must be a bad witch. Fair? Only a not-very-good witch would issue backfiring incantations.

This is America. We have to listen to that kind of crazy malarkey on the "news," not to mention the horrors of those who experience Wessely-ish, Munchausery-CPS-psychiatric Witch Trials, personally.

And the somatoformizing, cowardly soldiers … against the backdrop of known disease and known biomarkers, bad vaccines, bad advice about vaccines (or no advice as is the case with children and the MMR vaccine), Wessely's fairy tales about not enough money to perform real experiments, and mini-witches still terrorizing the Boston area.

This paper does not intend to list all the data available on the First Gulf War Illness. Some people have evidence for other exposures. However, this vaccination business that Wessely first reported explains how people who were not even deployed might have acquired an illness. We know the mechanism of fungal contamination (mycoplasma) of the vaccines or the vaccination of an immune suppressed person can result in the live viruses being reactivated as shown in the SASH charge sheets.

We know from the cytokines study listed here, the Gulf War Illness veterans seemed to have overall higher markers of immune activation than the ME/CFS people tested, which conflicts with the other immunosuppression data, but we do know there are scientific realities to be had and acquired.

And the Pentagon hired Simon Wessely to not only trash the sick veterans, but people with ME/CFS, too.

No one asks Simon Wessely (or anyone else) how in the hell people can magically produce real signs of real illness in themselves and *ONLY* themselves. It is logical to assume some of these people may have stress induced Epstein-Barr like the astronauts and medical students, but what kind of arrogance blames the victim in this 21stCentury, and makes them suffer every physical, social, and financial deprivation and humiliation, and does it for money?

There is a new definition of **WHORE** we would like to enter in the next DSM, 5.1:

"One who debases their profession to the point where they would declare their victims 'conjurers';

"The WHORES have no awareness of their illness, it's along the lines of a Delusional Disorder and one of the signs is that they deny they're mentally ill;

“They continually claim ***other people*** are not sick, either.”

No one is ever sick, and there are no doctors. There is no medicine, and there is not even a DSM or PDR.

(Well, ***that*** part is kinda true.)