

Comments for CFSAC meeting of January 13th. 2015
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Hard lessons from P2P
and
Request for a CFSAC member to cease discrimination

There is a terrible, hard lesson to be learned from P2P. That is, members of CFSAC in their recommendations must parse their language with the care they would take for a Supreme Court hearing. Otherwise, their meaning may be distorted by persons with differing motives, and then come back to kick them in the face.

P2P originated with a call by CFSAC for a "consensus" of expert scientists, both clinicians and researchers, and knowledgeable stakeholders such as patients – all of whom have devoted large portions of their lives to furthering understanding of Myalgic Encephalomyelitis. These, CFSAC intended, would review and revise the ICC as necessary in order to achieve a more perfect definition.

What resulted instead was that NIH devised P2P as a purported answer to this quest. But instead of bringing knowledge to bear their construct featured persons selected for complete ignorance of the subject matter, histories and consequences. One group selected for ignorance was assigned to review material previewed and selected by another group that had been chosen for ignorance. This vaunted ignorance notwithstanding, however, a fix was in. The allowed universe of material to be considered had been pre-selected to exclude biomedical science and lead the putatively innocent reviewers down a yellowish brick road to a mushy, quasi-bio-psycho-social definition. In addition, choices made by the Oregon VA pre-viewers showed decided influence in said direction from outside coaching not disclosed in any protocol: e.g., the arithmetic ineptitude I cite in MECFS Alert 71.

Another unpleasant lesson: two major tragic flaws were incorporated into P2P via the choice of data that was input for consideration.

One was the inclusion of Britain' PACE trial data. This is fraudulent, the procedure having been very extensively modified from the protocol in order to match the disappointing results. This probably would not stand in America. However, it is standing in Britain because Oxbridge man invariably defends Oxbridge man., as

Simon Kuper so eloquently explained in his Financial Times essay of last October 24th¹.

Second -- and related -- danger lurks in the vague suggestion by the final P2P committee that America work with other countries. This leaves open a huge expanse of quicksand because healthcare in Protestant Northern Europe is very much controlled by psychiatrists who are incarcerating children and grown women -- always women, never men--if they do not submit to programs ordered by the psychiatrists. This is contrary to the U.S. constitution and cannot be tolerated by agencies of the U.S. government.

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¹ Kuper, Simon. "Confessions of a White Oxbridge Male." Financial Times Magazine. London, October 24th, 2014.