magazine ran a quiz for GPs by Professor Simon Wessely asking how they would respond to a patient self-diagnosing with ME. The "correct" answer? **"For God's sake, pull yourself together, you piece of pond life."** There was no apology. No reprimand. No accountability. The General Medical Council said nothing. Because by then, cruelty wasn't a deviation—it was policy.

By 2024, the rot had festered so deeply that a consultant could stand before a coroner and admit to deliberately withholding a feeding tube from a severely ill young ME patient — letting her starve to death to avoid "medicalising" the disease — and yet face no reprimand, no investigation, no censure from the court or the General Medical Council.

This isn't a failure of care. It's a system of sanctioned neglect and cruelty. The GMC's **Duties of a Doctor** have been abandoned in a sea of dogma, prejudice, and misinformation.

THE LEGACY OF THE BELFAST LINC UP MEETING: A PUBLIC-PRIVATE COLLUSION TO ERADICATE A DISEASE

The Belfast Meeting of 1992 was not a mistake. It was a coordinated act of erasure.

It reframed a neurological disease as psychiatric for political and financial ends; encouraged suppression of biomedical testing that would confirm physical illness; and protected insurers and government budgets from the rising cost of care and disability claims.

It also created a generation of medical professionals trained to ignore, mock, and neglect

ME patients and normalised a culture of institutional gaslighting that still kills.

The programme of institutional cruelty initiated in 1992 has led to:

- Widespread neglect and medical abandonment.
- Preventable suicides and starvation deaths (including young people denied feeding tubes or TPN).
- Thirty years of vilification, in which patients were treated as malingerers or deluded.
- A global public health scandal is still unfolding today.

Where Is the Accountability?

The Belfast Castle LINC UP meeting was not an aberration. It was a blueprint — one that must now be exposed, condemned, and legally challenged.

To ensure justice for those who suffered and died — and to protect future generations — the world must recognise this for what it was: -

A profit-driven public-private collusion against medical truth and human dignity.

> *"Clearly one cannot claim to be doing science whilst simultaneously ignoring most of the relevant scientific literature. Wherever data exists clearly contradicting their views, they simply pretend it does not exist".*
>
> Professor Martin Pall

Lies, Damn Lies… and the Belfast Castle LINC UP Meeting 1992

The Institutional Erasure of ME: A Case Study in Medical Cruelty and Corporate Collusion

By Jenny Wilson
Associate Member of Doctors with ME

Myalgic Encephalomyelitis (ME) is described in peer-reviewed literature as the most functionally disabling of all major chronic diseases (Hvidberg et al., 2015; Vyas et al., 2022). Around 25% of patients are bedbound, trapped in unrelenting pain, unable to tolerate light, sound, or even touch. Many cannot eat due to gastroparesis, difficulty swallowing, or Mast Cell Activation — and without proper medical intervention, ME can be fatal, especially when ignored or mismanaged by the very systems meant to protect them.

By 1992, the biomedical evidence was already indisputable. The work of Professors Klimas, Behan, Mowbray, and Drs. Bell, Cheney, Demitrack, Peterson, Peckerman, Richardson, Ramsay and others had established ME as a serious multisystem disease. Published studies and medical conference presentations before that date documented**: immune dysfunction, neuroinflammation, endocrine abnormalities, cardiovascular impairment, mitochondrial dysfunction, encephalitic abnormalities, profound hypovolaemia, and persistent enteroviral infection**.

On **April 15th, 1992**, a LINC UP meeting was held at **Belfast Castle** under the disturbingly titled banner: *"Eradicating ME."* Sponsored by

Pfizer Invicta Pharmaceuticals, and attended by physicians, psychiatrists, and policy influencers, this event marked a pivotal moment in the coordinated suppression of ME as a legitimate biomedical disease.

Behind the polished facade of scientific discourse, a sinister agenda was unveiled.

Psychiatrists Dr. Simon Wessely and Dr. Peter White presented a narrative that came to define institutional policy for decades. ME, they claimed, was not a disease of the body, but was a variant of depression masquerading as a physical illness. They told their audience that patients were merely resisting the stigma of a psychiatric label and insisted there was "no consistent pathology" in ME.

Their solution?

Antidepressants. Cognitive Behavioural Therapy (CBT). Graded Exercise Therapy (GET).

In short, they prescribed behavioural correction for a profound physical disease.

DEMONSTRABLY FALSE AND HARMFUL

These claims were not simply outdated or ignorant — they were **disproven** by years of research.

As early as **1969**, the **World Health Organization** classified ME as a **neurological illness** (ICD-10: G93.3). Dozens of outbreaks with clearly physical origins had been recorded globally. By 1992, medical literature documented immunological and cardiovascular dysfunction, mitochondrial and endocrine dysfunction, and metabolic impairment in ME patients. Wessely and White disregarded all of it.

The Belfast Meeting was not an exchange of ideas. It was the institutional gaslighting of an entire patient population.

FOLLOW THE MONEY: INSURANCE, PROFIT, AND THE DRIVE TO DENY

Why would anyone seek to deny the existence of a disease that devastates lives?

The answer lies in the cold calculus of financial liability.

Between 1989 and 1993, UNUM — then the world's largest disability insurer — reported a staggering 460% increase in ME/CFS-related claims. In terms of cost, ME/CFS became the second most expensive chronic condition, ranking above AIDS.

This was not a new fear. The 1934 Los Angeles County Hospital outbreak — one of the earliest recorded ME epidemics — had already shaken the insurance world. According to Dr. Byron Hyde, that single outbreak generated an estimated $40 billion in payouts, accompanied by gagging clauses and behind-the-scenes compensation.

In UNUM's internal document dated April 4th, 1995, titled **"Chronic Fatigue Syndrome Management Plan"** (authored by Dr. Carolyn L. Jackson), the strategy is stated plainly: **"UNUM stands to lose millions if we do not move quickly to address this increasing problem."**

The Response?

Deny the disease. Discredit and denigrate the patients. Pathologise their protest. Rewrite the narrative to preserve profit.

The strategy involved rebranding ME under the CFS label, which categorised it as a mental health condition rather than a neuroimmune disease; promoting the term CFS/ME to blur the distinction between the two conditions, then erasing the ME label when expedient, leaving the illness solely in the mental and behavioural category.

THE START OF STATE-SANCTIONED MEDICAL CRUELTY

The consequences of the Belfast Meeting cannot be overstated.

It did not merely disseminate falsehoods — it institutionalised them.

The psychiatrists at the helm went on to:

- **Serve as advisors to the DWP**.
- **Influence NICE treatment guidelines.**
- **Co-author the PACE Trial, later exposed as one of the most ethically compromised and methodologically invalid clinical trials in UK medical history.**
- **Act as consultants to disability insurers, ensuring that their re-categorisation of ME would justify claim denials on a global scale.**

A HUMAN RIGHTS ABUSE IN PLAIN SIGHT

By 2010, the institutional dehumanisation of ME patients as '*the undeserving sick of society*' (Sharpe, 1999) had become so entrenched it was flaunted without shame. In 2010, ***Doctor***