

Hib Vaccine

Moving on, there are three licensed Hib vaccines, injected at 2, 4, 6, and 12 months (with one brand skipping the 6-month dose). Not one of them was licensed based on a placebo-controlled trial.

ActHIB's trial used an unspecified Hep B vaccine as a control (which was also not licensed based on a placebo trial, since no Hep B vaccine was) and had 30 days of safety review after injection during which 3.4% experienced a serious adverse event but "[n]one was assessed by the investigators [Sanofi] as related to the study of vaccines."³⁷ Hiberix's trial used ActHIB as a control with 31 days of safety review after injection.³⁸ PedvaxHIB used an unlicensed vaccine as a control with 3 days of safety review after injection.³⁹

These trials were useless for confirming the safety of these products injected into babies three times by six months of age.

Polio Vaccine

We now arrive at polio vaccines. There is one stand-alone polio vaccine in the United States, IPOL, an inactivated polio vaccine, licensed in 1990 and sold by Sanofi. Remarkably, it was licensed based on a trial with no control, let alone a placebo control, and only 3 days of safety review after injection.⁴⁰ Highlighting why this trial was beyond unethical, Sanofi reported: "Although no causal relationship has been established, deaths have occurred in temporal association after vaccination of infants."⁴¹ Of course no causal relationship would or could be established in this trial because it was utterly useless for determining safety.

Now, I can already hear a Vaccines Amen crowd going apoplectic that *the* polio vaccine (as if there is only one) was already confirmed as safe in the Salk vaccine trials from the 1950s. Putting aside that the Salk vaccine was withdrawn from the market in the 1960s due to safety concerns and other issues, IPOL is a completely different product than the polio vaccine developed by Jonas Salk because, among other reasons, IPOL is "grown in vero cells, a continuous line of monkey kidney cells cultivated on microcarriers."⁴² IPOL, unlike Salk's vaccine, literally uses monkey kidney cells that were rendered immortal, essentially cancerous, to grow the polio virus, and these cells end up in every vial of IPOL.⁴³ This is why neither Sanofi nor the FDA relied upon the Salk vaccine's safety or efficacy to license IPOL.⁴⁴ It is a completely different product.

While even the FDA and Sanofi don't pretend to rely on Salk's trial for the licensure of IPOL, that did not stop Dr. Offit from trying to insinuate a connection. After I publicly asserted that routine injected childhood vaccines on the CDC schedule were not licensed based on

placebo-controlled trials, Dr. Paul Offit publicly attacked me by claiming that "200,000 were inoculated with salt water" in the Salk polio vaccine trials to "prove" a placebo was used.⁴⁵

Now, as noted, the Salk trial is irrelevant when talking about the IPOL trial. The Salk trial was conducted for a product withdrawn from the market in the 1960s and was not relied upon to license IPOL or any other routine childhood vaccine. But it gets far worse for Dr. Offit, because he is also wrong about the control used in the Salk trial. It was not, as he claimed, "salt water."

Before showing that Dr. Offit is plainly wrong, recall he is considered one of the world's leading vaccinologists and, among his many fancy titles, is the Director of the Vaccine Education Center at the Children's Hospital of Philadelphia, the Maurice R. Hilleman Professor of Vaccinology at the University of Pennsylvania, the recipient of an endless stream of awards in vaccinology, and one of the four editors of *Plotkin's Vaccines*.

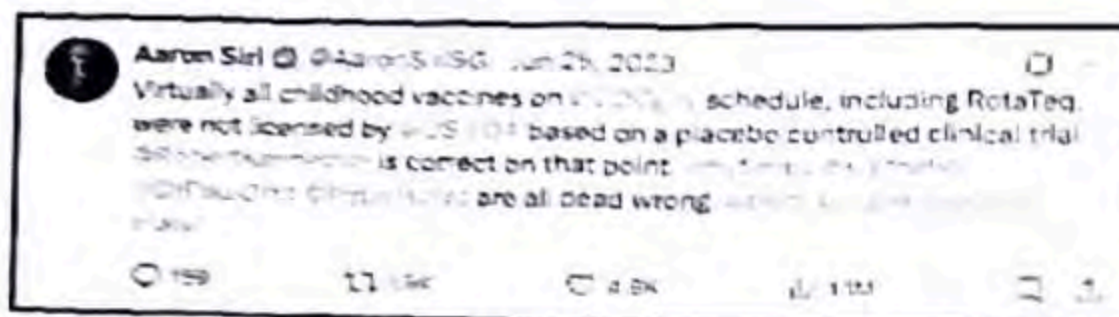
Back to Dr. Offit's claim that the Salk trial used "salt water," he is just wrong. As explained in the official Salk trial report, 200,000 children received an injection that included, among other things, "199 solution" (a synthetic tissue culture medium and ethanol⁴⁶), "phenol red," "antibiotics," and "formalin."⁴⁷ In other words, most certainly not "salt water" nor a placebo.

This must have been incredibly embarrassing for Dr. Offit. One of the world's leading vaccinologists, in trying to prove that placebos are used in vaccine trials, had falsely told the world that the control in the famous Salk trial received "salt water." Compounding the embarrassment was, no doubt, his incredible irritation that an attorney whom he loathes (me, as you will see if you read our exchange), had long known this fact. I knew it because I had, years prior, read the official Salk clinical trial report.

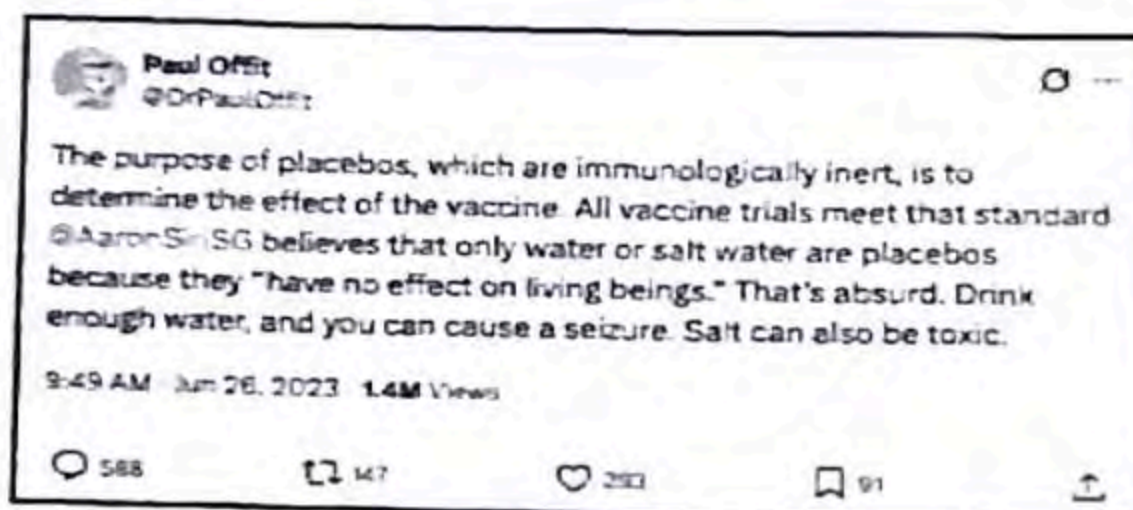
After I publicly called out his false claim, instead of admitting he just shared false vaccine information, Dr. Offit doubled down by, as you will see below, then falsely claiming that a "placebo" doesn't mean something "inert" (which is, in fact, its definition) but something that is only "immunologically inert." But, amazingly, even under Dr. Offit's revised definition, that would *still* mean none of the trials for routine injectable childhood vaccines on the CDC schedule used a placebo, because the control in each was *not* immunologically inert. These controls were mostly other vaccines, adjuvants, and antibiotics, none of which are "inert" or "immunologically inert."

Let me back up and go through my public dispute with Dr. Offit in a bit more depth as it reflects upon many issues we have discussed thus far. On June 22, 2023, Offit made the categorically false claim that "all vaccines are tested in placebo-controlled trials before licensure."⁴⁸ On

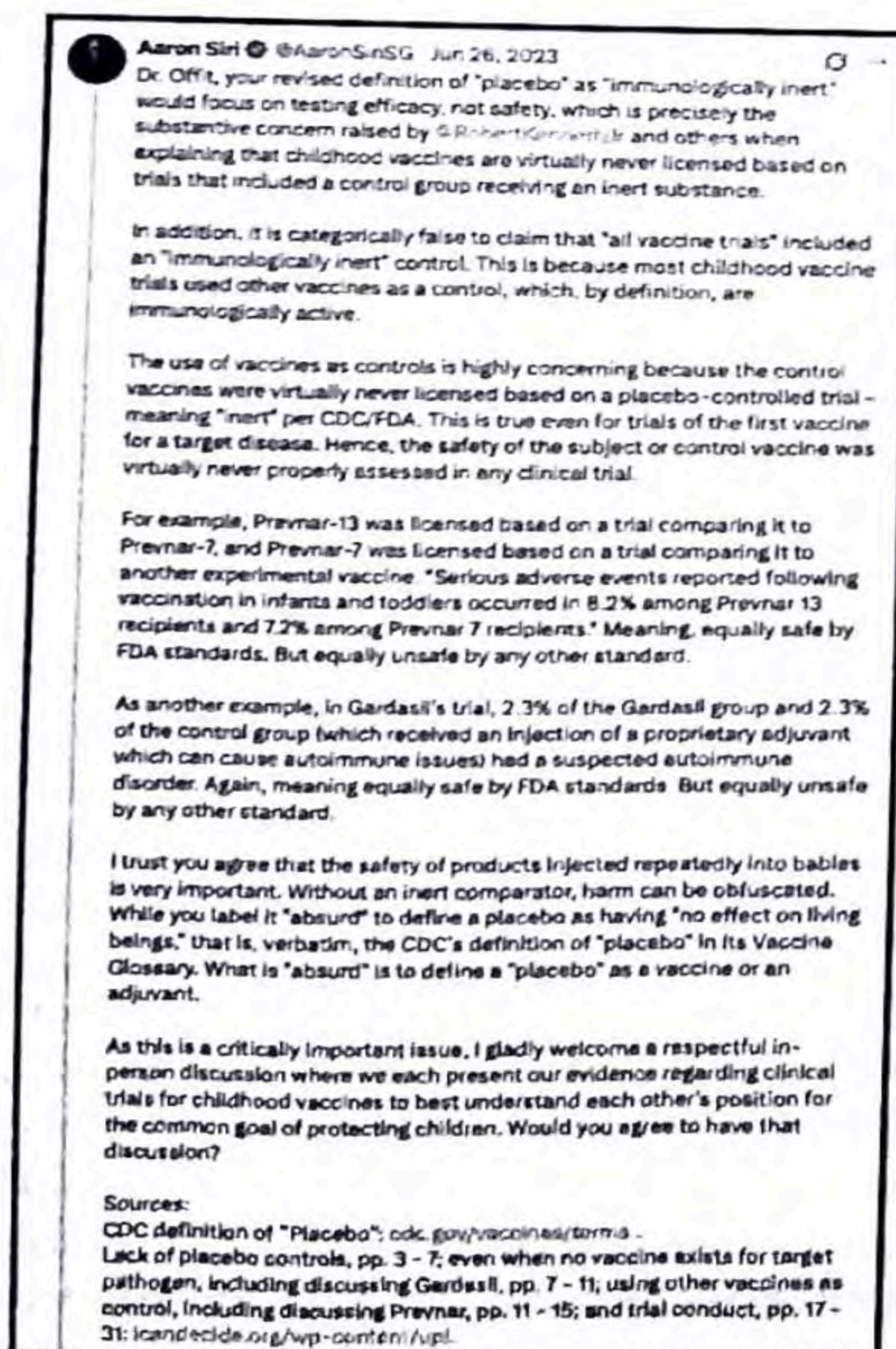
June 25, 2023, in response to Offit's categorically false claim, I tweeted the following response with proof:



The next day, Offit responded with this:



I tweeted back later that same day:



By the next day, Offit quietly updated his original claim from "**All** vaccines..." to "**Most** vaccines are tested in placebo-controlled trials before licensure."⁴⁹ Offit's revised claim is, as you know, still categorically false.

Dr. Offit then tripled down a few days later, on July 1, 2023, in a Substack article, directed at me, titled *The Casual Cruelty of Placebo-Controlled Clinical Trials*.⁵⁰ It's a great piece. You have to love a man who argues using a placebo is "cruelty" while also arguing that of course a placebo was used in all (then revising that to most) clinical trials. Putting aside vaccinologist logic, I reproduced every word of his article in my Substack response.⁵¹ Below is one small excerpt from my article, with Dr. Offit's words in bold and my response following in plain text:

The casual cruelty expressed by ICAN's lawyer [that's me] can also be found in an event that occurred almost 70 years ago. In 1954, 420,000 first and second graders in the United States were inoculated with Jonas Salk's inactivated polio vaccine; 200,000 were inoculated with salt water. It was one of the largest placebo-controlled trials of a medical product in history. Jonas Salk didn't want to do it. He couldn't conscience giving a saltwater shot to young children when as many as 50,000 were paralyzed by polio and 1,500 died every year. When the trial was over, the vaccine was declared "safe, effective, and potent."⁵² Church bells rang out; synagogues held special prayer meetings; department store patrons stopped to listen to the results of the trial over loudspeakers. How did we know that Jonas Salk's polio vaccine was effective? We knew because 16 children died from polio in that study—all in the placebo group. We knew because 34 of the 36 children paralyzed by polio in that study were in the placebo group. These are the gentle heroes we leave behind.

I suspect that none of the parents who volunteered for Jonas Salk's polio vaccine trial were hoping their children were in the placebo group.

More false claims by Offit. First, it is categorically false to claim that "200,000 were inoculated with salt water." These children did not receive "salt water." The official final report from the Salk trial (Dr. Offit, I am happy to

send you a copy), on page 51, describes precisely what these 200,000 children received as a control.⁵³ It was an injection that included, among other things, the following ingredients: "199 solution" (a synthetic tissue culture medium and ethanol⁵⁴) "phenol red," "antibiotics," and "formalin." Don't take my word for it, see the official report for yourself. It is categorically false for Offit to claim "200,000 were inoculated with salt water."

And keep in mind, this is the one and only vaccine in his article he actually identified as being licensed based on a placebo control - a saline injection.

Offit then claims that "16 children died ... all in the placebo group" and that "34 of the 36 children paralyzed by polio in that study were in the placebo group." But the article he cites for this claim says, "There were four deaths among children who received placebo" and that "33 inoculated children receiving the complete vaccination series became paralyzed."

Offit also fails to mention the Salk vaccine ceased being used in the 1960s and does not disclose the many paradoxical and statistically improbable realities regarding the rise of polio and the claim that Salk's vaccine vanquished this disease. But again, that also misses the point. The point is that whatever the efficacy, the actual safety profile of each routine vaccine product on the CDC schedule needs to be determined in a valid clinical trial. Without that, you can never provide any parent proper informed consent.

Offit kindly calls children that died of polio during the Salk trial "gentle heroes." They are. Every child is precious. We should care about every child injured by an infectious disease. The issue is that when children are injured or killed by a *vaccine*, they are not called "gentle heroes." Instead, their parents are called pejoratives, gaslit, cast out of medical offices, and berated and demeaned in an attempt to ignore what they experienced.

If refusing them proper medical care and adding insult to injury were not enough, they are then attacked by

their own government if they happen to learn about the Vaccine Injury Compensation Program (which most do not know about) and file a claim (most do not because they miss the time to file) because they must fight against an army at HHS (the department in which CDC and FDA are located) and DOJ attorneys in order to seek even minimal compensation to care for their injured children.⁵⁵ This is a system that is rigged against the vaccine injured.⁵⁶

So, why is Offit's article incredible? It is incredible because he is literally the person the medical community and the FDA and CDC look to on the issue of vaccine safety. Offit is maybe the most renowned disciple of the godfather of vaccines, Dr. Stanly Plotkin, and one of the four editors of the medical textbook *Plotkin's Vaccines* and the author of the chapter "Vaccine Safety" in this textbook, hailed "the bible of vaccinology." He is also the Director of the Vaccine Education Center at CHOP which, I can tell you from deposing numerous pediatricians, is looked to as the pinnacle of truth regarding vaccine safety. He is even a current member of the FDA's vaccine advisory committee and a former member of the CDC's vaccine advisory committee.

Yet his article above shows not merely a casual disregard for proper clinical trials of childhood vaccines but in fact contempt for such trials – trials that would actually demonstrate the true safety profile of these products.

While Offit called me casually cruel for asking for placebo-controlled trials for vaccines where no vaccine exists for the target disease or when the control used was never validated through a prior placebo-controlled trial, what he was really doing was revealing more about himself; just as he sees the hero in children injured by infectious disease and expresses a deep caring for them, as we all should, he reveals a deep contempt for children injured by vaccines and, worse, for those seeking to identify and avoid such injuries in other children. That is more than casually cruel. And that is being generous.

If Offit can show that, in fact, all the routine vaccines on the childhood vaccine schedule were originally licensed based on a properly designed placebo-controlled trial (even using his narrow definition) then I will retract my assertion. I would in fact welcome being wrong. Like probably every other parent, there would be a lot of comfort in knowing that the products he pushes for injection into babies dozens of times in the first six months of life were licensed based on proper trials. Here is the chart with the proof that this is not, unfortunately, what occurs with childhood vaccines. I welcome receiving from you, Dr. Offit, proof to the contrary.

The remainder of the article responding to Dr. Offit then lists every routine childhood vaccine, the control used, and a link to the FDA source.⁵⁷ Dr. Offit never had a rebuttal to the above and never agreed to an in-person exchange of evidence. In fact, he again did not accept after I publicly wrote:

Dr. Offit is correct that “it’s much easier to be in the misinformation business than the information business.” After all, he has all of mainstream media to spread his misinformation as well as pharma’s multi-billion marketing budget, the federal health agencies’ multi-billion budget, etc. But he still whines people don’t believe him. He apparently just can’t conceive that no matter how many times you say a falsehood, many still won’t believe you.

@DrPaulOffit I will again offer to have a public exchange, with equal time, where we can each present evidence about each vaccine’s safety and efficacy. We can start with clinical trials, autism, or any one of the other hot button vaccine topics. Here’s your chance to prove, with evidence, you are correct about childhood vaccines. After all, you often point out I am just a lawyer, and you a vaccinologist, and hence surely you should be able to easily prove your claims about vaccines while I drool on myself like a caveman. You game?⁵⁸

As we go through each routine childhood vaccine in this chapter, keep in mind the fact-checkers who claim that vaccines were licensed based on placebo-controlled trials. But don’t judge them too harshly; they were

literally relaying and often quoting what Dr. Offit or one of his disciples told them.

With that, we now move on to the vaccines given between 6 months and 18 months of age.

Injections Between 6 Months to 18 Months of Age

Between 6 and 18 months of age, babies receive additional doses of the vaccines given during the first six months, as well as some new vaccines. Again, none were licensed based on a placebo-controlled trial.

Influenza Vaccine

The CDC schedule calls for babies to receive one dose of influenza vaccine (flu shot) at 6 months, a second at 7 months, and then one shot annually. The formulation for this vaccine changes every year, and the new formulation is licensed without any clinical trial. Instead, the clinical trial for the initial version of each brand of influenza vaccine is used as the basis to assume the safety of each new formulation. This approach means there is no placebo-controlled trial, nor any trial whatsoever, for each new formulation of the influenza vaccine.

But even putting this reality aside, none of the trials for the initial licensed version of each influenza vaccine for children included a placebo control group. This can be seen from the following chart that includes each licensed trivalent (IIV3) and quadrivalent (IIV4) influenza vaccine:⁵⁹

Initial U.S. Approval	Brand (Company)	Control	Placebo?
1980	Fluzone (IIV3) (Sanofi)	No control	NO
1988	Fluvirin (IIV3) (Seqirus)	No control	NO
2005	Fluarix (IIV3) (GSK)	Fluzone (IIV3)	NO
2006	Fluaval (IIV3) (GSK)	Fluzone (IIV3)	NO
2007	Afluria (IIV3) (Seqirus)	Fluzone (IIV3)	NO
2012	Flucelvax (IIV3) (Seqirus)	Fluvirin (IIV3)	NO
2012	Fluarix (IIV4) (GSK)	PCV13, Havrix, Varivax or unlicensed vaccine	NO
2013	Flublok (IIV3) (Sanofi)	No control	NO
2013	Fluzone (IIV4) (Sanofi)	Fluzone (IIV3) or unlicensed vaccines	NO
2013	FluLaval (IIV4) (GSK)	Fluzone (IIV4), Fluarix (IIV3) or Havrix	NO
2016	Afluria (IIV4) (Seqirus)	Fluzone (IIV4) or Fluarix (IIV4)	NO
2016	Flucelvax (IIV4) (Seqirus)	Afluria (IIV4), Menveo, or Menveo+Saline	NO

This chart makes painfully evident that the entire safety of influenza vaccines for children rests on layer upon layer of assumption, as there is no baseline for safety established at any point in the chain using a properly designed trial that included a placebo control.

As reflected in this chart, the safety of many influenza vaccines rests on a trial that used Fluzone (IIV3) as a control or another vaccine that was licensed based on using Fluzone (IIV3) as a control. But Fluzone (IIV3) was licensed based on a small trial without any control. Worse, researchers did conduct one efficacy (not safety) trial for Fluzone (IIV3) long *after* it was licensed which found that “the rate of hospitalization was actually higher in the vaccine group than in the placebo group” with 60% more vaccinated than unvaccinated children being hospitalized for insertion of ear drainage tubes.⁶⁰

Hep A Vaccine

Next up, two hepatitis A vaccines: Havrix (GSK), licensed in 1995, and Vaqta (Merck), licensed in 1996.⁶¹ These were the first two hepatitis A vaccines ever licensed in the United States. Hence, there was no excuse not to use a placebo control group in their clinical trials. Yet, as you already know, neither trial used a placebo control.

Instead, for Havrix, the control was Engerix-B, the Hep B vaccine licensed after only 4 days of safety monitoring following injection.⁶² For Vaqta, the control was an injection of the adjuvant AAHS (a proprietary aluminum adjuvant owned by Merck, the precise formula of which is not publicly known) and thimerosal.⁶³

So, again, despite the fact there was no existing hepatitis A vaccine, the clinical trials did not use a placebo. They could have. They should have. But that is not how the cult of vaccinology works. Rather they used either a vaccine for a different disease that itself was never properly safety-tested, or they used an injection of active and toxic ingredients as a control. I can't make this stuff up.

Chicken Pox Vaccine

Next, let's look at Varivax (Merck), the first and only vaccine licensed for varicella (chicken pox) in 1995. Despite being the first vaccine for chicken pox, it was not licensed based upon a placebo-controlled clinical trial. Again, it could have been but wasn't.

Recognizing the importance of a placebo control, the package insert for Varivax claims that its safety was reviewed against a “placebo” control.⁶⁴ Putting aside that only 465 children received the purported “placebo,” Merck's peer-reviewed article regarding this trial makes clear

this "placebo" was not a placebo, but rather an injection of "lyophilized stabilizer containing approximately 45 mg of neomycin per milliliter."⁶⁵

Neomycin is an antibiotic. By definition, an antibiotic is not an inert substance and hence the control in this trial was *not* a placebo. Worse, neomycin in oral form has a long list of serious adverse reactions, including hearing loss, kidney damage, and nerve damage.⁶⁶ Using a control that can have serious adverse reactions when orally ingested, let alone injected, obfuscated (to put it mildly) Varivax's actual safety profile.⁶⁷ Critically, an injection of neomycin is without any question *not* a placebo.

MMR Vaccine

Next up is MMR, considered the crown jewel by many vaccinologists. Merck's MMR vaccine in use today (**MMR-II**) was licensed in 1978 based on a clinical trial with 834 children, no control group (let alone a placebo control), and only 42 days of safety review after injection.⁶⁸ During the trial, approximately one-third of the participants developed gastrointestinal issues and one-third developed respiratory issues but without a control group, these and other reactions were written off.⁶⁹ This means that even if this trial did have enough children (which it didn't) and reviewed safety long enough (which it didn't), without a control group, it was useless for determining the vaccine's actual safety profile.

Just to be clear, MMR-II's clinical trial did not even use another vaccine as a control. It simply had no control group. To be clear, it did not even test against the first MMR vaccine.

The importance of a proper trial to study the safety of MMR-II also cannot be overstated. This was a novel product. For example, unlike any prior measles-containing vaccine, in the vial of every dose of MMR-II there are, according to the data and even Dr. Plotkin, hundreds of billions of pieces of human DNA and cellular material from the cultured cell line of an aborted fetus.⁷⁰ But even without this novelty, a proper safety trial should have been conducted prior to licensing MMR-II. That never happened.

Over the years, as liabilities from harms related to measles-containing vaccines piled up, the number of companies making and selling this product dropped from at least six companies in the 1970s to only one company by 1986—Merck selling its MMR-II. Remember, MMR-II was one of only three routine vaccines at the time that led to the passage of the 1986 Act which gave Merck immunity from liability for harms caused by this product.⁷¹ It needed this immunity, no doubt, including because after passage of the 1986 Act, the CDC published the Vaccine

Information Sheet for this product and admitted that “after MMR vaccination, a person might experience” “seizure,” “deafness,” “long-term seizures, coma, or lowered consciousness,” and/or “brain damage.”⁷² As an aside, after Dr. Plotkin was deposed, his subsequent herculean efforts to cover up vaccine harms included having “brain damage” removed from MMR’s Vaccine Information Sheet.⁷³

In any event, decades later there was a clinical trial that included Merck’s MMR-II vaccine as a control. It was a trial for a new MMR vaccine to be sold by GSK called Priorix, licensed in 2002 (**MMR-RIT**). This trial had 6 months of safety review after injection. So, what did this trial find? Sadly, both vaccine groups had a high rate of serious adverse events, emergency room visits, and new onset of chronic diseases (e.g., autoimmune disorders, asthma, type I diabetes, vasculitis, celiac disease, thrombocytopenia, and allergies) as reflected in the chart below which was buried in the supplemental information for this clinical trial:⁷⁴

Supplementary Table 6. Incidence of unsolicited adverse events (Day 0–42), serious adverse events, AEs prompting emergency room visits and NOCDs (Day 0–180) (total vaccinated cohort).

n (%)	MMR-RIT (N=3714)	MMR II (N=1289)
Unsolicited AEs (≥1 symptom)	1857 (50.0)	618 (47.9)
Grade 3	225 (6.1)	85 (6.6)
SAEs (any, ≥1 SAE)	77 (2.1)	25 (1.9)
AEs prompting ER visit	375 (10.1)	134 (10.4)
NOCDs (any, ≥1 NOCD)	128 (3.4)	48 (3.7)

AE, adverse event; ER, emergency room; N, number of children with the documented dose; n (%), number (percentage) of children reporting the AE at least once; NOCDs, new onset chronic diseases (see definition in Patients and methods); SAE, serious AE.

Grade 3 unsolicited AEs were those preventing normal, everyday activities.

The damning findings in this clinical trial, showing an incredibly high rate of serious adverse events and new chronic health conditions after receipt of an MMR vaccine in previously healthy children, should have raised alarm bells. Instead, MMR-RIT was deemed safe by the FDA because it had the same level of harm as the control group receiving MMR-II. But to any thinking, breathing, caring person, certainly not safe.

Worse, these serious harms were not disclosed in the package insert given to medical professionals, parents, or the public. Nor were they mentioned in patient-facing materials. Instead, GSK buried them in a supplemental table in a journal article.⁷⁵

Vaccines Injected Between 18 Months and 18 Years of Age

After 18 months of age, children receive additional injections of previously administered vaccines, as well as some new ones.

HPV Vaccine

We next turn to the human papillomavirus (**HPV**) vaccine, Gardasil, recommended for injection in children as young as nine years of age. The first Gardasil vaccine was licensed in 2006. It was licensed based on a clinical trial in which 10,706 girls and women received Gardasil. As for the control group:

- 9,092 girls and women received an injection of 225 mcg or 450 mcg of Amorphous Aluminum Hydroxyphosphate Sulfate (**AAHS**) (the **AAHS Control Group**) and
- 320 girls received an injection of what the package insert labeled "Saline Placebo"⁷⁶ but really was an injection that included L-histidine, polysorbate 80, sodium borate, and yeast protein (the **Carrier Solution Control Group**)⁷⁷

Meaning, neither of the controls was a placebo because both control groups included active ingredients and hence neither was inert. There was no excuse for not using a placebo given there was no licensed HPV vaccine at the time; and therefore, no ethical concern with "withholding" a licensed treatment from a control group. Perhaps recognizing this problem, Merck's package insert falsely labeled the small 320-girl control group as a "Saline Placebo" group. In reality, the injection contained L-histidine, polysorbate 80, sodium borate, and yeast protein.⁷⁸

If all of the approximately 9,400 women and girls in the control group had received a placebo, that would have permitted an actual safety review. But doing so would have, of course, violated the creed of vaccinologists, which is why it was not done. It would have permitted an actual safety comparison which could derail licensure.

The real-world danger of not including a placebo control group can be seen from the Gardasil trial data. During the six-month safety review in the trial, 2.3% of the women and girls in both the Gardasil group and the combined control group (AAHS Control or Carrier Solution Control) developed a systemic autoimmune disorder.⁷⁹ Since the rate of systemic autoimmune disorders in the Gardasil group and in the combined control group were similar, the vaccine was deemed safe and licensed by the FDA.

The problem is that AAHS, an adjuvant used in the vaccine to increase the immune response, is known to be neurotoxic and cytotoxic. And, critically, it is used to induce autoimmunity in lab animals, and there are numerous peer-reviewed publications implicating it in various autoimmune conditions in humans.⁸⁰ So, when 2.3% of previously healthy women and girls getting Gardasil and 2.3% of previously healthy women and girls getting a shot of AAHS both develop systemic autoimmune disorders, the conclusion should *not* be that the vaccine is safe.

Remember, the Gardasil trial included healthy women and girls.⁸¹ It is not normal for 2.3% of healthy women and girls to develop a systemic autoimmune disorder every six months. But that is what appears to have happened in this trial. Because nearly everyone in the "control" group received AAHS, this ingredient itself could have caused the systemic autoimmune disorders seen in the control group and the vaccine group.

Had the control group in this trial simply received a placebo, then we would get real world data related to the true adverse event rate between the Gardasil group and the control group.⁸² But since the trial used a cytotoxic and neurotoxic substance which can induce autoimmunity as a control, all that Merck could show was that Gardasil was as safe as getting an injection of the active ingredient in the vaccine, AAHS. That is ridiculous. A fifth grader can understand why such a study does not confirm Gardasil is safe. Showing that Gardasil is as safe as an injection of AAHS does not show that Gardasil is safe.

The following is a table from the package insert for Gardasil which shows the rate of systemic autoimmune disorders between the Gardasil group and the combined control group:

Table 9: Summary of Girls and Women 9 Through 26 Years of Age Who Reported an Incident Condition Potentially Indicative of a Systemic Autoimmune Disorder After Enrollment in Clinical Trials of GARDASIL, Regardless of Causality

Conditions	GARDASIL (N = 10,706)	AAHS Control* or Saline Placebo (N = 9412)
	n (%)	n (%)
Arthralgia/Arthritis/Arthropathy [†]	120 (1.1)	98 (1.0)
Autoimmune Thyroiditis	4 (0.0)	1 (0.0)
Celiac Disease	10 (0.1)	6 (0.1)
Diabetes Mellitus Insulin-dependent	2 (0.0)	2 (0.0)
Erythema Nodosum	2 (0.0)	4 (0.0)
Hyperthyroidism [‡]	27 (0.3)	21 (0.2)
Hypothyroidism [§]	35 (0.3)	38 (0.4)
Inflammatory Bowel Disease [†]	7 (0.1)	10 (0.1)
Multiple Sclerosis	2 (0.0)	4 (0.0)
Nephritis [¶]	2 (0.0)	5 (0.1)
Optic Neuritis	2 (0.0)	0 (0.0)
Pigmentation Disorder [¶]	4 (0.0)	3 (0.0)
Psoriasis [§]	13 (0.1)	15 (0.2)
Raynaud's Phenomenon	3 (0.0)	4 (0.0)
Rheumatoid Arthritis [§]	6 (0.1)	2 (0.0)
Scleroderma/Morphea	2 (0.0)	1 (0.0)
Stevens-Johnson Syndrome	1 (0.0)	0 (0.0)
Systemic Lupus Erythematosus	1 (0.0)	3 (0.0)
Uveitis	3 (0.0)	1 (0.0)
All Conditions	245 (2.3)	218 (2.3)

This table should have included three columns—Gardasil, AAHS control, and the so-called “Saline Placebo”—but instead the latter two were combined. In contrast, the Gardasil package insert did use three columns for non-serious reactions such as injection site pain and similar reactions. It looks like this:

Adverse Reaction (1 to 5 Days Postvaccination)	GARDASIL (N = 5088) %	AAHS Control† (N = 3470) %	Saline Placebo (N = 320) %
Injection Site			
Pain	83.9	75.4	48.6
Swelling	25.4	15.8	7.3
Erythema	24.7	18.4	12.1
Pruritus	3.2	2.8	0.6
Bruising	2.8	3.2	1.6

*The injection-site adverse reactions that were observed among recipients of GARDASIL were at a frequency of at least 1.0% and also at a greater frequency than that observed among AAHS control or saline placebo recipients.
†AAHS Control = Amorphous Aluminum Hydroxyphosphate Sulfate

As you can see from this chart, the reactions in the AAHS Control group are not combined with the reactions in the “Saline Placebo” group. So why not have three columns for serious reactions like systemic autoimmune issues? For the precise type of serious issue that AAHS can cause?! Really think about it: why not break out the “Saline Placebo” as its own column for the systemic autoimmune issues in Table 9 since, at least, the ingredients of the “Saline Placebo” did not include AAHS?

Putting aside that it was entirely unethical to inject over 9,000 girls and women with a known neurotoxin like AAHS, which has no therapeutic benefit,⁸³ there was no excuse for not requiring a placebo in the clinical trials for Gardasil.

Building on this safety pyramid scheme, Gardasil 9 was then licensed based on a clinical trial in which the control group consisted of more than 7,000 girls and women who received Gardasil, and 305 who received Gardasil followed by an injection of saline.⁸⁴ It is morbidly ironic that the only time they finally gave a saline injection in the trial of Gardasil 9 was to 305 girls and women after they had already been injected with Gardasil.

Tdap Vaccine

Next up is Tdap vaccine, given at 11 years of age and older. There are two licensed Tdap vaccines: Adacel by Sanofi and Boostrix sold by GSK, both licensed in 2005 without a placebo-controlled trial. Adacel and Boostrix both used Decavac vaccine as the control in their trials.⁸⁵ At this point, I am sure it will come as no surprise that Decavac was not licensed based on a placebo-controlled trial.⁸⁶

Like the DTaP vaccine (given at 2, 4, 6, 15, and 48 months of age), Tdap is also for tetanus, diphtheria, and pertussis. Because DTaP often causes adverse reactions in older children and adults, Tdap is used instead, as it contains far less diphtheria and pertussis toxin in each vial. For example, Infanrix (DTaP) has 12.5 times more diphtheria toxoid and 10 times more pertussis toxin than Adacel (Tdap).⁸⁷

MenACWY Vaccine

Next up is Meningococcal ACWY. The two oldest licensed Meningococcal ACWY vaccines are Menomune, licensed in 1981, and Menactra, licensed in 2005. Menactra was licensed based on a trial in which Menomune was the control. So, you would hope Menomune was licensed based on a placebo-controlled trial. Nope.

Incredibly, and this is head-twisting, the safety section of the package insert for Menomune (licensed in 1981) references the trial for Menactra (licensed in 2005) in which Menomune was used as a control.⁸⁸ Meaning, per the FDA-approved package inserts, the exact same clinical trial in which Menactra was compared with Menomune was used to determine both products were safe.⁸⁹ Again, this is not something I would have ever thought to dream up.

This provides another good example of the safety pyramid scheme. Menomune was licensed without a placebo-controlled trial and was then used as the control to license Menactra.⁹⁰ Apparently realizing that there was no trial to support safety for the licensure of Menomune, the FDA permitted the package insert for Menomune (long after it was licensed) to list in its clinical trial safety section the very trial in which Menomune was used as a control.

Today, Menactra and Menomune are no longer listed on the CDC's childhood vaccine schedule. Instead, they have been replaced with Menveo,⁹¹ licensed in 2010, and MenQuadfi, licensed in 2020.⁹² And, you will probably not find this surprising, Menveo was licensed in 2010 based on a trial in which Menomune and Menactra were used as controls; and then MenQuadfi was licensed in 2020 in which Menveo and Menactra were used as controls. The circular manner in which these products are licensed should be making your head spin.

So, let me quickly recap: Menomune was licensed without a placebo-controlled trial and then used as the control to license Menactra; Menactra and Menomune were then used as the controls to license Menveo; and then Menveo and Menactra were used as the controls to license MenQuadfi. This is a pyramid scheme of safety, at the bottom of which there is no baseline on which safety is being judged. Just a get-it-licensed-to-profit shell game.

And with that, we have covered the clinical trial the FDA relied upon to license every routine injected vaccine on the CDC's childhood vaccine schedule.

Ethics of Using and Not Using a Placebo

In response to the lack of a placebo in some trials, the FDA and vaccinologists will assert that it is unethical to evaluate the safety of an unlicensed experimental vaccine in a placebo-controlled trial when there is already a licensed vaccine for the same disease.

This ethical concern, however, rings hollow because if ethics were a real concern, the FDA would require placebo-controlled trials before licensing new experimental vaccines at least *where no licensed vaccine exists to prevent the same disease*. For example, the very first vaccines for chickenpox or hepatitis A, both licensed in 1995, or HPV, licensed in 2006, could have easily included a placebo control group. No ethical issue with that. But as you now know, that is not what happened because that is not how the cult of vaccinology works.

Also, consider this: conducting a placebo-controlled trial will leave a clearly defined group of children unvaccinated only for the duration of the trial in a controlled setting where they can be monitored.⁹³ In contrast, injecting a vaccine into millions of children in an uncontrolled setting without first assessing its safety in a placebo-controlled trial is, to any objective, reasonable observer, grossly unethical conduct.⁹⁴

As researchers from the University of Oxford explained when talking about clinical trials for drugs (something, I am sure, they would never say about vaccines since offending religious beliefs can result in loss of employment):

In some trials placebos were omitted on ethical grounds. This is illogical because studies destined to produce unreliable results should themselves be considered unethical.⁹⁵

This ethical issue is true of all routine childhood vaccines.

By refusing to conduct any placebo-controlled studies – even for new vaccines for diseases for which no vaccine exists yet – HHS, FDA, and CDC give themselves a convenient way to consistently discount even widespread claims of vaccine injury, by simply claiming causation has not been proven, knowing full well causation will likely never be proven – one way or another – without a placebo-controlled trial.⁹⁶

Fact Checking the Fact Checkers

Reflecting how important using a placebo is in a clinical trial, “fact checkers” insist on repeatedly “debunking” the claim that routine injected childhood vaccines on the CDC’s schedule were not licensed based on a placebo-controlled trial. These fact checks are often comical because instead of looking at the primary FDA and company sources to see what the control was in each clinical trial, as we just did above, these fact checkers rely on anything but the actual primary sources.

They rely on false conclusory statements by vaccinologists. They rely on random studies of vaccines that are not on the childhood schedule. They rely on studies that clearly did not include a placebo. Most critically, these “fact checks” rely upon their audience not actually reading any studies the fact check may cite.

While others may not do so, I read every study cited in every such “fact check,” and I have yet to find a single fact check that identifies a clinical trial relied upon to license a routine vaccine on the CDC’s schedule licensed for injection into children based on a placebo-controlled trial.

My favorite example may be a CNN article titled *Despite Kennedy’s claims, vaccines have been tested in placebo-controlled studies*, dated June 6, 2025, which cited to hundreds of studies, not just a handful like other such “fact checks.” Pointing to these studies, CNN claimed that the Secretary of HHS, Robert F. Kennedy Jr., was wrong when he said that of the “76 shots that children in this country receive,” meaning the routine injected vaccines on CDC’s schedule, “none of them have been safety tested in prelicensing studies against the placebo, which means we don’t understand the risk profile for those products.”⁹⁷

This claim, CNN explains, “made Dr. Jake Scott’s ears perk up,” and that “Scott, an infectious disease specialist at Stanford University, knew that the assertions couldn’t be true, and now he says he has the proof.” Gotta love how Dr. Scott “*knew* that the assertions couldn’t be true,” because that is the belief, and so he set out to find the proof to support his belief.

As for the supposed proof, the article explains Dr. Scott and a worldwide team “scoured databases of medical literature” and identified “258 randomized controlled clinical trials of vaccines” and that “more than half of those studies—153—tested against placebos, and 127 of those studies used inert placebos.”

The problem for CNN is that none of these studies disprove Secretary Kennedy’s assertion about childhood vaccines. Not one of the 258 studies (listed as RCT 1 to RCT 258) involved a trial using a placebo that was relied upon by the FDA to license a routine injected vaccine on the

CDC's childhood schedule. Not one. Secretary Kennedy made this clear in his response which carefully reviewed each of these studies.⁹⁸

Two points before we get to the list of 258 studies. First, instead of purportedly "scouring databases," why didn't CNN or Dr. Scott just go to the FDA website and review the clinical trials relied upon to license these vaccines? Well, we know the answer: because it would reflect that no routine injected vaccine on CDC's schedule was licensed for children based on a placebo-controlled trial.

Second, CNN's use of the term "inert placebo" implies the existence of a "non-inert placebo." But that is nonsensical. By definition—per both the FDA and CDC—a placebo is a substance that *is* inert.⁹⁹ Hence, "non-inert placebo" is an oxymoron because if it is not inert, it is not a placebo. If a placebo could be non-inert, then it could be anything, including mercury, lead, an adjuvant, or another vaccine. It renders the term "placebo" meaningless.

That said, let's turn to the list of 258 studies. This list, on its face, expressly reflects that 237 of the studies did not use an "inert" safety comparator in a trial to license an injected routine vaccine for children on CDC's schedule.¹⁰⁰ This leaves only 21 potential studies. For those remaining 21 studies which CNN's list claims used an inert injection, this claim is simply false for 9 of them, which is easily verified by looking at the underlying study to see what the controls were:

- RCTs 251, 252 (Varivax) injected an antibiotic, neomycin—*not inert*.
- RCTs 84, 97 (HPV-16 and 16/18) injected aluminum adjuvant—*not inert*.
- RCT 215 (Almevax) injected another vaccine—*not inert*.
- RCT 55 (Lyophilized PedvaxHIB) injected lactose, aluminum adjuvant, and thimerosal—*not inert*.
- RCT 197 (Salk vaccine) injected 199 solution, synthetic tissue culture, ethanol, phenol red, antibiotics, and formalin—*not inert*.¹⁰¹
- RCT 168 (Dow's MMR) injected full vaccine minus virus, including all stabilizers, antibiotics, diluent, preservative, and buffers—*not inert*.¹⁰²
- RCT 189 (Menveo) injected Tdap+saline or Menveo+saline—*not inert*.

This leaves only 12 potential studies. For those remaining 12 listed studies, although these may have had an inert injection, *not one* was a trial relied upon to license a routine vaccine on CDC's childhood schedule, as laid out in Secretary Kennedy's response.¹⁰³

What these 12 trials do prove, however, is that a placebo-controlled trial of a vaccine is possible; and that when a placebo is used, the results can often be startling. For example, RCT 136 of a non-U.S. vaccine found the vaccine ineffective; RCT 122 of various Chinese influenza vaccines found that “severe adverse effects occurred in 69 (0.6%, 0.5–0.8) recipients of vaccine compared with one recipient (0.1%, 0–0.2) of placebo”; and RCT 124 found “the rate of hospitalization was actually higher in the [Fluzone IIV3] vaccine group than in the placebo group.”¹⁰⁴ Without a placebo control group, it is unlikely that each of these concerning findings would have been identified.

Ironically, this “fact check” proves the lack of adequate safety trials underpinning CDC’s childhood schedule, and CNN’s “fact check” is by far the best attempt, trying to list hundreds of studies. The bottom line is that CNN could have easily figured out that there were no placebo-controlled trials relied upon when the FDA licensed each routine injected vaccine on CDC’s childhood schedule. All it had to do was review the same FDA and source material we reviewed in this chapter. Instead, it relied upon a random, crowd-sourced list on the internet. A list which ironically makes plain the lack of adequate safety trials for routine childhood vaccines.

Controls Wrap-Up

The failure to employ a placebo control group in routine childhood vaccine trials is scientifically and morally indefensible. The importance of a placebo control is the reason HHS, no doubt, felt compelled to address that point first in its lengthy response we discussed earlier to ICAN’s multi-point letter regarding vaccine safety. HHS addressed the lack of placebo-controlled trials by telling a bald-faced falsehood, writing “many pediatric vaccines have been investigated in clinical trials that included a placebo.”¹⁰⁵ This is a belief. Not reality. Not truth.

Belief should not be the basis for the now 25 routine injections of pharma products into babies by age one—the basis should be objective evidence.

What makes this false claim about use of a placebo in HHS’s response letter—which was reviewed and approved by CDC, FDA, and NIH—even more sad is that the government officials in the “health” agencies that prepared this letter appeared truly unaware it was false. This is plain from reading the internal emails in which they discussed and prepared the response.¹⁰⁶ They were unaware because they drew from their ideological beliefs regarding vaccines, rather than from objective truths.

Moreover, the use of another vaccine as a "control," as explained by the FDA, is only appropriate (even by their lenient standards) if it is for the same disease and is a "drug whose effect is well-defined," which means "historical placebo-controlled trials are available to define the active control effect."¹⁰⁷ Meaning, the vaccine used as a control was itself licensed based on a properly designed placebo-controlled trial.¹⁰⁸ But that is not the case, as seen above, with any routine injected childhood vaccine. Equally as concerning, the FDA permits pharma to use an injection of an active vaccine ingredient as a control. This creates a dangerous layering of assumptions about the safety of these products.

These concerns are far from abstract. Showing the critical importance of a placebo control group, the findings in a recent clinical trial for a potential Moderna RSV infant vaccine, which had a placebo control group, resulted in Moderna abandoning development of this vaccine because the trial found more harm occurred in the vaccinated group than in the placebo group.¹⁰⁹ Absent a placebo control, there would be no clear baseline to determine that the new RSV vaccine was causing more harm than good.¹¹⁰ In fact, there is a good chance this product would have been licensed and considered "safe" without a placebo control group; and once licensed, since placebo control trials of that product are thereafter considered unethical, and no lawsuits could be brought for design defects, it would have remained on the market. This trial reaffirms that a placebo-controlled trial for a new vaccine is possible. For the children whose lives will not be ruined by this product, thank goodness a placebo was used.

This brings us to another reason placebo-controlled trials are critical. When parents claim that a vaccine injured or killed their child (like the endless number of such parents who have contacted my firm), HHS, FDA, and CDC regularly deny these claims by stating that no cause and effect has been established between vaccination and the alleged injury. But as they are well aware, *without* a placebo-controlled trial, cause and effect is difficult and often impossible to establish.¹¹¹ So, no matter how many or what type of vaccine injuries are reported, these agencies and pharma companies can and do hide behind the claim that "a cause and effect relationship with the vaccine has not been established."¹¹² More on that in the next chapter.

Bottom line, none of the routine injected childhood vaccines were licensed for children based on a placebo-controlled clinical trial (or even a trial that used another vaccine for the same disease licensed based on a placebo trial).¹¹³ This should be horrifying enough, but sadly it gets far worse.

Safety Review Durations Are Far Too Short

It gets worse because even if a placebo control had been used (or another vaccine used as a control that was properly trialed), the safety review after injection in childhood clinical trials is almost always too short to assess safety.

Here is a chart of the safety review period after injection in each trial relied upon to license each stand-alone vaccine injected into babies three times in the first six months of life:¹¹⁴

Vaccine	Product Name (Company)	Duration of Safety Review After Injection	
		<i>Solicited Reactions</i>	<i>Unsolicited Reactions</i>
Hep B	Recombivax HB (Merck)	5 days	5 days
	Engerix-B (GSK)	4 days	4 days
Hib	ActHIB (Sanofi)	3 days	30 days
	PedvaxHIB (Merck)	3 days	3 days
	Hiberix (GSK)	4 days	31 days
DTaP	Infanrix (GSK)	8 days	30 days
	Daptacel (Sanofi)	14 days	6 months
IPV	IPOL (Sanofi)	3 days	3 days
PCV	Vaxneuvance (Merck)	14 days	6 months
	Prevnar 20 (Pfizer)	7 days	6 months

These time periods are patently insufficient because they cannot reveal the developmental, neurological, autoimmune, or other health issues that will only become apparent after a child is at least a few years old.

As even the CDC conceded: "Because the childhood immunization schedule is essentially a long-term exposure, occurring over 18 to 24 months, long-term adverse events may be more biologically plausible than short-term events,"¹¹⁵ and the IOM has made plain there could be "a relationship between [the numerous known] short-term adverse events following vaccination and long-term health issues."¹¹⁶

Yet trials for routine childhood vaccines almost never review safety beyond six months, and typically for only days or weeks after injection. This is despite the fact that, as discussed in the next chapter, studies looking at long-term chronic health issues from vaccines have concerning results.

The need for long-term safety review in clinical trials should also be painfully apparent from the instances in which clinical trials *have* had a six-month safety review. While still deficient, when a six-month safety review occurred in the Prevnar 13 trial and GSK's MMR vaccine trial, for example, the rates of serious adverse events in both vaccine groups were jaw dropping. Yet they were deemed "safe" because the new version was as "safe" (or unsafe) as the old one.

There is no excuse for not having proper safety review durations. Here again are the clinical trials Pfizer conducted for its top four selling drugs:¹¹⁷

Pfizer's Top 4 Most Profitable Drugs		
DRUG	SAFETY REVIEW	CONTROL
Eliquis	7.4 Years	Placebo
Enbrel	6.6 Years	Placebo
Lipitor	4.9 Years	Placebo
Lyrica	2 Years	Placebo

As discussed above, Pfizer wants to make sure its drugs are safe before they go to market to avoid financial losses later. But with vaccines, the financial incentive is reversed.

To further bring this issue into focus, there is one vaccine on the CDC childhood schedule that was licensed based on a long-term placebo-controlled trial. That is Sanofi's vaccine for dengue. This vaccine is only recommended by CDC for children in endemic dengue areas, and dengue is not endemic in the United States.

This vaccine's trial had a placebo-controlled group and reviewed safety for five years.¹¹⁸ Again: five years of safety review with a placebo control. After the third year of the trial, researchers learned that children under 6 years old had an increased risk of severe harm and death from this vaccine. This harm would never have been uncovered by the short trials with no placebo control which occur for the routine vaccines on CDC's childhood schedule.¹¹⁹

Researchers also found that children older than six who had never had dengue and received this vaccine likewise had a serious increased risk of severe harm and death. Because of these findings, which took years in a placebo-controlled trial to uncover, this vaccine is *only* given to older children and to *only* those who have previously had dengue. As disclosed by the FDA and Sanofi: "Those not previously infected are at increased risk for severe dengue disease when vaccinated and subsequently infected with dengue virus."¹²⁰

If each routine childhood vaccine on the CDC schedule was licensed based on a robust clinical trial with a placebo control (or another vaccine as the control licensed based on this standard) and five years of safety review, widespread harm to infants and children could have been avoided. Just think about the DTP vaccine studies and the high rate of serious adverse events in many of these trials that are simply written off because there was no placebo control group to compare against and the safety review is otherwise too short.

The bottom line is that the safety reviews after injection in the trials for routine childhood vaccines are far too short, often only monitoring safety for days or weeks after injection. For this reason alone, it is simply not possible to know the safety profile of these vaccines before they go to market, even if these trials had a valid control group.

Not Enough Children in the Trials

Even if these trials were properly controlled and reviewed safety for long enough, most trials for routine childhood vaccines on the CDC's schedule are fatally flawed in assessing safety for yet another reason. They have too few children in the trial. Meaning, they do not have sufficient "power" to identify adverse events caused by the vaccine.

For example, even if the Recombivax HB trial reviewed safety for 10 years against a placebo control, it would not have mattered since the trial only included 147 children.¹²¹ Even for a common adverse event that caused a serious injury to one in 40 children, this trial had too few children—meaning, it was underpowered—to statistically determine whether the vaccine caused the harm.

Consider this: there are over 3.5 million babies born in the United States every year. If most of them receive a hepatitis B vaccine and it causes a chronic health condition in 1 in 1,000 babies, that is a lot of harm across the country. If it causes asthma in 1 in 50 babies, tens of thousands of babies will develop asthma from this product every year. Without a properly powered study—meaning one that enrolls enough children in the trial—we will not know whether it causes these or other harms even if the trial otherwise had a long-term safety review with a placebo control group.

The heart-breaking story of Maddie de Garay brings this issue into sharp relief. Maddie was one of only 1,131 vaccinated participants in the clinical trial to license Pfizer's Covid-19 vaccine for children 12 to 15 years of age.¹²² She entered the trial as a perfectly healthy child, making dance videos on TikTok and living the carefree life of a tween. But within hours of getting her second dose of Pfizer's Covid-19 vaccine on January 20, 2021, she was rushed to the emergency room and suffered cascading medical issues that left her needing a feeding tube, reliant upon a wheelchair, and suffering from numerous other serious health issues.¹²³ Maddie's injuries are devastating. But because this type of harm may have only occurred, as far as we know, in one out of a thousand children receiving this product in its clinical trial, there were not enough children in this trial to find a statistically significant increase in the rate of this harm between the placebo and vaccine groups. This is why having

a properly powered trial is critical, so that serious harms, like occurred to Maddie, do not get brushed under the rug.

The sad reality is that childhood vaccine trials are typically severely underpowered, meaning far too few children are in the trial. Most trials have only a few thousand children with many only having a few hundred. Thus, even if these trials reviewed safety for long enough and were properly controlled, which they weren't, they still could not detect what harms these vaccines cause.

Pharma Judges Any Safety Issues That Do Arise

Compounding the lack of placebo, short safety review periods, and insufficient power, the determination of whether an adverse event reported during a clinical trial is caused by the experimental vaccine is almost always left to the pharma company-paid researchers conducting the trial.¹²⁴ Meaning, the pharma company conducting the trial, hoping to earn billions once licensed, will typically decide if an injury during the trial is related to its product.

For example, in the clinical trial for ActHIB there was no control group and 3.4% of the babies receiving this vaccine had a serious adverse event within 30 days of vaccination. Because there was no placebo control group to compare against, the FDA nonetheless licensed this vaccine because the clinical trial researchers (paid by Sanofi, the company seeking to license this product) decided none of the injuries were related to the vaccine. As the package insert approved by the FDA for this product explains, "within 30 days ... (3.4%) participants [babies] experienced a serious adverse event" but "[n]one was assessed by the investigators [Sanofi's paid researchers] as related to the study of vaccines."¹²⁵

As another example, during the clinical trial for Gardasil, many participants repeatedly advised the clinicians conducting the trials that after vaccination they could no longer engage in various basic life functions due to numerous brain and immune dysfunction symptoms.¹²⁶ These vaccine reactions, however, were discarded by the clinical trial researchers (paid by Merck, the pharma company seeking to license this product).¹²⁷ The researchers could discard this data because, despite this being an entirely new vaccine for a new disease, no placebo control was used.¹²⁸ As a result, the clinical trial researchers (again, paid by Merck) used their "judgment," not the scientific method, to decide if any complications were related to the vaccine.¹²⁹

Even more troubling, these researchers actually told women reporting serious life-altering reactions that: "This is not the kind of side effects we see with this vaccine."¹³⁰ This is an incredible and religious response for researchers conducting trials of a new vaccine. This fact only came

to light because of an extensive eight-month-long investigation by Slate (a strongly pro-vaccine news outlet) which sought out and found the trial patients and matched them with their trial records.¹³¹ An incredible undertaking that I believe is without precedent.

As a final example, let's go back to Maddie who was making dance videos on TikTok and living her best life until her second dose of Pfizer's Covid-19 vaccine, received on January 20, 2021, landed her in an emergency room hours later, followed by a cascade of additional emergency room and hospital visits, and serious medical complications including reliance on a wheelchair and feeding tube.¹³² Despite Maddie's parents and our firm clearly showing the FDA that Maddie's injuries were from the Covid-19 vaccine she received during the clinical trial, the FDA simply accepted Pfizer's conclusion that its product, which it was seeking to authorize and then license to make billions of dollars, did not cause Maddie's harm. Here is that story.

Pfizer originally reported Maddie's injuries to the FDA as effectively "functional abdominal pain."¹³³ Meaning, they essentially told the FDA she had a tummy ache. When the FDA later found out, through others, not Pfizer, that Maddie was in a wheelchair and needed a feeding tube, you would think the FDA would have launched a full-scale investigation into Pfizer's clinical trial practices. Nope. That's not how this religion works.

In fact, we sent numerous detailed letters to the FDA about Maddie and the fact that she was in a wheelchair with a feeding tube, along with a number of other serious medical issues.¹³⁴ When the FDA ignored our letters, we sued the FDA in federal court to obtain its internal communications regarding Maddie. What we discovered would have been shocking if we didn't already know how the FDA conducts itself with regard to vaccine safety. What these documents, which we had to claw out of the FDA, revealed is that in June 2021, the FDA did ask Pfizer about the injuries being reported publicly about Maddie but which were not in the records the FDA had received from Pfizer.

You would hope this request was prompted by the FDA's concern about the safety of this product, but you already know, based on the trials it permits for vaccines, it is not really concerned about vaccine safety. Instead, the inquiry was prompted by an email from a successful tech entrepreneur from outside the FDA, Steve Kirsch, to the then-acting FDA commissioner. When Pfizer responded to FDA's request about Maddie, it finally disclosed to the FDA many of the serious injuries suffered by Maddie after getting its Covid-19 vaccine.

Reading the report Pfizer included in its response to the FDA, you would think that Pfizer was conceding that its product caused Maddie's injuries.¹³⁵ But then the very last line of the report states that Pfizer's paid

investigator does not "feel" the vaccine caused Maddie's injuries: "The PI [principal investigator paid by Pfizer] did not feel that the subject's symptomology [sic] was consistent with a vaccine related adverse event."¹³⁶ And with that self-serving response from Pfizer, which you can read for yourself, the FDA puts to rest any questions about whether Maddie's injury was caused by Pfizer's vaccine.¹³⁷ The FDA clearly accepts Pfizer's conclusion that Maddie's injuries are not caused by Pfizer's vaccine because Pfizer's paid investigator "did not feel" her injuries were related to Pfizer's Covid-19 vaccine. Case closed.

Maddie's serious injuries, which in the real world were caused by Pfizer's vaccine, were brushed under the rug based on the feelings of Pfizer's paid stooge of a principal investigator. His name, by the way, is Dr. Robert Frenck, director of Gamble Vaccine Research Center at Cincinnati Children's, and, in my opinion, he is not fit to give out even basic information about vaccines. For example, he authored the hospital's "Vaccine FAQs" page which states that while "vaccines against viruses (chickenpox, rubella and hepatitis A) use fetal cells to grow the vaccine viruses ... once the vaccine virus is grown, it is purified so that no human cells or human genetic material (DNA) is in the vaccine."¹³⁸ The reality is that there are fragments of human cellular debris and DNA from the cultured cell line of an aborted fetus in each vial of these vaccines; in fact, the available evidence reflects there are billions of fragments of DNA from the cultured cell line of an aborted fetus in every injected dose of these vaccines.¹³⁹ But then again, maybe Dr. Frenck doesn't "feel" like they are in each vial, so that is enough for him to say that they are not.

Getting back to Maddie. Think about what the FDA did in her case, keeping in mind she was a clinical trial participant, not just someone from the public receiving this vaccine. Pfizer had already not been forthright with the FDA about the injuries Maddie suffered during its clinical trial. The FDA nonetheless took at face value Pfizer's self-serving conclusion that Maddie's injuries were not caused by its product, the basis for which was Pfizer's paid investigator's "feeling" that they were not related. Objectively reviewed, however, it is crystal clear Maddie's injuries were caused by Pfizer's Covid-19 vaccine. At the least, the FDA should have gone ballistic over the fact that Pfizer did not immediately disclose these harms to the FDA, demanding no less than a full audit of Pfizer's trial data to make sure there were no other injuries Pfizer failed to report. But that is not how the religion of vaccinology works.

These examples may sound incredible, but they are business as usual at the FDA when it comes to licensing vaccines.

This sad state of affairs exists precisely because pharma companies are not required to perform long-term, properly powered, double-blind,

placebo-controlled trials for childhood vaccines. If they were, and an injury occurred during the trial, the question of whether it was causally related to the vaccine could be assessed based on a statistical comparison between the vaccinated and placebo groups. But because proper trials are not conducted, it is left to the pharma companies, hoping to earn billions from the vaccine, to decide whether the injury is caused by its product being trialed for licensure. You can imagine how that leads to all forms of foul play, or you can just look at the examples above.

If properly designed trials with placebo control groups were used, then there would be no need for the pharma company to conduct a case-by-case determination regarding whether each reported serious adverse reaction is related to the vaccine under review. It is only because of the scientifically and morally bankrupt system that permits licensure of childhood vaccines without a placebo-controlled trial of sufficient size and duration that there is a need to rely on the "judgment" of pharma company-paid researchers to decide if serious adverse events are related to the vaccine.

The craziest part is that when a placebo was used in Pfizer's Covid-19 vaccine trial, and the FDA reported that *more* people died in the vaccine group (21 people) than in the placebo group (17 people), noting that both groups were roughly the same size, the vaccine zealots *still* found a way to ignore the harm. In that instance, the FDA let Pfizer explain away each death as unrelated, instead of requiring, as the FDA should have, a statistical comparison to avoid bias.¹⁴⁰

Yet, when it came to whether this product potentially prevented symptoms, and the vaccinated group had 8 people with symptoms (mostly mild) who tested positive for Covid-19 and the control group had 162 people with symptoms (mostly mild) who tested positive for Covid-19, the FDA let Pfizer conduct a statistical comparison to calculate a 95% efficacy against symptoms. The FDA permitted a statistical comparison in this instance even though there were 3,410 other trial participants with symptoms who were characterized as "suspected cases," which alone is incredibly concerning and raises questions about the trial's protocols and why only 8 and 162 cases were "confirmed" as compared to 3,410 "suspected" but unconfirmed cases.¹⁴¹

The point is that when the vaccinated group had more deaths than the placebo group (meaning the result *did not* fit the dogma), instead of a statistical comparison, the FDA let Pfizer explain away each death as unrelated. But when the vaccinated group had more symptoms than the placebo group (meaning the result *fit* the dogma), the FDA let Pfizer conduct a statistical comparison, even though there were 3,410 suspected cases of Covid-19 not accounted for in this statistical comparison.¹⁴²

Meaning, heads Pfizer's pocketbook wins, tails the public loses. What can I say other than, Vaccines, Amen.

The foregoing should make plain that letting pharma decide adds a very dangerous bias into what are already ridiculous no-placebo, too-short, and underpowered childhood vaccine trials. Pharma companies have a powerful financial incentive to downplay any safety concerns to ensure licensure, seeing that they have almost no liability for vaccine injuries, yet stand to earn billions from each newly licensed pediatric vaccine.

As explained by Dr. Marcia Angell,¹⁴³ a professor in the Center for Bioethics, Harvard Medical School, member of the IOM, and former editor-in-chief of *The New England Journal of Medicine* (who we visited with briefly in an earlier chapter):

Clinical trials are also biased through designs for research that are chosen to yield favorable results for sponsors. ... In short, it is often possible to make clinical trials come out pretty much any way you want, which is why it's so important that investigators be truly disinterested in the outcome of their work. ...

It simply is no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of *The New England Journal of Medicine*. ...¹⁴⁴

Dr. Angell also points out that, "[m]ost of the big drug companies have settled charges of fraud," including GSK and Merck, explaining that the legal "costs, while enormous in some cases, are still dwarfed by the profits generated by these illegal activities, and are therefore not much of a deterrent."¹⁴⁵ At least with drugs there is some deterrent, but with vaccines there is no deterrent.

Pre-Licensure Safety Wrap-Up

It is hard to believe that pharma products injected into babies are licensed so callously, but any such disbelief must give way to reality.

With all drugs, the pharma industry remains accountable for safety and liable for injuries. Hence, as we have discussed many times, pharma companies have a financial incentive to ascertain each drug's safety before licensure in a robust clinical trial, otherwise, after licensure, they could

face serious losses. This is no doubt why pharma companies will conduct long-term placebo-controlled trials before seeking licensure for even short-acting, minor, or cosmetic prescription or over-the-counter drugs.

In contrast, because they are not liable for harms, pharma companies have a financial incentive to get a new vaccine licensed as fast as possible with as little review of the vaccine's safety as possible. Almost every single routine childhood vaccine on the CDC's schedule was licensed after 1986 by a pharma company knowing it would not be liable for harms.¹⁴⁶ The resulting financial disincentive to identify safety issues that would prevent licensure is an incredible, and continuing, moral and safety hazard.

This reality is plain when comparing the trials conducted to license infant vaccines with the trials conducted to license Pfizer's top four most profitable drugs. This difference reflects why, as a society, we generally rely on a company's economic self-interest to ensure safety. Not regulators. Regulators have proven entirely inept and unreliable, having clearly abandoned their vaccine safety responsibilities by failing to, at a minimum, require long-term placebo-controlled clinical trials for infant and childhood vaccines. These are products that should have the most robust trials. Not the least.

Under HHS, the FDA, and the CDC's watch, the actual safety profile of every single routine childhood vaccine, or any combination thereof, was at best unknown before they were licensed to be injected into millions of infants and children. Once licensed by FDA and promoted by CDC, these agencies become utterly conflicted from funding or conducting research that may find that a vaccine they previously licensed and recommended does, in fact, cause significant harm.

Indeed, admitting after licensure that a vaccine causes a certain serious harm would eliminate HHS's ability to defend itself against claims alleging such harm in Vaccine Court, which could result in billions or even trillions of dollars in financial liability. It would also tarnish HHS, the CDC and the FDA's reputations and reduce the public's trust in them because they spend billions of dollars annually purchasing, distributing, and vigorously promoting childhood vaccines.¹⁴⁷ This creates a serious conflict of interest that prevents them from rationally evaluating these products after licensure. It is therefore critical for them to have a clear and robust picture of the actual safety profile of each vaccine and the vaccination schedule *before* it is recommended and promoted to the public. But that never happens.

There should be no compromise when it comes to the health of children, especially infants. This should not be controversial. And it is why every parent and child deserve nothing short of unbiased, randomized,

double-blind, long-term, properly-powered, placebo-controlled trials to assess the safety profile of each childhood vaccine.¹⁴⁸

It is simply a sad truth that when vaccines are licensed, recommended, and mandated for injection into every American child (apart from certain reactions, such as a sore arm), the FDA does not know the safety profile of these products. As even the IOM, trying as hard as it can to shill for pharma and HHS, which pays it for its vaccine safety reports, explained: "Because [vaccine] trials are primarily ... for determination of efficacy, conclusions about vaccine safety derived from these trials are limited."¹⁴⁹

The FDA proceeds nonetheless to license and the CDC to recommend and promote these products based on its *a priori* assumption and belief they are safe. This should be concerning because if their belief (and it is a religious belief) is incorrect, these products could be causing incredible widespread harm, not only to our current generation, but to future generations of children in America and across the globe.

But such is the religion of vaccines: assume safety and avoid any study or data that might suggest otherwise, even before licensure.

Chapter 11

"Vaccines Are Carefully Studied Post-Licensure!"

As we have just painstakingly reviewed, the dark cold reality is that each time a childhood vaccine has been unleashed for injection into millions of children, its safety profile was, at best, unknown. When I have confronted vaccinologists and other doctors in depositions and other forums with this undeniable evidence, and after that realization sinks in, there are two common retorts. The first is, "vaccines are carefully studied for safety after licensure! They are!" And the second is, "vaccines have made our children healthier!"

Childhood Health Has Declined with Increasing Vaccination

Let's just quickly dispel the notion that children have gotten healthier as we have increased the number of vaccines they are given.

In 1986, when the CDC schedule had 3 routine injections by age one, *under* 10% of children had a chronic health condition.¹ Fast forward to 2025: the CDC routine schedule now stands at 25 injections by age one, and now *well over* 40% of children have a chronic health condition (often multiple conditions), most of which result from some form of immune system dysregulation, including asthma, allergies, ADHD, autism spectrum disorder, atopic dermatitis, diabetes, epilepsy, and mental health disorders.²

Asthma, allergies, and atopic dermatitis, for example, are caused by a dysregulated immune system that overreacts to otherwise harmless substances.³ ADHD and autism spectrum disorder are highly associated with immune dysregulation.⁴ Epilepsy can be caused by the immune system attacking brain tissue as well as from neuroinflammation, which can be caused by vaccination.⁵ Immune "system dysfunction represents a key mechanism in the onset and pathophysiology of mood disorders."⁶

The correlation between the increase in the CDC's childhood vaccine schedule and the increase in chronic childhood diseases doesn't mean that vaccines caused the entirety of this increase in illness and disability.⁷ There are certainly other environmental insults that can harm children. But what it does mean is that it is a big fat lie that children have gotten "healthier" as the CDC vaccination schedule has expanded. The truth is precisely the opposite.

I know that for many, the idea that children have gotten healthier serves as proof that vaccines have improved health. They immediately believe that correlation means causation when someone claims vaccines resulted in a benefit. But point out that childhood health has declined as vaccinations increased and you will often hear, "correlation doesn't equal causation!" True. But what a correlation *should* do is make the medical community respond with something like, "hmmm, maybe we should rule out vaccines as the cause of widespread immune dysregulation, especially given the correlation, biological plausibility, and studies that indicate a causal relationship."

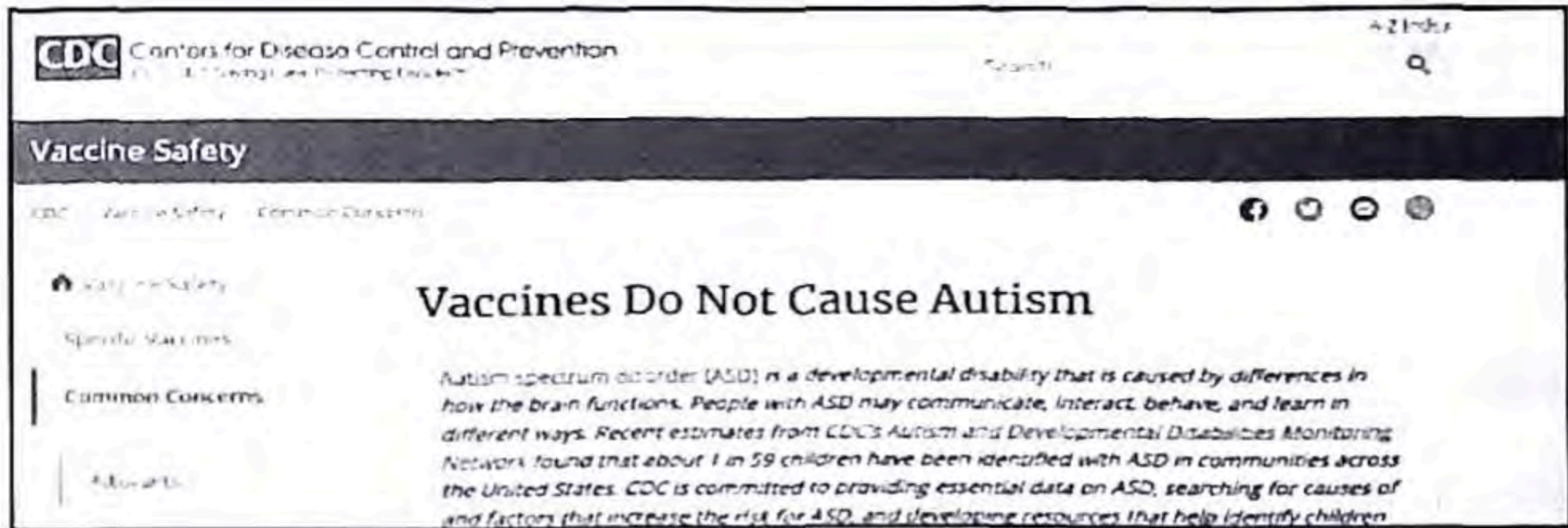
That would be a reasonable and scientific response. Especially when, as noted, most of the chronic illnesses that have risen sharply result from some form of immune system dysregulation. Instead, I am often met with hyperventilation at even the hypothesis that vaccines could be a contributing factor, instead of being met with calm agreement that a scientific inquiry to rule out vaccines as the cause is a good idea.

Has the needed inquiry by the medical establishment happened? Sadly, it has not. Not even close. And I intend to thoroughly prove that assertion.

Let's start with the claimed injury from vaccines that the public "health" community asserts it has studied more thoroughly than any claimed vaccine injury. The claimed vaccine harm they confidently and strenuously assert they have completely debunked with a mountain of studies. And not just a mountain of studies, but a mountain of studies that have painstakingly and thoroughly assessed this claimed harm, and have proven over and over again that this harm is never, ever, ever, caused by vaccines. Ever. That is right. Ever. It is the claim that, and stay calm if you are in the Vaccines Amen crowd, that ... vaccines cause autism.

"Vaccines Do Not Cause Autism!!"

Here is what the CDC unequivocally states on its website:



Now, let's see if the CDC has the studies to support its claim that "Vaccines Do Not Cause Autism." The point is not to prove vaccines can cause autism, but to see if this issue has in fact been properly studied. This is, after all, the harm the CDC and "health" authorities assert they have studied more thoroughly than *any* other claimed vaccine harm. Meaning, if vaccines and autism have not, in fact, been properly studied, imagine how well all the other serious claimed vaccine harms have been studied.

Before you close this book or flip out, seriously, stay with me.

1986 Congress Requires Study of Pertussis Vaccine & Autism

Let's start in 1986 when the rate of autism was around one in thousands of children and the CDC schedule included only one routine injected vaccine during the first year of life – a pertussis-containing vaccine injected three times by six months of age.

While autism was relatively uncommon in 1986, it was a serious enough concern that, in the 1986 Act, Congress required federal health authorities to review the scientific literature on whether pertussis vaccines can cause autism. Here is the relevant portion of the 1986 Act, highlighted in gray:

TITLE III—VACCINE COMPENSATION	
SEC. 301. SHORT TITLE.	National Childhood Vaccine Injury Act of 1986. 42 USC 291.
This title may be cited as the "National Childhood Vaccine Injury Act of 1986".	
SEC. 312. RELATED STUDIES.	42 USC 290aaa-1 note.
(a) REVIEW OF PERTUSSIS VACCINES AND RELATED ILLNESSES AND CONDITIONS.—Not later than 3 years after the effective date of this title, the Secretary of Health and Human Services shall complete a review of all relevant medical and scientific information (including information obtained from the studies required under subsection (e)) on the nature, circumstances, and extent of the relationship, if any, between vaccines containing pertussis (including whole cell, extracts, and specific antigens) and the following illnesses and conditions:	
(1) Hemolytic anemia.	
(2) Hypsarrhythmia.	
(3) Infantile spasms.	
(4) Reye's syndrome.	
(5) Peripheral mononeuropathy.	
(6) Deaths classified as sudden infant death syndrome.	
(7) Aseptic meningitis.	
(8) Juvenile diabetes.	
(9) Autism.	
(10) Learning disabilities.	
(11) Hyperactivity.	

Congress wasn't just requiring HHS to review pertussis vaccine and autism for fun. It listed autism because this was one of the harms claimed to be caused by the pertussis vaccine. This is why Congress, in the 1986 Act, required HHS to review the existing scientific literature regarding whether pertussis vaccines can cause autism.

1991 IOM Report on DTP/DTaP and Autism

HHS in turn commissioned the IOM to conduct this review. When that review was finally published in 1991, the IOM explained that it could not identify a single study to support the claim that pertussis vaccines do not cause autism. Not one study.⁸

The IOM included the following ominous warning in its 1991 report:

In the course of its review, the committee found many gaps and limitations in knowledge bearing directly and indirectly on the safety of vaccines. ... If research capacity and accomplishment in this field are not improved, future reviews of vaccine safety will be similarly handicapped.⁹

You would assume that after the IOM could not find any studies assessing whether pertussis vaccine can cause autism, and the ominous warning above, that studies would have been conducted to answer this question.

2012 IOM Report on DTaP and Autism

Well, let's fast forward two decades to 2012 when the IOM issued another report on vaccine safety, this time paid for by the CDC and HRSA, which we discussed in Chapter 1. The IOM was asked to assess the evidence bearing on whether pertussis vaccines, including DTaP, cause autism. They did so because this remained, according to HRSA, one of the most claimed injuries from this vaccine.¹⁰ This time around, the request to the IOM also included reviewing whether tetanus and diphtheria vaccines can cause autism.

As in 1991, the IOM again convened a committee of experts to review all available epidemiological, clinical, and biological evidence. The committee was composed of individuals considered experts in pediatrics, internal medicine, neurology, immunology, immunotoxicology, neurobiology, rheumatology, epidemiology, and biostatistics.¹¹

Despite the intervening decades between the 1991 and 2012 reports, the IOM's response to the CDC and HRSA in its 2012 report remained unchanged. The IOM could not locate a single study supporting the

claim that DTaP does not cause autism. As the IOM concluded: "The evidence is inadequate to accept or reject a causal relationship between diphtheria toxoid-, tetanus toxoid-, or acellular pertussis-containing vaccines and autism."¹²

The following is the IOM's full explanation for this finding in its 2012 report:

Ironically, the only study the IOM could locate (Geier and Geier, 2004)

AUTISM

Epidemiologic Evidence

The committee reviewed one study to evaluate the risk of autism after the administration of DTaP vaccine. This one study (Geier and Geier, 2004) was not considered in the weight of epidemiologic evidence because it provided data from a passive surveillance system and lacked an unvaccinated comparison population.

Weight of Epidemiologic Evidence

The epidemiologic evidence is insufficient or absent to assess an association between diphtheria toxoid-, tetanus toxoid-, or acellular pertussis-containing vaccine and autism.

Mechanistic Evidence

The committee did not identify literature reporting clinical, diagnostic, or experimental evidence of autism after the administration of vaccines containing diphtheria toxoid, tetanus toxoid, and acellular pertussis antigens alone or in combination.

Weight of Mechanistic Evidence

The committee assesses the mechanistic evidence regarding an association between diphtheria toxoid-, tetanus toxoid-, or acellular pertussis-containing vaccine and autism as lacking.

Causality Conclusion

Conclusion 10.6: The evidence is inadequate to accept or reject a causal relationship between diphtheria toxoid-, tetanus toxoid-, or acellular pertussis-containing vaccine and autism.

concluded that there *was* an association between DTaP and autism.¹³ But the IOM gave this study no weight because it was based on the CDC and FDA's Vaccine Adverse Events Reporting System (VAERS) reports.

2014 AHRQ Report on DTaP and Hep B Vaccines and Autism

Two years later, in 2014, the Agency for Healthcare Research and Quality (AHRQ) again conducted a review searching for any studies regarding pertussis, tetanus, and diphtheria vaccines (including DTaP) and their possible link to autism.¹⁴ HHS has explained that this report represented "the most comprehensive review to date of published studies on the safety of routine vaccines recommended for children in the United States."¹⁵ As with the IOM reports from 1991 and 2012, the "comprehensive review" published by AHRQ in 2014 again concluded that it could not identify a single study to support the claim that DTaP (injected at 2, 4, and 6 months of age) does not cause autism. Not one.¹⁶

This review also had a section regarding Hep B vaccines (injected at 1 day, 1 month, and 6 months of age) and autism and did not identify a single study to support that Hep B vaccines do not cause autism.¹⁷ Instead, the only study meeting AHRQ's strict criteria for reliability was from the Stony Brook University Medical Center which found a 300% *increased* rate of autism among newborns receiving a Hep B vaccine compared to those who did not get this vaccine. AHRQ's 2014 review summarizes the results of this study as follows:

Result was significant for the risk of autism in children who received their first dose of Hepatitis B vaccine during the first month of life (OR 3.00, 95% CI 1.11, 8.13), compared with those who received the vaccination after the first month of life or not at all.¹⁸

An "OR 3.00" means an odds ratio of 3.00 which translates to a 200% increased risk. Meaning, the study found that infants receiving a Hep B vaccine had a 200% increased risk of autism compared to infants who did not receive this vaccine. And since the confidence interval for this finding was between 11% to 713% increased risk, the 200% increased risk was statistically significant.

So, AHRQ identified one study that found a statistically significant increased risk of autism from Hep B vaccine, and no studies to disprove this finding. With that, the review could not claim that the Hep B vaccine does not cause autism. Rather, in accordance with vaccine theology, AHRQ stated it could not conclude whether the Hep B vaccine does or does not cause autism.¹⁹ So still not a single study to show DTaP or Hep B do not cause autism.

2017 NIH Meeting Regarding Autism

Moving on to 2017. On May 31, 2017, the White House convened a meeting at the NIH in which the published agenda included, "Causes of autism, including genetic and environmental influences."²⁰ In attendance at that meeting were approximately a dozen individuals, including RFK Jr. on one side of the table, where I was also seated, and on the other side of the table, Dr. Francis Collins (Director of the NIH), Dr. Anthony Fauci (Director of the National Institute of Allergy and Infectious Diseases), Dr. Joshua Gordon (Director of the National Institute of Mental Health and Chairman of the Interagency Autism Coordinating Committee), Dr. Diana Bianchi (Director of the Eunice Kennedy Shriver Institute of Child Health and Human Development), and Dr.

Linda Birnbaum (Director of the National Institute of Environmental Health Sciences).

During that meeting, Dr. Gordon (who, again, is the Director of the National Institute of Mental Health and the Chairman of the Interagency Autism Coordinating Committee), asserted that vaccines do not cause autism. I asked him for the study which compares vaccinated and unvaccinated children which supports this conclusion. In response, Dr. Gordon assured me such a study exists and emailed me, as we sat in the meeting, a published review titled: "Vaccines are not associated with autism: an evidence-based meta-analysis of case-control and cohort studies."²¹

While the title of this review makes it appear to include studies of all childhood vaccines, that is not the case. The review does not have a single study on whether the vaccines on the CDC schedule being injected into babies, three times each in the first six months of life – DTaP, Hep B, Hib, PCV13 and IPV – do not cause autism. Instead, the review only looked at whether MMR and a single ingredient, thimerosal, do not cause autism. Dr. Gordon had clearly not read this review beyond its title. I therefore emailed Dr. Gordon on July 10, 2017, as follows:

Thank you for sending me the below abstract/review article and it was great meeting at NIH. Really appreciate the opportunity to dialogue on the issue of vaccines and autism.

The abstract/review article you sent me below highlights the concern raised that there has never been a study assessing the relative risk of autism between vaccinated and unvaccinated child[ren]. To be sure, this review (and its abstract) leave the impression that the studies it relies upon compare "unvaccinated" children (no vaccines) with vaccinated children. Unfortunately, this is misleading since all 10 of the underlying studies relied upon for this review compared highly vaccinated children with highly vaccinated children. The only difference typically between the study and control groups was a single MMR vaccine or thimerosal vs. non-thimerosal vaccines. (I would be happy to provide you with a breakdown of each of the 10 studies reflecting same.) Meaning, what this review considers "unvaccinated" are vaccinated children typically only missing the MMR vaccine. Assuming the control children in these studies followed the current CDC recommended

vaccination schedule, they would each have received 21 vaccine injections during the first 12 months of life excluding the MMR vaccine. Hence, these studies tell us virtually nothing about the relationship of vaccines to autism because they are not comparing vaccinated and unvaccinated children.

For example, the IOM stated in 2011 that there isn't a single study that supports the assertion that DTaP (injected at 2 months, 4 months, 6 months, etc.) does not cause autism, concluding that "The evidence is inadequate to accept or reject a causal relationship between diphtheria toxoid-, tetanus toxoid-, or acellular pertussis-containing vaccine and autism." Attached is an excerpt of the discussion regarding autism and DTaP from the 2011 IOM report. ... As another example, the only study regarding Hepatitis B vaccine and autism I have located found a three-fold increase in the odds of an autism diagnosis for neonates that received the hepatitis B vaccine at birth compared that those that did not. (Gallagher CM, Goodman MS. 2010) ...

As we discussed at the meeting, I really am open to seeing the evidence that the vaccination schedule, and in particular the cumulative impact of the 31 vaccine doses the CDC recommends a child receive in the first year of life, are not casually [sic] related to autism. I would gladly share that support with the community concerned with this issue with my personal endorsement. On the other hand, if that proof doesn't exist, that does not mean that vaccines cause autism. It just means that we need to really do the science necessary to rule out that possibility. (Seeking to assess the health outcomes of those receiving vaccines and those not receiving vaccines really is asking for nothing more than how all drugs are safety tested prior to licensure.)

I respected what appeared to be your thoughtful rather than reflexive reaction to the spirited discussion at NIH. Conducting a true study of the health outcomes between actually unvaccinated and vaccinated children (at least an initial quick and easy retrospective study) that shows no connection with autism should be

something that everyone should want. If it shows no connection, it will likely provide the greatest relief to the portion of the autism community that thinks there may be a connection. Parents who think that it was their actions, in vaccinating their children, that lead to their child's condition would feel freed from that guilt by knowing it wasn't the vaccines.

I look forward to your response and being persuaded that the science on the question of whether vaccines cause autism really is settled.

Thanks again in advance for your time and thoughtful consideration of this issue.²²

On July 24, 2017, I sent Dr. Gordon a follow-up email with the peer-reviewed literature regarding aluminum adjuvants, immune activation, and related topics which according to certain scientists, when pieced together, could explain how vaccines can cause autism.

By August 14, 2017, Dr. Gordon had failed to provide any response to either of my emails, so I sent this follow-up email:

I hope all is well.

I have not received a response to the emails below of July 10 and July 24.

The July 10 email was in response to a review you provided indicating it compared vaccinated and unvaccinated children (but which actually compares vaccinated children with vaccinated children who, at most, were missing MMR). As discussed at our meeting, I would like to see a study which supports the claim that the nearly two dozen doses of vaccines given in the first year of life (which would not include MMR and thimerosal) do not cause autism. I still await receipt of a study which supports same. Are you aware of any such study?

The July 24 email elaborated on my prior email and also sought to facilitate a meeting between with various experts in the field of aluminum adjuvant that do believe there is a connection between aluminum

adjuvant in vaccines and autism. Are you willing to have this meeting?²³

On September 1, 2017, Dr. Gordon finally responded, and here was his response in full:

Dear Aaron,

I appreciate you following up with me, and apologize for the delay in my response. I think the information you are seeking would be best obtained from the CDC.

Best,
Josh²⁴

Wow. And this was from the person heading up our nation's premier mental health institution and directing its autism research. So, this was my response sent on September 14, 2017:

Thank you for your response. The information I seek is nothing more than a simple reference to one study which supports HHS's claim that the vaccines it recommends children receive in the first year of life do not cause autism. I gather from our exchange below that you are not aware of any such study. Let me know if that is incorrect.

You are the Director of the Interagency Autism Coordinating Committee (IACC) which coordinates all efforts at HHS, including at the CDC, concerning autism. The IACC's members include the CDC itself, as well as the CDC's Chief Medical Officer & Associate Director for Science ... Since you state below that the support I seek is best obtained from the CDC, I have cc'd the CDC members on your committee.

I am just trying to get a copy of a study supporting HHS's claim that the vaccines it recommends in the first year of life do not cause autism. I assume you have the best intentions and I would really like to drop this issue – but, as you can appreciate, I like to rely on data/science. I am just asking for a citation to a single study supporting HHS's claim that the vaccines it

recommends children receive in the first year of life do not cause autism. I would think you too, as the Director of IACC and NIMH, would be interested in seeing such a study and its underlying data.

Also, can you kindly let me know one way or another if you are interested in meeting with the aluminum adjuvant experts whose letters and CVs were previously provided regarding the potential connection between aluminum adjuvants and autism. Again, I would think you would be interested in hearing them out. (Docs relevant to same reattached.)

...Btw, your response below reminds of me of what former House representative, Dr. Dave Weldon, wrote in 2007: "When I first tasked my staff with investigating federal vaccine safety research we got a lot of confused responses and blank stares from federal officials. The FDA told us to check in with the CDC, telling us that CDC did most of the vaccine safety research. The CDC referred us over to the NIH. Then, the NIH referred us back to the CDC." Happy to send you his full statement.²⁵

Then on October 25, 2017, I received the following email from the CDC's Executive Secretary, which merely directed me back to the CDC's page on autism which I had obviously already reviewed thoroughly:

Dear Mr. Siri:

Thank you for your inquiry. The Centers for Disease Control and Prevention (CDC) information on vaccines and autism can be found here, www.cdc.gov/vaccinesafety/concerns/autism.html.

Please send any future correspondence to CDCExecSec@cdc.gov.

Sincerely,
Sandra Cashman, MS
Executive Secretary
Office of the Chief of Staff, CDC²⁶

Truly incredible – especially after reviewing what is on this webpage. So, here was my response to Dr. Gordon:

I received the attached email from HHS which I assume is your official response to the simple request to provide at least one study which supports that DTaP and the other vaccines HHS recommends during the first year of life do not cause autism.

This response provides a link to the HHS webpage which claims “Vaccines Do Not Cause Autism” and lists a number of reviews/studies to support this assertion. Sadly, not a single one of these reviews/studies (which all related to either one vaccine, MMR, and/or one vaccine ingredient, thimerosal) provides a shred of support that the 29 doses of 9 different vaccines CDC recommends children receive by six months of age do not cause autism. Ironically, the very first study/review listed on this webpage is the 2011 IOM report, paid for by HHS, which looked at the most commonly claimed vaccine reactions, including that DTaP causes autism, and the IOM could not find a single study that supports the assertion that DTaP (injected at 2 months, 4 months, 6 months, etc.) does not cause autism. (See excerpt from the IOM report attached.) Your response therefore makes it clear you do not have a single study to share which supports that the vaccines given to children in the first year of life do not cause autism.

It is understandable that you thought the study you sent me below actually contained unexposed controls (unvaccinated children) given its misleading title. But now that you know the reality that there is no study supporting the claim that vaccines given during the first year of life do not contribute to the incidence of autism, are you going to take action to conduct an appropriate study that would either support or reject this claim?

I understand this is a difficult and controversial topic but I hope the National Institute of Mental Health and the IACC do not shy away from a scientific study because of fear of what it may show. There are a number of plausible reasons for how 29 doses of 9 different

vaccines given during pregnancy, 1 day, 2 months, 4 months, and 6 months can cause autism, including immune activation, aluminum adjuvant being carried to the brain by macrophages, MCP-1 signaling, molecular mimicry, etc. Vaccines are intended to create a permanent change in the body's immune system often using adjuvants intended to generate a sustained and significant immune event which modern science is not even close to fully understanding; there is also a growing understanding of the connections between the immune and nervous systems. But no need to make this complicated since all you need to do is ... [c]ompare the rates of neurological and immune disorders between an exposed group (vaccinated) and unexposed group (unvaccinated) – this study can even be done retrospectively to avoid supposed ethical concerns.

You are in the unfortunate position of defending vaccine safety because, unlike drugs, most pediatric vaccines currently on the market have been approved based on studies with inadequate follow-up periods of only a few days or weeks (and no saline placebo control). You however are in the fortunate position to remedy this deficiency. In that regard, I have attempted as best as I can to engage with you in a constructive manner on this topic, giving you many months since our meeting to provide the support you were adamant existed during our meeting (a study of vaccinated versus unvaccinated children). Absent a response in the coming days with such support or firm plans to openly conduct such a study, I am left with the conclusion that you (directly or by order of your superiors) don't care to know the real answer to the question of whether giving 29 doses of 9 different vaccines by six months of life contributes to the incidence of autism (and other neurological and immune issues).

Dr. Collins asked during our meeting to consider the implications if Mr. Kennedy was wrong about his concerns regarding vaccine safety. Given your station, I ask you the same question. What if you are wrong about the safety profile of the first year vaccination schedule? What if it is a major contributor to the

rising incidence of various neurological and immune (including immune mediated neurological) disorders that have risen in tandem with the increase in HHS's recommended vaccine schedule. If you conduct the desperately needed vaccine safety science noted above the worst that will have happened is that you will have the science to prove what you now can only assume. However, if you don't conduct this study and it eventually turns out your belief (and this email chain makes clear it is a belief) regarding vaccine safety is incorrect, I hope you can live with knowing you could have avoided these harms (and provided the basis to finally begin the desperately needed science of identifying the children susceptible to serious vaccine injury) but chose instead to sit on your hands...

Very truly yours,
Aaron²⁷

Dr. Gordon never did provide a single study to support that any of the vaccines given in the first year of life do not cause autism. And remember, Dr. Gordon was literally the Director of the National Institute of Mental Health (NIMH) and Chairman of the Interagency Autism Coordinating Committee (IACC).

2017-2018 Exchange with HHS and Plotkin Deposition

The next stop on the hunt for the supposed mountain of studies that prove infant vaccines do not cause autism occurred on October 12, 2017. On that date, ICAN sent a letter to HHS regarding vaccine safety. The letter, endorsed by over 55 organizations representing more than 5 million Americans, asked in relevant part:

Dear Secretary Hargan: ...

As the Secretary of HHS (the Secretary) ... you shoulder virtually all responsibility for assuring the safety of vaccines administered to America's 78 million children.

This notice respectfully requests confirmation that certain obligations regarding vaccine safety required under the 1986 Act have been fulfilled or will forthwith be fulfilled. ...

...As with DTaP, there are also no published studies showing that autism is not caused by Hepatitis B, Rotavirus, Hib, Pneumococcal, Inactivated Poliovirus, Influenza, Varicella, or Hepatitis A vaccines. ...²⁸ Instead, [the CDC's] claim that "Vaccines Do Not Cause Autism" relies almost entirely upon studies exclusively studying only one vaccine, MMR (which is administered no earlier than one year of age), or only one vaccine ingredient, thimerosal, with regard to autism.²⁹ ...

As for the MMR vaccine, the CDC's own Senior Scientist, Dr. William Thompson³⁰, recently provided a statement through his attorney that the CDC "omitted statistically significant information" showing an association between the MMR vaccine and autism in the first and only MMR-autism study ever conducted by the CDC with American children.³¹ Dr. Thompson, in a recorded phone call, stated ... :

*I have great shame now when I meet families with kids with autism because I have been part of the problem ... the CDC is so paralyzed right now by anything related to autism. They're not doing what they should be doing because they're afraid to look for things that might be associated. So anyway there's still a lot of shame with that. ... I am completely ashamed of what I did.*³²

Hence, as for the only vaccine, MMR, actually studied by the CDC with regard to autism, it appears the CDC may have concealed an association between that vaccine and autism.³³

When the former Director of the National Institute of Health, Dr. Bernadine Healy, was asked about whether public health authorities are correct to claim that vaccines do not cause autism, she answered: "You *can't* say that."³⁴ When asked again, Dr. Healy explained: "The more you delve into it – if you look at the basic science – if you look at the research that's been done, in animals – if you also look at some of these individual cases – *and*, if you look at the evidence that there *is* no

link - what I come away with is: *The question has not been answered.*"³⁵

Former NIH Director Dr. Healy goes on to explain:

This is the time when we do have the opportunity to understand whether or not there are susceptible children, perhaps genetically, perhaps they have a metabolic issue, mitochondrial disorder, immunological issue, that makes them more susceptible to vaccines plural, or to one particular vaccine, or to a component of vaccine... I haven't seen major studies that focus on - three hundred kids, who got autistic symptoms within a period of a few weeks of a vaccine. I think that the public health officials have been too quick to dismiss the hypothesis as irrational, without sufficient studies of causation. ...

*The reason why they didn't want to look for those susceptibility groups was because they're afraid if they found them—however big or small they were—that that would scare the public away. First of all, I think the public's smarter than that; the public values vaccines. But, more importantly, I don't think you should ever turn your back on any scientific hypothesis because you're afraid of what it might show.*³⁶

The CDC has also failed to address the science supporting a link between vaccines and autism.³⁷ For example, the CDC has not addressed a study which found a [2]00% increased rate of autism among newborns receiving the hepatitis B vaccine at birth compared to those that did not.³⁸ Nor a recent and first ever vaccinated vs. unvaccinated pilot study which found vaccinated children had a 420% increased rate of autism and that vaccinated preterm babies had an even higher rate of autism.³⁹ There is also a persuasive body of science supporting a clear connection between aluminum adjuvants in vaccines and autism which the CDC, despite numerous requests, has failed to directly or substantively address.⁴⁰ Letters from three aluminum adjuvant experts on this point are attached as Appendix C.

The critical need for HHS to properly engage in vaccine safety science regarding autism is made even more vital by the fact that vaccine makers are immune from liability for vaccine injury and vaccines are not safety-tested prior to licensure to assess whether they cause autism. ...

Please confirm that HHS shall forthwith remove the claim that "Vaccines Do Not Cause Autism" from the CDC website, or alternatively, please identify the specific studies on which HHS bases its blanket claim that no vaccines cause autism?⁴¹

After sending the above letter, but before the Secretary responded, Dr. Stanley Plotkin made the incredible admission under oath regarding vaccines and autism discussed in Chapter 1. As a reminder, here is a truncated version of that exchange:

- Q:** [W]as the IOM able to identify a single study supporting that DTaP and Tdap do not cause autism?
- A:** No, they did not identify a study. ...
- Q:** [S]tudies are possible to determine whether or not a vaccine does or ... does not cause autism, correct?
- A:** They are possible, yes.
- Q:** ... If you don't know whether DTaP or Tdap cause autism, shouldn't you wait until you do know, until you have the science to support it to then say that vaccines do not cause autism?
- A:** Do I wait? No, I do not wait because I have to take into account the health of the child.
- Q:** And so for that reason, you're okay with telling the parent that DTaP/Tdap does not cause autism even though the science isn't there yet to support that claim?
- A:** Absolutely.⁴²

Let me sum up the High Priest's approach: just lie to parents in telling them that the science supports the finding that vaccines do not cause autism even if the science doesn't support that claim. And remember, as Dr. Paul Offit explained, Dr. Plotkin "trained a generation of scientists" involved in vaccine policy and advocacy "to think like he thinks."⁴³

On January 18, 2018, the HHS Secretary responded to ICAN's demand regarding autism in a letter which stated in relevant part:

Many studies have looked at whether there is a relationship between vaccines and autism spectrum disorder (ASD). These studies continue to show that vaccines do **not** cause ASD. For more information, please refer to the literature below:

- <https://www.cdc.gov/vaccinesafety/pdf/cdcstudiesonvaccinesandautism.pdf>
- <http://nationalacademies.org/hmd/reports/2004/immunization-safety-review-vaccines-and-autism.aspx>
- [http://www.jpeds.com/article/S0022-3476\(13\)00144-3/pdf?ext=.pdf](http://www.jpeds.com/article/S0022-3476(13)00144-3/pdf?ext=.pdf)
- <http://nationalacademies.org/HMD/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx>

While there is still a lot to learn about ASD, research from public and private organizations indicate that environmental and genetic factors may increase the risk of autism, not vaccines or vaccine ingredients. HHS continues to research this issue to search for answers to better understand the risk factors and causes of this disease. Recent efforts to coordinate autism research are reflected in the "Strategic Plan for Autism Spectrum Disorder Research" by the Interagency Autism Coordinating Committee at <https://iacc.hhs.gov/publications/strategic-plan/2017/>.⁴⁴

After receiving the above response, I again read all the linked content. I say "again" because I had already read this basic material regarding vaccines and autism before the initial ICAN letter was sent because these were the obvious documents to review on this topic. On rereading them, it was again clear that *none* of these links contained a single study which supports the claim that the vaccines given to infants do not cause autism. Not one such study. As explained in ICAN's December 31, 2018 response to the HHS Secretary:

Our opening letter ... asserted that, like the DTaP vaccine, there are also no published studies showing that

autism is not caused by vaccines for Hepatitis B [and the other vaccines given by six months of age]...⁴⁵ HHS's response fails to provide a single study to rebut the foregoing [or] ... address the science [ICAN cited] that does support a link between vaccines and autism. ...

Instead, HHS's response merely provides five links in response to our request for the studies supporting that pediatric vaccines do not cause autism. The content of these five links all directly reinforce and confirm the very concerns raised in our opening letter.

The *first* link is to a document entitled "Science Summary: CDC Studies on Thimerosal in Vaccines."⁴⁶ The studies in this document are plainly insufficient to support the claim that "vaccines do not cause autism" as they at best only address whether thimerosal causes autism.

The *second* link is to an IOM report from 2004 entitled "Immunization Safety Review: Vaccines and Autism."⁴⁷ This report also cannot support the CDC's claim about all vaccines because it *only* addresses the MMR vaccine and thimerosal with regard to autism. ...

The *third* link is a study which only looks at one vaccine component – antigens – comparing 'vaccinated children' with 'vaccinated children' with different antigen exposure.⁴⁸ This study again says nothing about whether any particular vaccine or HHS's childhood vaccine schedule causes autism. This study even concedes: "ASD with regression, in which children usually lose developmental skills during the second year of life, *could* be related to exposure in infancy, *including vaccines*."⁴⁹

This antigen exposure study could have compared children receiving no-antigens, meaning no vaccines, with children receiving vaccine antigens. That would finally provide real data. Instead, the study engages in yet another nonsensical whitewash review in which it compares vaccinated children with vaccinated children, with the only real difference typically being that some children received DTaP while others received DTP.⁵⁰ ... This study further ignores the fact that

... since the late 1990s, the amount of aluminum adjuvant, a neuro-and-cyto-toxic immune stimulant, used in vaccines has significantly *increased* ... [and] studiously ignores (as discussed below) the compelling body of science implicating this rising amount of aluminum adjuvant in vaccines with causing neurological dysfunction and autism.⁵¹ ...

The *fourth* link HHS cites is the very IOM review ... cited in our opening letter.⁵² However, as we noted in our letter, the IOM could not identify a single study which supports the claim that DTaP does not cause autism.⁵³ Even more astonishing, a different part of HHS's response letter cites the 2014 "comprehensive review" which again could not identify a single study to support the claim that DTaP does not cause autism.⁵⁴ ...

The *fifth* (and final) link HHS cites in its letter is the "Strategic Plan for Autism Spectrum Disorder Research" by the Interagency Autism Coordinating Committee⁵⁵ Remarkably, this 196 page strategic plan outlines dozens of research priorities, but does not once mention closing the vaccine safety science gap regarding whether DTaP, Hepatitis B, and every other vaccine given by one year of age cause autism.⁵⁶

The strategy plan even explains that "neuroinflammation" may cause autism, but ignores the fact that neuroinflammation (a.k.a., encephalitis or encephalopathy) is a known reaction to numerous vaccines. ... The strategic plan also recognizes "immune dysregulation" – which again can be caused by vaccines – may cause autism.⁵⁷ ... This strategic plan even outlines numerous large-scale studies looking at a plethora of environmental exposures, but apparently none of these include looking at the exposure to vaccines.⁵⁸ ... It would be simple to review vaccine exposures along with the hundreds of other exposures already being reviewed in these studies, but for apparently political reasons, HHS has chosen not to address this issue. ...

ICAN's response to HHS then continues by explaining why HHS's failure to properly study vaccines and autism is troubling:

HHS has even remained silent and refused to seriously study the vaccine-autism connection despite the fact that HHS's leading autism expert, Dr. Andrew Zimmerman ... has changed his expert opinion.⁵⁹

Dr. Zimmerman is a former Director of Medical Research at the Center for Autism and Related Disorders at the Kennedy Krieger Institute and Johns Hopkins University School of Medicine, and is regarded as the leading national authority on autism...⁶⁰ Dr. Zimmerman testified on November 9, 2016 that vaccines can in fact cause autism and even answered "Yes" when asked under oath: "Do other people in your field, reputable physicians in your field, hold the opinion that vaccines can cause the type of inflammatory response that can lead to a regressive autism?"⁶¹ Dr. Zimmerman further testified that once HHS understands and accepts the causal relationship between vaccines and autism, "it will prevent the development of autism in quite a few children."⁶²

Dr. Zimmerman's similarly credentialed colleague, Dr. Richard Kelley, also provided the following very revealing testimony ... under oath:

Lawyer: Do you agree with the statement that vaccines do not cause autism?

Dr. Kelley: No

Lawyer: Is it generally accepted in the medical community that vaccines do not cause autism?

Dr. Kelley: It is a common opinion.

Lawyer: It is generally accepted in the medical field that vaccines do not cause autism?

Dr. Kelley: I have no basis to judge that. It is most often when physicians are commenting on that they say there is no proven association.

Lawyer: Do you know the position of the American Academy of Pediatrics about any link between vaccines and autism?

Dr. Kelley: Yes. They also say there is no proven association.

Lawyer: Do you agree with the position of the American Academy of Pediatrics?

Dr. Kelley: I agree with their position as a public health measure. I don't agree with it scientifically.

Lawyer: *You are actually arguing for a link between vaccines and autism in this case, aren't you?*

Dr. Kelley: I am.

Lawyer: *And that is contrary to the medical literature, isn't it?*

Dr. Kelley: It's not contrary to the medical literature that I read. It is contrary to certain published articles by very authoritative groups who say there is no proven association in large cohort studies.

Lawyer: *Your opinion is contrary to, say, the opinion of the CDC, correct?*

Dr. Kelley: It is contrary to their conclusion. It is not contrary to their data.⁶³

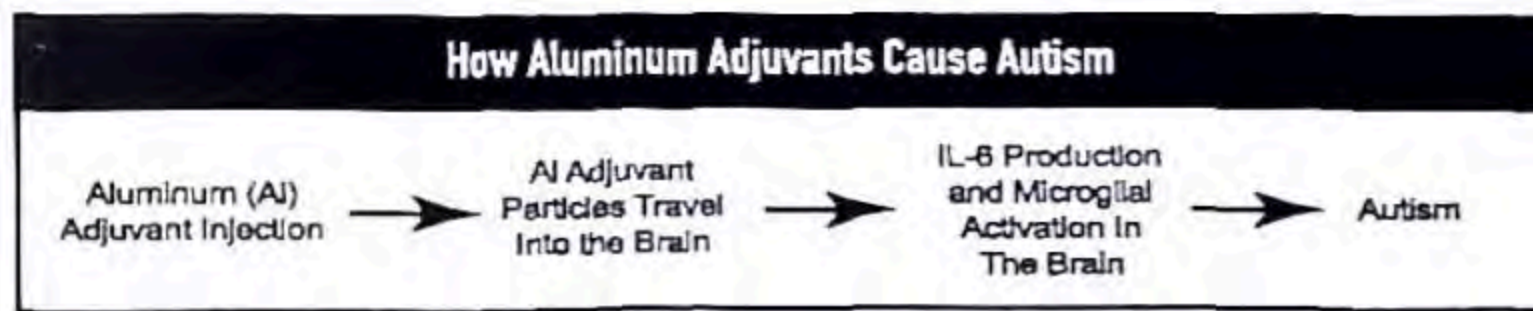
The view apparently held by HHS that "public health" demands hiding any relationship between vaccines and autism to assure high vaccine uptake, is troubling. ...

Indeed, HHS appears frozen when confronted with replicated peer-reviewed studies, many of which were funded by HHS, regarding immune activation and aluminum adjuvants that support a causal relationship between the receipt of vaccines continuing [sic] aluminum adjuvants and the development of autism in children.⁶⁴

Our opening letter attached letters to HHS from world-renowned experts on the toxicity of aluminum adjuvants, each of whom strongly supported the contention that aluminum adjuvants may have a role in the etiology of autism and cited the body of science that supports their assertion.⁶⁵

This science reflects that: injected aluminum adjuvant is taken-up by immune cells (macrophages) at the injection site; these aluminum-adjuvant-loaded immune cells then travel through the lymph vessels to, among other places, the brain; the immune cells then unload their aluminum adjuvant cargo in the brain; and aluminum adjuvant in the brain causes a release of interleukin IL-6 and microglial activation, leading to autism.⁶⁶

Depicted in simple terms:



Despite years of vaccine safety advocacy demanding that HHS rebut, or at least address, the clear connection between aluminum adjuvant containing vaccines and autism, HHS appears unable to muster anything more than the public relations slogan – “Vaccines Do Not Cause Autism.”

On May 24, 2014, Dr. Thompson explained that the CDC is “paralyzed right now by anything related to autism ... because they’re afraid to look for things that might be associated.”⁶⁷ The reason for this fear may be that HHS has conceded or has been required by the Vaccine Court to pay financial compensation to at least a few dozen children where receipt of a vaccine on HHS’s childhood vaccine schedule resulted in brain, neurological and/or immune dysfunction diagnosed as autism.⁶⁸ The damage awards in some of these cases were in the millions of dollars.⁶⁹ If a single study conducted by HHS shows that even 1 in 5 cases of autism are caused, directly or indirectly, by vaccines, it would result in approximately \$1.3 trillion in liability.⁷⁰ Putting such potential liability into perspective, the entire federal budget in 2017 was \$3.3 trillion.⁷¹ This and the decimation of HHS’s reputation if it were found that certain vaccines cause a significant fraction of autism cases, provide powerful incentives for HHS to *not* fund the basic scientific research needed to determine whether HHS’s childhood vaccine schedule is a cause of autism.

It is hard to imagine that HHS has not already internally used the databases at its disposal, such as VSD, to compare the autism rate between vaccinated and unvaccinated children. If the results showed no difference in the autism rates between these two groups of children, no doubt this study would have been published. The fact that it has not been published is very concerning. ...

HHS's approach to this issue ignores the tens of thousands of families across this country that have attested – often in videos available online – that their best judgment based on the totality of their parental experience with their child is that vaccination caused their child's autism. Numerous peer-reviewed studies have found that, when surveyed, between 40% and 70% of autism parents squarely blame vaccines for their child's autism.⁷² Many of these surveys explain how parents express a clear personal experience with vaccination affirming this conclusion.⁷³

... [B]ased on available data and information, as discussed above, HHS cannot scientifically claim that "Vaccines Do Not Cause Autism." HHS must therefore remove this claim from the CDC website until it can produce the studies to support the claim that vaccines do not cause autism. ...

We await your response to each of the points raised above and the questions listed ... below.⁷⁴

ICAN's response to the Secretary asked for an answer to the following question:

The following white paper provides the peer reviewed scientific support for how aluminum adjuvants injected into the body travel to the brain, can cause IL-6 production and microglial activation in the brain, and that this in turn can cause autism: <http://icandecide.org/white-papers/ICAN-AluminumAdjuvant-Autism.pdf>. Please clearly and specifically explain which steps in this chain of causation or any other aspect of this white paper HHS disputes.⁷⁵

HHS never responded to the above despite follow-up by ICAN.⁷⁶

2019-2020 Lawsuit Against CDC for Vaccine-Autism Studies

But we didn't give up on giving HHS and the CDC every possible chance to support their claim with actual studies. On June 21, 2019, we submitted a FOIA request to the CDC, on behalf of ICAN and the Institute for Autism Science, for copies of: "All studies relied upon by CDC to

claim that the DTaP vaccine does not cause autism." We made the same request for Hep B, Hib, PCV13 and IPV, as well as asking for the studies reflecting that, cumulatively, these vaccines do not cause autism. So, again, the CDC was being given yet another chance to simply produce the studies supporting its claim that vaccines do not cause autism.

Did the CDC produce such studies? Nope. Instead, it produced nothing and so, on behalf of ICAN and the Institute for Autism Science, we sued the CDC on December 31, 2019, to force it to produce the studies it relies upon to claim the vaccines given in the first year of life – DTaP, Hep B, Hib, PCV13, and IPV, individually and collectively – do not cause autism.⁷⁷

As the date of the pretrial conference in this lawsuit approached, the CDC finally capitulated and provided a list of studies it claims it relies upon to assert that DTaP, Hep B, Hib, PCV13, and IPV, individually and cumulatively, do not cause autism.

This list included 16 studies and 4 reviews (*i.e.*, reviews of studies for a given research question). After reviewing this list, I vividly recall calling the DOJ attorney representing the CDC and asking him if he was certain his client, the CDC, had nothing to add to this list because none of the listed studies or reviews support the claim that the vaccines at issue do not cause autism. Meaning, I gave the CDC yet another chance. It declined to identify any further studies or reviews to add to its list.

With that, the list of 20 studies/reviews provided by the CDC is *the* definitive list of studies the CDC relies upon to claim—both to America and to the world—that vaccines given to infants do not cause autism. This list was memorialized in a signed stipulation entered into with the CDC on February 28, 2020, and then entered as an order of the Court on March 2, 2020. The substantive portion of this stipulation and order is reproduced in full below and available in the link in this endnote.⁷⁸

WHEREAS, the Institute for Autism Science and Informed Consent Action Network ("ICAN") commenced the above-captioned lawsuit against the Centers for Disease Control and Prevention ("CDC") regarding six Freedom of Information Act requests (the "FOIA Requests");

WHEREAS, the FOIA Requests were as follows:

- "All studies relied upon by CDC to claim that the DTaP vaccine does not cause autism."

- “All studies relied upon by CDC to claim that neither Engerix-B nor Recombivax HB do not cause autism.”
- “All studies relied upon by CDC to claim that Prevnar 13 does not cause autism.”
- “All studies relied upon by CDC to claim that Hib vaccines do not cause autism.”
- “All studies relied upon by CDC to claim that inactivated polio vaccine (‘IPV’) does not cause autism.”
- “Copies of the studies the CDC relies upon to claim that the cumulative exposure of vaccines it recommends that babies be administered during the first six months of life do not cause autism.”

WHEREAS, after conducting a search of its records, the CDC identified the following studies responsive to the FOIA Requests:

[See link in endnote 78 for list of the 20 studies cited by the CDC]

IT IS HEREBY STIPULATED AND AGREED, by and between the parties by and through their respective counsel that based on the foregoing, the above-captioned action is voluntarily dismissed...

As is clear from this Court order, the CDC was finally forced to identify specific studies to support its claim that infant vaccines do not cause autism, and not a single one of the 16 studies or 4 reviews it identified support the claim that vaccines injected into infants—DTaP, Hep B, Hib, PCV13, and IPV—do not cause autism. Instead, they included:

- 15 studies and 3 reviews concerning MMR and/or thimerosal
- 1 study concerning antigen (not vaccine) exposure
- 1 review concerning MMR, thimerosal, and DTaP

Meaning, of the 20 studies and reviews identified by the CDC, only one involved a vaccine on the CDC schedule given to infants: DTaP. This was the review that the IOM published in 2012, discussed above, which failed to identify a study to support that DTaP does not cause autism. Instead, as you already know, this IOM report found only one study regarding DTaP vaccine and autism, and that study found an association between this vaccine and autism.

Meaning, incredibly, the only study or review out of 20 identified by the CDC that reviewed a vaccine given during the first year of life was a study which *did find* an association between DTaP vaccine and autism.

Let me repeat this critical point: After a very public federal lawsuit demanding that the CDC identify the studies it claims support that the vaccines on its schedule given in the first six months of life (DTaP, Hep B, Hib, PCV13, and IPV) do not cause autism, the *only* study or review the CDC identified that involved one of these vaccines was an IOM review that canvassed the entire existing literature for any study regarding whether pertussis, diphtheria or tetanus vaccines do or do not cause autism, and could only find one such study, and that one study found an association between DTaP vaccine and autism.

Critically, when it had its back against the wall in a federal lawsuit, the CDC could not identify a single study that supported its claim that the vaccines given to infants (DTaP, Hep B, Hib, PCV13, and IPV) do not cause autism. Not one study.

2020 Giving the CDC More Chances and Edwards Deposition

Dumbfounded by the CDC's admission that it does not have a single study to support its claim that vaccines given to infants do not cause autism, on March 10, 2020, we, on behalf of ICAN and the Autism Science Foundation, sent another FOIA request to the CDC for "All studies supporting the claim that DTaP does not cause autism," in order to provide the CDC with yet another chance to provide the studies to support that vaccines given to babies do not cause autism. This new request asked the CDC for any studies that "support" the claim that DTaP does not cause autism – not just those it had previously "relied upon."

This gave the CDC a chance to point to any study in the world to support that these vaccines do not cause autism, even if the agency doesn't directly rely on the study to support its claim regarding autism. Instead of pointing to any additional studies, on March 23, 2020, the CDC responded by again directing us to the same list of twenty studies and reviews it previously listed in the stipulation and order of March 2, 2020.

If that were not enough, on March 27, 2020, we submitted yet another FOIA request on behalf of ICAN giving the CDC yet *another* opportunity to provide supportive studies by requesting: "Studies created or retained by CDC to support the claim that DTaP does not cause autism." The CDC again responded by pointing to the same list of 20 studies or reviews.

Nonetheless, the hunt for the illusory mountain of vaccine-autism studies continued. After all, vaccinologists and public "health" officials

roundly assure the public that they have carefully studied and debunked the claim that vaccines, and most critically those given to infants, do not cause autism.

So, on August 25, 2020, in a case specifically involving vaccines and autism, I was asked to take the deposition of Dr. Kathryn Edwards, the godmother of vaccines who we visited with earlier, and one of the world's leading vaccinologists. Dr. Edwards was brought in as an expert on the specific issues of vaccines and autism. Meaning, she knew months before being sworn in, that her deposition would specifically cover, in detail, vaccines and autism, and that she would be asked about infant vaccines and autism. Yet, here is what even she was forced to admit during that deposition when I asked her questions under oath:

Q: According to your profile, you have done most of the clinical trials relied upon to license many of the vaccines, correct? On the market?

A: Yes, sir.

Q: OK, so you're highly experienced at conducting clinical trials, correct?

A: I'm highly experienced conducting clinical trials.

Q: And you're familiar with many of the clinical trials relied upon to license many of the vaccines currently on the market, correct?

A: I am.

Q: In your opinion, did the clinical trials relied upon to license the vaccines that [the child] received—many of which are still on the market today—were they designed to rule out that the vaccine causes autism?

A: No. You've badgered me into answering the question the way you want me to, but I, I think that um, that I've, that's probably the answer.

Q: Is that your accurate and truthful testimony?

A: Yes. ...

Q: In the expert disclosures for this case, it asserts that, among other things, you will testify that "the issue of whether vaccines cause autism has been thoroughly researched and rejected." ...

Q: It's your testimony that MMR vaccine cannot cause autism?

A: That's correct.

Q: It's your testimony the Hep B vaccine cannot cause autism?

A: That's correct.

Q: It's your testimony that IPOL cannot cause autism?

A: Yes.

Q: It's your testimony that Hib vaccine cannot cause autism?

A: Yes.

Q: It's your testimony that varicella vaccine cannot cause autism?

A: Yes.

Q: It's your testimony that Prevnar vaccine cannot cause autism?

A: Yes.

Q: And it's your testimony that DTaP vaccine cannot cause autism?

A: Yes. ...

Q: And do you have a study that supports that DTaP doesn't cause autism?

A: I have... I do not have a study that DTaP causes autism. So I don't have either. ...

Q: Do you have any study, one way or another, of whether IPOL causes autism?

A: No, I do not, sir.

Q: Do you have any study, one way or another, of whether Engerix-B causes autism?

A: I do not have any evidence that it causes autism, nor that it does not.

Q: And what about Hib titers vaccine? Any evidence, one way or another, of whether it causes autism?

A: No. ...

Q: And what about Prevnar vaccine? Any evidence, one way or another?

A: No, sir. No, sir. ...

Q: And how about varicella vaccines? Let me just finish. Are there any studies, one way or another, that's for whether it does or doesn't cause autism?

A: As part of MMR, but not as varicella by itself. No sir. No studies that say it does, or no studies that say it doesn't.

Q: There have been studies that have found an association between hepatitis B vaccine and autism, correct?

A: Not studies that I feel are credible.

Q: OK, which study? Which study are you referring to when you say that?

A: Well, why don't you show me the study and then I'll see whether I agree with it.⁷⁹

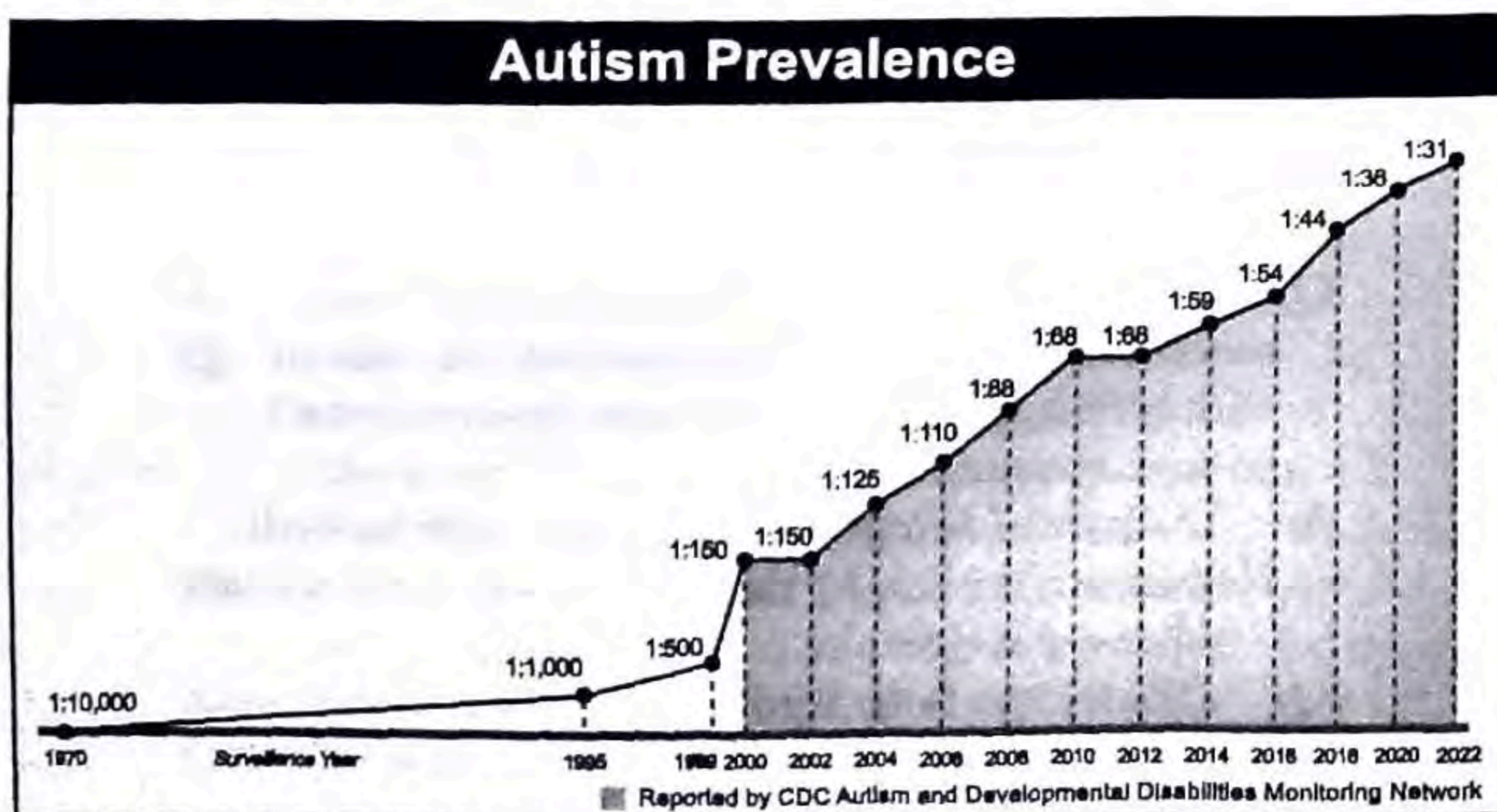
After years of asking, requesting, demanding, deposing, and suing the pivotal entities and figures in the world of vaccinology and federal "health" agencies, there is literally nobody left to ask, request, demand, depose, or sue to find the supposed mountain of studies that supposedly support that infant vaccines do not cause autism.

A mountain they claim is beyond belief in its volume and thoroughness of studies. Yet the "health" officials claiming this mountain exists are incapable of identifying a single study to support that infant vaccines do not cause autism. Literally not one study. What is clear, and requires no leap of faith, is that the claim "vaccines do not cause autism" is not science. It is an ideological belief.

The Importance of Studying Vaccines and Autism

The belief is so strong that some "health" professionals have even claimed that there is no reason to study infant vaccines and autism at all. Putting aside the fact that this concedes there was never a "mountain of studies" in the first place, this argument requires incredible religious conviction for a few reasons.

Since the 1980s, the rise in cases of autism has occurred in lockstep across all geographic areas of the United States and across all racial, ethnic, and religious groups.⁸⁰



Given this steep rise, it is plain that the cause of autism is a change that has occurred throughout the United States since the 1980s. A study published in *Environmental Health* from the University of Colorado reviewed the correlations between numerous factors suspected of potentially causing autism and the change in the level of their exposure during childhood since the 1980s.⁸¹ The exposure in the study showing the highest statistical correlation with autism rates was the increasing doses of vaccination. The following charts are from this study. The circles represent the number of vaccine doses, and the triangles represent the rate of autism:

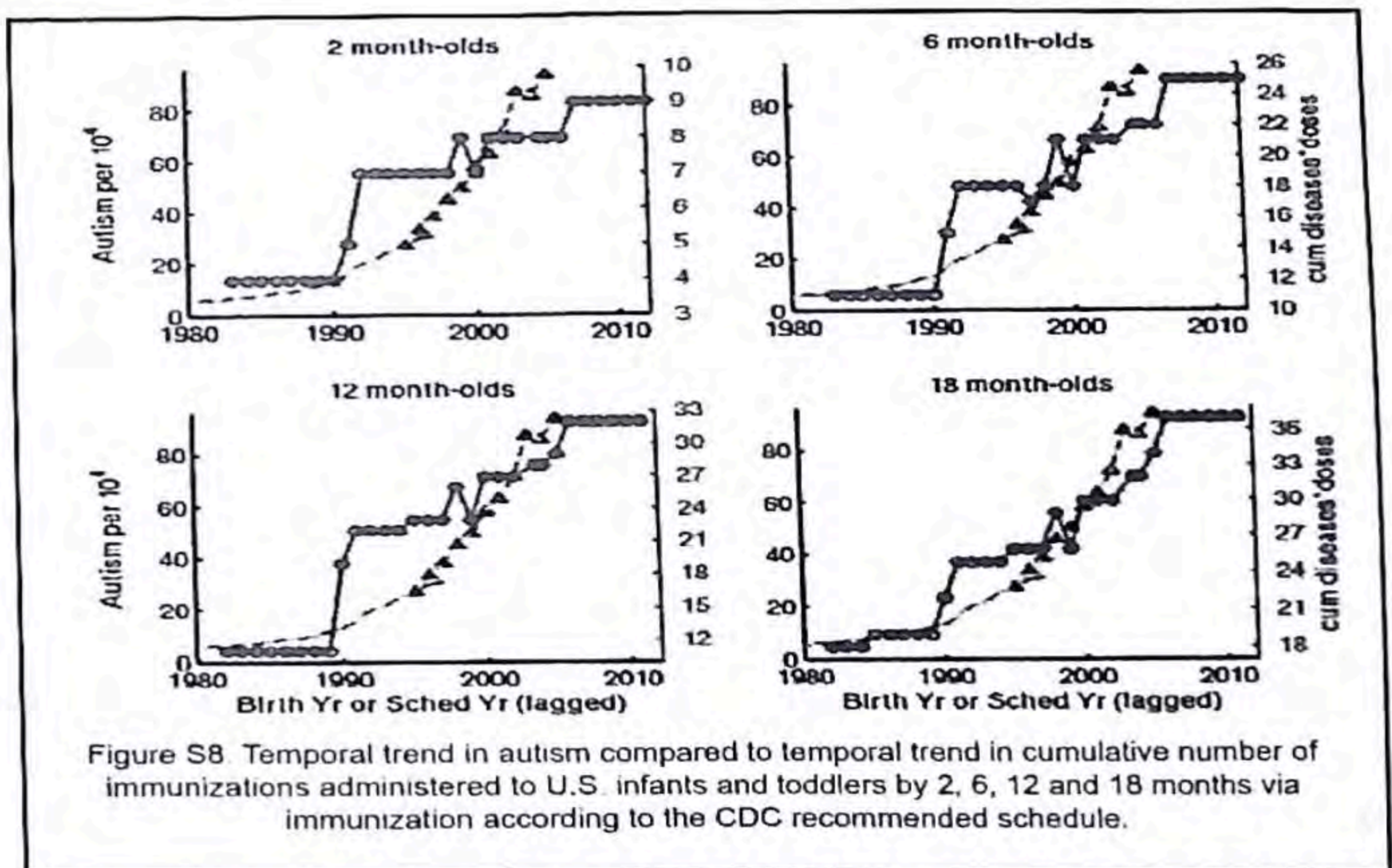


Figure S8. Temporal trend in autism compared to temporal trend in cumulative number of immunizations administered to U.S. infants and toddlers by 2, 6, 12 and 18 months via immunization according to the CDC recommended schedule.

Correlation does not equal causation, but it does, in this instance, provide a blaring safety signal that merits investigation, including because of parental claims that vaccines caused their child's autism as well as the science reflecting that autism is caused by immune system dysregulation and vaccines can cause immune system dysregulation.⁸²

Even setting aside correlation and biological plausibility, parental claims that vaccines caused their child's autism should have been sufficient to warrant proper study of this issue. Numerous peer-reviewed studies have found that, when surveyed, between 40% and 70% of parents with a child with autism blame vaccines for their child's autism, often pointing to the vaccines given in the first six months of life.⁸³ Many of these surveys report that parents express a clear personal experience with vaccination affirming this conclusion.⁸⁴ There are also thousands of

parents who have provided video and/or written testimony sharing that they witnessed their child fall ill immediately after vaccination, regress, and then receive an autism diagnosis.

The response from “health” authorities has, sadly, not been a serious and respectful effort to investigate. Instead, when a parent – whose experience is that their child developed autism from vaccination – tries to share their experience with a medical professional, the media, or others, they are often immediately labeled “anti-science,” “anti-vaxxer,” “quack,” and/or “conspiracy theorist.” In more recent times, these parents are censored or cancelled from social media. The calls by this community for the study of infant vaccines and autism have not been heeded. The response has been ad hominem rather than scientific. It has been driven by the religious beliefs regarding vaccines of vaccinologists and the broader medical community.

The consequences of this belief may be dire and almost beyond measure in terms of suffering and harm. Autism, as common as it has become, is not a diagnosis to be taken lightly. Among the children who meet the criteria for an autism diagnosis, which include persistent deficits in social communication and interaction and repetitive behaviors, an estimated 68% demonstrate aggression toward a caregiver; 52% demonstrate self-injurious behavior; 49% bolt from safe places, creating risk of drowning, traffic injuries, etc.; and 40% are nonverbal.⁸⁵

The following is the text from a heartbreaking meme I have often seen in parent groups for children with autism:

Every parent plans to raise their child for about 18 years, set them free for 30 years and then hope they come back to help them face the final years of their own life. A SPECIAL NEEDS parent plans to raise their child for 65 years and while doing so also has to prepare for the other 20 or so after they themselves are long gone. ... Let that sink in for just a moment and you will begin to understand the drive and determination that many of us have while we are here on Earth.

Beyond the immeasurable suffering autism causes, it is also a national crisis because it literally threatens to bankrupt the United States. In 2010, a total of 72,449 adults with autism received Social Security Income from the U.S. government (accounting for 0.6% of beneficiaries), and as of 2023, that number has risen to 319,130 adults (accounting for 3% of beneficiaries).⁸⁶ And this is just the tip of the iceberg. There are an estimated 3.9 million individuals in the United States

with autism who cannot yet legally drink, and the number of children diagnosed with autism annually is growing exponentially.⁸⁷

As these children enter adulthood, they will add a crushing burden on the Social Security system, through no fault of their own, and many will begin receiving lifelong benefits. By 2040, it is estimated that the total societal cost of autism will exceed one trillion dollars, and by 2060, five trillion dollars.⁸⁸ Not only could these costs cause a fatal strain on the Social Security system, but the infrastructure to handle the surge in adults with autism, especially those with profound autism (who often need 24/7 supervision) is nonexistent today. Identifying the environmental cause of autism is a national emergency and ruling out vaccines as a cause is beyond urgent.

Unfortunately, instead of scientifically investigating whether vaccines given to babies cause autism, vaccinologists and "health" authorities have squandered billions of dollars to promote their religious beliefs about these products, rather than conducting the desperately needed studies. If just one penny were contributed to a fund to study vaccines and autism every time a vaccinologist or "health" professional said, "vaccines do not cause autism," we could have conducted hundreds of studies on infant vaccines and autism.

So long as the CDC and "health" authorities claim that vaccines do not cause autism, despite not having the science to support that claim, the necessary scientific inquiries are unlikely to receive the funding and attention they deserve. This is because the CDC's pronouncements regarding vaccines impact policy, research, and funding priorities across government agencies as well as research institutions in the U.S. and around the world.

Consider that the CDC and "health" authorities have conducted a decades-long media campaign seeking to assure parents that vaccines do not cause autism. Parents of autistic children have also been gaslit, attacked, and berated by the media, public "health" authorities, the medical establishment, almost everyone. Yet these parents stubbornly refuse to change their conclusion regarding what caused their child's autism.

The reason, in my experience, is that parents of children with autism cannot unlive what they have experienced with their children. Hence, no number of metaphorical beatings can change their reality. They know their children, and their lived experience will not change no matter what you do or say to them.

But because the cult of vaccines does not bend to reason, logic, or compassion when it comes to claiming vaccines are "safe," public "health" officials continue to ignore and disparage these families and just keep repeating louder and louder and louder "vaccines do not cause autism!" Not *like* a religious mantra, but because it *is* a religious mantra.

IOM Reports Reveal Other Claimed Harms Studied Even Less Than Autism

Since autism is the claimed vaccine harm health authorities assert they have most thoroughly studied, just imagine the state of the “science” regarding the numerous other serious harms parents claim are caused by vaccines. Think about it. Really let that sink in. That said, you don’t need to spend too much time imagining because the IOM reviews conducted over the years on vaccine safety – paid for by HHS, the CDC, and other federal “health” agencies – make this deficiency painfully clear.

In 1991, at HHS’s request per the 1986 Act, the IOM issued a report that evaluated 22 commonly reported serious injuries linked to pertussis and rubella vaccines.⁸⁹ The IOM located sufficient studies to support that 6 serious injuries *are* causally related to these vaccines, including acute encephalopathy (brain damage) and chronic arthritis. It located sufficient studies to rule out 4 injuries as not related to these vaccines. The IOM, however, found that the studies had *not* been conducted for it to conclude whether or not these vaccines caused 12 other commonly reported serious injuries, including:

autism, aseptic meningitis, chronic neurological damage, Guillain-Barré syndrome, juvenile diabetes, learning disabilities, attention-deficit disorder, thrombocytopenia⁹⁰

In 1994, again at HHS’s request per the 1986 Act, the IOM evaluated 54 commonly reported serious injuries from vaccination for diphtheria, tetanus, measles, mumps, polio, hep B, and Hib.⁹¹ The IOM located sufficient science to support that 12 serious injuries *are* causally related to these vaccines, including death, thrombocytopenia, and Guillain-Barré syndrome.⁹² It located sufficient studies to rule out 4 injuries as not related to these vaccines. The IOM, however, found that the studies had *not* been conducted for it to conclude whether or not these vaccines caused 38 other commonly reported serious injuries, including:

arthritis, aseptic meningitis, demyelinating diseases of the central nervous system, insulin-dependent diabetes mellitus, myelitis, neuropathy, residual seizure disorder, sensorineural deafness, sudden infant death syndrome, sterility, transverse optic neuritis⁹³

Given the lack of studies needed to reach a conclusion regarding whether these vaccines cause 38 of the 54 commonly reported serious injuries

from these vaccines, the IOM lamented that: "The lack of adequate data regarding many of the adverse events under study was of major concern to the committee. Presentations at public meetings indicated that many parents and physicians share this concern."⁹⁴

As we discussed in Chapter 1, fifteen years later, in 2012, the CDC and HRSA paid the IOM to review what they said were the 158 most common injuries claimed to occur from various childhood vaccines.⁹⁵ The IOM located science to support that 18 serious injuries were causally related to these vaccines, including pneumonia, meningitis, measles inclusion body encephalitis, and febrile seizures.⁹⁶ It located sufficient studies to rule out 5 as not related to these vaccines. The IOM, however, found that the studies had *not* been conducted for it to conclude whether or not these vaccines caused 135 other commonly reported serious injuries, including:

acute disseminated encephalomyelitis, afebrile seizures, amyotrophic lateral sclerosis, arthralgia, autoimmune hepatitis, brachial neuritis, cerebellar ataxia, chronic headache, chronic inflammatory demyelinating poly-neuropathy, chronic urticaria, encephalitis, encephalopathy, erythema nodosum, fibromyalgia, Guillain-Barré syndrome, hearing loss, immune thrombocytopenic purpura, infantile spasms, juvenile idiopathic arthritis, multiple sclerosis, neuromyelitis optica, optic neuritis, polyarteritis nodosa, psoriatic arthritis, reactive arthritis, rheumatoid arthritis, seizures, small fiber neuropathy, stroke, sudden infant death syndrome, systemic lupus erythematosus, thrombocytopenia, transverse myelitis⁹⁷

Meaning, out of the 158 most common serious injuries claimed to have been caused by one or more of these vaccines per the CDC and HRSA, the IOM found the needed studies had not been conducted for more than 86% of these injuries to determine whether there is a causal relationship between the vaccine and the injury.⁹⁸

What makes this finding even more incredible is that this report, commissioned and paid for by the CDC and HRSA, was plainly intended to be used to defend against vaccine injury claims. The CDC and HRSA were basically bribing the IOM to reach a finding that none of these harms are caused by vaccines. But even bending over backwards, which the IOM did well beyond the point of breaking if you read the report, it still could not reach the CDC and HRSA's desperately desired conclusion that none of these were related to vaccination.

Keep in mind these 158 serious injuries are only those that the CDC and HRSA stated were the most claimed injuries. What the CDC and HRSA would have said, if they were honest, is: “while there are many other claimed harms, these are the 158 serious injuries that are hard for us to ignore because they typically occur rapidly after vaccination, there is a basis to believe they are causally related to vaccination, and we cannot find another explanation; and so we need you, IOM, to affirm our religious belief that these harms are not caused by vaccines.” Even the IOM, however, could not oblige because hiding from reality becomes difficult when you are required to issue a report identifying specific data and studies, not just repeat a mantra.

These three IOM reports collectively reflect that even for the most commonly claimed serious vaccines harms, per our federal “health” authorities, the studies needed to rule out vaccines as a cause were not conducted – just like the studies needed to rule out vaccines as a cause of autism were not conducted.

AHRQ Report Reveals Childhood Vaccine Safety Literature Is Vacuous

When the damning reality regarding vaccine clinical trials and the IOM reports was brought to HHS’s attention by ICAN’s notice in 2017, HHS responded by pointing to what it claimed was “the most comprehensive review” of the literature on vaccine safety ever conducted—the report we discussed earlier by the Agency for Health Research and Quality (AHRQ), an agency within HHS.⁹⁹

HHS pointed to the AHRQ report to claim that vaccines have been shown to be “safe.” Great. That called for yet another reading of the report. I delved back into this 740-page report again carefully. And after having read it again, I came to the same conclusion again, and one I think most would: if this is “the most comprehensive review” of the published literature on vaccine safety, it is petrifying. I mean, truly terrifying.

This 2014 report begins by identifying 20,478 studies as related or potentially related to vaccine safety, but excludes 20,312 of them for various reasons including that they did not address vaccine safety, or had an unacceptable design.¹⁰⁰ After this weeding out process, AHRQ was left with only 166 studies it deemed relevant and potentially reliable for assessing vaccine safety, and only 97 of those involved children. That’s it, just 97 studies.

Let me make sure I really drive this point home. AHRQ, in what HHS said is “the most comprehensive review” of the literature on vaccine safety, found there were only 97 studies ever conducted, at *any* point in history, that it deemed in some way potentially reliable to assess

the safety of childhood vaccines given to babies and children in the United States. So much for the mountain of studies they publicly claim assess vaccine safety. And keep in mind, that does *not* mean these 97 studies supported that one or more vaccines were safe, that was just the initial universe of studies AHRQ said it identified to *potentially* answer that question.

It gets worse. These 97 studies were virtually all funded and/or authored (usually both) by a pharma company reviewing its own vaccine.¹⁰¹ AHRQ, no doubt, would have known that using the inclusion criteria it chose to use would result in primarily including studies conducted by pharma or federal "health" agencies.

For example, AHRQ excluded all individual case reports (usually instances of immediate and obvious vaccine injuries) despite the fact that practitioners can typically afford to publish only in this form.¹⁰² It excluded all experimental studies which could actually explain the biological mechanisms of how vaccines can cause injury or death, such as studies on how vaccines or aluminum adjuvants can cause immune system dysregulation.¹⁰³ It even excluded animal studies which – because of ethical restrictions applicable to human research – often provide the best available scientific evidence of how vaccines can harm immune function, the brain, and other body systems.¹⁰⁴

The result is that this "comprehensive review" included only 97 studies that are applicable to children,¹⁰⁵ 77 of which were directly funded and/or authored (typically both) by the very pharma company whose vaccine(s) the study reviews.¹⁰⁶ As for the remaining 20 studies, almost all were funded and/or authored by agencies and/or individuals that directly or indirectly receive funding from the pharma company whose vaccine(s) the study reviews.¹⁰⁷

But it gets worse. AHRQ then further cut down these 97 studies, explaining that comparing vaccinated (exposed) and unvaccinated (unexposed) children is critical for evaluating vaccine safety and asserts that only 59 of these studies compared "vaccinated versus unvaccinated children or adolescents."¹⁰⁸ It is great to see a federal "health" agency actually recognize this obvious point – that you need to compare "vaccinated versus unvaccinated" children to assess safety – but as we will discuss below, even these studies did *not* involve unvaccinated children.

But for now, we are down to 59 studies that AHRQ claims compared "vaccinated versus unvaccinated children or adolescents," and here is a breakdown of these 59 studies by vaccine type: rotavirus (34 studies), HPV (13 studies), influenza (6 studies), Hib (3 studies), meningococcal (2 studies), and varicella (1 study).¹⁰⁹ (Note that only 20 of these 59 studies even involve an injected vaccine, as the remainder involve

rotavirus which is given orally and two of the influenza studies involve inhaled strains.¹¹⁰⁾

Looking at this list, you will note that among these 59 studies, there isn't even one study identified for any of the following seven vaccines: Hep B, DTaP, PCV, IPV, MMR, Hep A, or Tdap. Not one study. And these seven vaccines constitute a majority of the routine childhood vaccines, including four vaccines injected three times each in the first six months of life—Hep B, DTaP, PCV, and IPV.

So, again, to be clear, the “most comprehensive review” of the literature on vaccine safety, according to HHS, did not identify a single study meeting its own criteria of reliability for a majority of the routine vaccines on the CDC's childhood schedule, and none of the routine vaccines given to infants. Not one study. None. Literally, zero.

And it gets even worse. As for the 59 studies AHRQ *did* identify for six different vaccines, AHRQ's claim that they each had an unvaccinated group is not true. This is because in almost all the studies involving an injected vaccine, the control group was vaccinated or injected with one or more active vaccine ingredients.

For example, in the three Hib studies that AHRQ labeled as “vaccinated versus unvaccinated children or adolescents,” the “control group” were all vaccinated. By way of example, one of these studies reviewed the Hib-PHiD vaccine made by GSK in a study funded by GSK and authored by GSK employees which, incidentally, is not even a U.S. vaccine. It compared 199 infants who received Hib-PHiD, DTPa, HBV, IPV, and Hib (the experimental group) with 101 infants who received DTPa, HBV, IPV, and Hib (the control group which AHRQ labeled “unvaccinated”).¹¹¹ Labeling this a “vaccinated versus unvaccinated” study is patently ridiculous. But it does, as plainly intended, let GSK get away with any harm this product causes because while approximately 5% of infants in each group reported a serious adverse event, since the rates were similar in each group, the vaccine was deemed “safe” by the GSK employees studying a GSK vaccine in a GSK funded study.¹¹²

Using one final example, in all 13 studies involving HPV vaccine that AHRQ labels “vaccinated versus unvaccinated adolescents,” the “unvaccinated” group either received a vaccine *or* an injection of the active ingredient in the HPV vaccine, AAHS (save one study in which 17 girls apparently received nothing).¹¹³ Reviewing the results of these 13 studies should have made heads spin with concern. This is because HPV vaccines were studied in adolescent and older women who, unlike children or babies, can articulate if they are experiencing a serious adverse reaction, such as neurological issues. And in most of these studies, the rate of serious adverse event reports in both groups (the vaccinated group and the fake “unvaccinated” group) were often

shockingly high, frequently in the double digits. Yet, the vaccine was deemed "safe" in these GSK- or Merck-funded studies using their own employees reviewing their own vaccine because the rate of harm was similar in both groups.¹¹⁴

ICAN's lengthy written response to HHS does an excellent job of going through each of these studies, setting forth what the "unvaccinated" group actually received, the harms reported in each group, and the conflicts of interest related to each study.¹¹⁵ It is a terrifying read.

I can't stress this enough. The belief system that drives vaccinologists blinds them to the dangerous practice of ignoring high rates of serious adverse events in two groups that were both vaccinated. It requires suspending reason, logic, and reality to label a vaccinated child, or one receiving an injection of active vaccine ingredients, as "unvaccinated." It is, at best, delusional. But, sadly, it also obfuscates harms caused by these products.

But twisting reality should not be surprising since the real goal of AHRQ's "comprehensive review" was *not* about providing good scientific evidence to reassure the public that the vaccines on the CDC's childhood schedule are safe. It was about ensuring high vaccine uptake by producing a report that provides the superficial appearance of vaccine safety for the public.¹¹⁶ Indeed, the review begins by focusing upon and bemoaning that "vaccination rates remain well below established Healthy People 2020 targets for many vaccines" and that "[i]ncreasing vaccination rates remains critically important."¹¹⁷ It even laments that "public concerns about vaccine safety continue to persist" despite "the rigorous processes new vaccines must undergo before receiving approval" and that they meet "stringent criteria for safety."¹¹⁸

The individuals writing this review clearly never actually looked at the clinical trials relied upon to license childhood vaccines. They are just repeating their dogmatic beliefs relayed to them by vaccinologists, including those on the technical expert panel that participated in developing the report, including Dr. Kathryn Edwards.

Ironically, despite starting with the assumption of safety, throwing out almost all non-biased studies, and the other limitations described above, this review still found that vaccines can cause babies and children to develop numerous serious adverse reactions, such as febrile seizures, arthralgia (pain in the joints), thrombocytopenic purpura (the immune system attacking the body's own platelets), meningitis (inflammation of the membranes surrounding the brain and spinal cord), and encephalitis (inflammation of the brain).¹¹⁹

This report reflects that even when HHS and its subagencies give it their absolute "best", it is painfully clear they have, at best, never properly studied vaccine safety. Worse, when studies are conducted outside

the church of vaccinology (meaning not by pharma, the CDC, etc.) or when pharma must disclose harms per federal law, the reality of vaccine harm becomes even more painful. We turn to that next.

Harms Pharma Has Basis to Conclude Are Caused by Vaccines

While AHRQ and the IOM, in reports commissioned by HHS and the CDC, make plain that the published literature on vaccine safety is utterly lacking, pharma companies selling these products have access to safety data unavailable to the public.

For drug products, it is often pharma's internal safety data, obtained during a lawsuit alleging a drug injured someone, that results in pharma being held accountable. Those internal records not only become the basis for holding pharma financially accountable for the drug injury, but their content also becomes the substance of news stories that put a spotlight on the issues with the drug product. This forces pharma to develop safer and more effective drugs.

But as you know, that will virtually never happen with injuries claimed from vaccine products. No matter how many children it injures or kills, a pharma company will never have to face a lawsuit claiming that it could have made its vaccine products safer. Hence, the internal safety data held by pharma companies will likely never have to be disclosed in a lawsuit and, without accountability in the courts or by the media, pharma companies will have no incentive to address safety issues.

But while pharma does not need to disclose their internal safety data and safety analyses, federal law *does* require each pharma company to publicly disclose each harm it has evidence to support is caused by its product. How? It must list them in Section 6.2 of the package insert for each vaccine.

The federal law on this is clear. It provides that pharma companies are to disclose, in the package insert for each vaccine, "*only* those adverse events for which there is some basis to believe there is a *causal relationship* between the drug and the occurrence of the adverse event."¹²⁰

This means a pharma company *cannot* list injuries it merely believes may be correlated with the vaccine. Nor can it list injuries it suspects, but has no basis to support, are causally related. It is *only* permitted to list harms it has a basis to conclude are causally related to the vaccine.

With access to safety data that is unavailable to the public or health authorities, pharma companies can identify injuries caused by vaccines that committees within HHS, IOM, CDC, and AHRQ are unable to identify, as they don't have access to such data.

These adverse events identified by pharma companies are typically listed in Section 6.2 of each vaccine's package insert. And again, only adverse events for which these companies have a basis to believe have a causal relationship with the vaccine are to be listed pursuant to federal law. If there was only a correlation between the vaccine and a claimed harm, without evidence of a causal relationship between the vaccine and the claimed harm, the adverse event would not meet the criteria under federal law for being listed.

As for the harms included in Section 6.2 of the package insert for childhood vaccines, you may ask whether pharma has disclosed many. Sadly, yes, they have, many of which are very serious, often involving immune, neurological, and other chronic disorders. What is most concerning about these disclosed harms is that many of them are the same ones that have risen sharply since the 1980s. You can look at 6.2 of each package insert to see these harms or review a four-page partial list compiled by ICAN in the document linked in this endnote.¹²¹

Sadly, virtually none of these numerous serious harms have been studied to confirm or rule out the vaccine as the cause. Even worse, whatever internal evidence pharma companies relied upon to disclose these harms remains hidden from the public.

Let me put it this way. While the publicly available data and scientific literature on vaccine safety are extremely limited, Section 6.2 of each vaccine package insert provides a window through which we can see what harms pharma companies have a basis to conclude are caused by vaccines. And the view through that window is frightening. Just look for yourself in the sources linked in the last endnote.

The Studies Can Be Done

I can already hear the retort: "but, but, but we can't do studies to prove a negative! We can't prove a vaccine does not cause a certain injury." That belief, and it is a belief, is nonsense.

The IOM did rule out MMR causing autism, stating: "The evidence favors rejection of a causal relationship between MMR vaccine and autism."¹²² It ruled out that influenza vaccine can cause Bell's palsy, stating: "The evidence favors rejection of a causal relationship between inactivated influenza vaccine and Bell's palsy."¹²³ So the studies clearly can be done to actually rule out an injury, even using the ridiculous, tainted, biased approach IOM used to rule out these injuries.

Let me make it even simpler. The way to study these harms is to engage the basic scientific method used all the time to assess if a product causes an injury: compare those receiving the product with those who have not received the product. That is just basic science. Meaning,

you compare one group getting the weight loss pill with another group that doesn't receive any weight loss pill, track them for a few years, and compare all health outcomes. Boom – now you can get some real safety and efficacy data.

But with vaccines that does *not* happen before or after licensure. Yet it can. There is certainly no ethical issue with doing it before licensure, but that virtually never happens. After licensure, even under existing ethics rules, existing databases can be used to compare the health outcomes between exposed (vaccinated) and unexposed (no vaccines) groups.

Parents, organizations, etc., have been demanding this study for decades. Do you think it hasn't been done? Or do you think it has been done but hasn't been published? Let's add some meat to the bones of these questions.

Vaccinated v. Unvaccinated Studies

Plenty of the studies—even those conducted by pharma and federal agencies, if you read between the lines—reflect that vaccines can cause serious harm. But the real way to assess vaccine safety is to start by comparing vaccinated and unvaccinated children, which can be easily and ethically accomplished using existing databases that already have this health data.

The issue isn't whether it can be done, but whether those with the resources will do it—and then actually publish the results.

Nothing brings the imbalance in resources between the Vaccines Amen crowd and those outside this religious order into sharper relief than published studies comparing vaccinated and unvaccinated children. There are a handful of such studies, but none of them are funded by pharma or the public “health” apparatus. They have been conducted by researchers using a shoestring budget because there *is* no deep pocket willing to fund these studies.

What do the few such studies show? The findings are incredibly concerning which is why pharma and “health” agencies use their multi-billion-dollar machine to wage war against these few brave scientists and the articles they have dared to publish. Before we discuss these few studies, let's start with a bit of background on conducting a vaccinated versus unvaccinated study.

Over a decade ago, HHS commissioned the IOM to review the overall safety of the CDC childhood schedule “to identify health outcomes associated with some aspect of the childhood immunization schedule,” including “asthma, autoimmunity, autism, other neurodevelopmental disorders (e.g., learning disabilities, tics, behavioral disorders, and intellectual disability), seizures, and epilepsy.”¹²⁴ This is not an IOM report we

have previously discussed, as it did not focus on individual vaccines but rather on the safety of the CDC childhood vaccine schedule as a whole.

After the IOM conducted its review, instead of providing answers, its report revealed that no studies had ever been conducted which compared the health outcomes of children receiving the CDC's childhood vaccine schedule with children who did not receive any vaccines. As the IOM explained:

[N]o study ... compared the differences in health outcomes ... between entirely unimmunized populations of children and fully immunized children. Experts who addressed the committee pointed not to a body of evidence that had been overlooked but rather to the fact that existing research has not been designed to test the entire immunization schedule. ...

[Also,] studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted.¹²⁵

Even when the IOM committee expanded its search for any evidence that could help it assess the safety of the CDC's childhood vaccine schedule, it stated that it "found a paucity of information, scientific or otherwise, that addressed the risk of adverse events in association with the complete recommended immunization schedule."¹²⁶

Due to the lack of science regarding the safety of the CDC's vaccine schedule, the best the IOM could do was conclude: "There is no evidence that the schedule is not safe."¹²⁷ Left unsaid, but equally true: **there is no evidence that the schedule is safe.**

Equally troubling is that despite acute adverse events such as inconsolable crying or extreme lethargy in recently vaccinated babies that can last for days, the IOM acknowledges that science does not yet even know "if there is a relationship between short-term adverse events following vaccination and long-term health issues."¹²⁸

I can already hear screams from the Vaccines Amen crowd that it would be unethical to conduct a vaccinated versus unvaccinated study. But this claim is without merit. Putting aside that it is unethical for the CDC to continue promoting its childhood vaccine schedule as proven safe without the data to support this claim, there are simple ways to ethically conduct studies comparing vaccinated and unvaccinated children. For example, use *existing* health databases that already have data for unvaccinated children. Simple. Even the IOM's report from 2013 asserts it "is possible to make this comparison [between vaccinated and

unvaccinated children] through analyses of patient information contained in large databases such as VSD [the Vaccine Safety Datalink]."¹²⁹

To date, neither the CDC nor any other agency within HHS has published such a study. It's hard to imagine they would not have published this study *if* it showed vaccinated children were healthier. I would imagine they would be overjoyed to publish a study that finds vaccines do not cause serious harm and, in the process, rebuts the vaccinated versus unvaccinated studies, some of which we will review shortly, that show significant harm from vaccines.

Instead of using the VSD to publish a relatively simple study comparing health outcomes between vaccinated and unvaccinated children, which the IOM said could be conducted, what did the CDC do? It expended a ton of resources and taxpayer dollars to publish a 64-page white paper regarding how to conduct such studies using the VSD.¹³⁰

Incredibly, this CDC white paper acknowledges that many chronic disorders children are experiencing today in epidemic numbers are biologically plausible outcomes from the CDC's childhood vaccine schedule, but have not yet been properly studied.¹³¹ Yet the CDC has still not published a vaccinated versus unvaccinated study despite passage of over a decade since the IOM called for it, and the CDC white paper that resulted from that call to action. Think about it: if they wanted to show the "anti-vaxxers" are wrong, why not just publish this study?

Let me put it this way. No such study has been *published*. But has it been *conducted*? Maybe it was conducted, but not published, because it produced results that do not fit the beliefs about vaccines? I will let others speculate. In the meantime, let's review studies and other data that are publicly available, comparing health outcomes between vaccinated and unvaccinated children.

We start with a pilot study from the School of Public Health at Jackson State University which found that 32% of vaccinated preterm babies had a neurodevelopmental disorder while 0% of the unvaccinated preterm babies had a neurodevelopmental disorder.¹³² A startling and disturbing finding.

Another study by the same group at the School of Public Health at Jackson State University found that vaccinated children, compared to unvaccinated children (receiving no vaccines), had a statistically significant 74% *decreased* risk of being diagnosed with a case of chickenpox and a 70% *decreased* risk of being diagnosed with a case of pertussis.¹³³ I trust vaccinologists would agree with this finding as it fits their beliefs. But this same study also found that vaccinated children had a statistically significant *increased* risk of 290% for allergies, 320% for ADHD, 320% for autism, 190% for eczema, 420% for learning disabilities, and 270% for any neurodevelopmental disorder. Overall,

vaccinated children had a 140% increased risk of any chronic condition.¹³⁴ I trust vaccinologists would *not* agree with this finding as it does not fit their beliefs.

Let's look at one other study. In this study, published in Sage Open Medicine, researchers aggregated data from three U.S. medical practices. The health outcomes of the vaccinated and unvaccinated children born between 2005 and 2015 in these three medical practices were compared. The study found that vaccinated children, compared to unvaccinated children, had a statistically significant increased rate of 118% for developmental delay, 349% for asthma, and 113% for ear infections.¹³⁵ These concerning findings matched the findings from the School of Public Health at Jackson State University.

Let me also share two examples from outside the medical literature. The first was a project in which the NYS School Health Examination Form, completed by a doctor for each child, was collected for every unvaccinated child within four contiguous school districts in Ulster County, NY.¹³⁶ By including all of the unvaccinated children in these districts, it sought to avoid selection bias and cherry-picking. To ensure accuracy an MD also interviewed each family to confirm the information on the medical forms. The health of these unvaccinated children was then compared to the background health of all children, obviously most of whom are vaccinated.

These results were provided to our firm, and we sent a letter that included the following table, to the New York State Department of Health (**NYS DOH**):

Condition	Rate in Unvaccinated Ulster Children	Background Rate
Allergy – Food	2%	8%
Allergy – Environmental	2%	8.4%
Asthma	1%	7.5%
Seizures	0%	0.6%
Diabetes	0%	Type 1: 22.3 per 100,000 Type 2: 13.8 per 100,000
Autism Spectrum Disorder	0%	1 in 54 children
Attention Deficit Hyperactivity Disorder	2%	9.4%
Eczema	1%	12%

Our letter concluded by stating: "The Ulster Children are the living proof that unvaccinated children have far better health outcomes than vaccinated children" and requested that if the department "contest[s] these results, [that it] please provide the scientific support that reflects that vaccinated children have better long-term health outcomes than the

unvaccinated.”¹³⁷ The NYS DOH’s response never provided any such support, nor addressed or contested the findings regarding the Ulster children, and hence our follow-up letter to the department stated:

The New York State Department of Health has an annual budget of approximately \$88.5 billion and a specific focus on promoting vaccines. In fact, a significant portion of your agency’s efforts are geared toward promoting vaccines, encouraging the public they are safe, and otherwise increasing vaccination rates. It would therefore be within your interest to share studies which, in fact, support the safety of the childhood vaccine schedule. The fact that you have not done so to date appears a clear and plain admission that you have no such studies.

As public servants, you should be reticent to continue to mandate a liability-free product to children without proper safety studies. Your assumptions regarding these products are akin to beliefs; you believe the assumptions are true without evidence, even in the face of evidence to the contrary. Parents should not have to participate in your beliefs about these products. They prefer to rely on the data, the studies, and their family’s experiences regarding these products, which show that their children are healthier than those that participate in your mandated schedule of dozens of injections of these products per child.¹³⁸

The NYS DOH never provided any supporting data or studies to contest the findings shared with it. Instead of contravening data or studies, the department plainly relied upon its beliefs and ideology to guide it.

Bringing this into sharp focus, the NYS DOH decided to wage war on the Amish community, seeking to levy financially ruinous fines on them unless they vaccinate their children. My firm has the privilege of representing the three Amish schools that received these violations. The sworn court papers in this case evidenced to the Court that the families with children in these three Amish schools have a total of 168 unvaccinated children (no vaccines) and that none of these children have any of the chronic health issues that plague children in the United States.

We also provided sworn expert evidence to the Court attesting that among a random sample of 168 U.S. children, one would expect to find (based on the background rate of chronic disease among U.S.

children) 31 cases of environmental allergies, 15 cases of ADHD, 10 cases of asthma, 9 cases of food allergies, and 4 cases of ASD. Yet, the 168 unvaccinated Amish children whose families New York wants to persecute are free from the chronic health conditions—all related to some form of immune system dysregulation¹³⁹—that plague the vaccinated communities in New York.¹⁴⁰

Since vaccination is supposedly about improving health, and the Amish who do not vaccinate are clearly healthier, one would expect the NYS DOH to leave them alone. But that is not how this religion works. The vaccine zealots in the NYS DOH cannot stand that the Amish refuse to abandon their beliefs in favor of the religious beliefs held by the NYS DOH officials regarding vaccines. The "health" officials are willing to sacrifice the way of life and belief system of these Amish children and their community, that has kept them far healthier, if they refuse to bend the knee to adopt cult-like vaccine beliefs.

These "health" officials also apparently cannot stand that the Amish children are healthier and are even willing to wage war against them until they submit and receive every vaccine New York demands—so they can be just as "healthy" as all the children outside the Amish community.

The Amish earnestly seek to avoid conflict but because violating their sincerely held religious beliefs is not an option, they have been placed in the impossible position of being required to leave New York to simply send their healthy children to Amish schools on Amish land. As of this writing, my firm, along with co-counsel, continues to litigate on behalf of the Amish to defend their freedom to practice their religion in peace.

There is one more large-scale vaccinated versus unvaccinated study that will be discussed in the next chapter, which, until the release of this book has not been made public. But before that, I need to address one final retort I can already hear the Vaccines Amen crowd screaming.

"But We Have Vaccine Safety Surveillance Systems in the CDC!"

The last argument I will often hear, after it becomes plain that pre- and post-licensure clinical trials and studies do not affirm vaccine safety is that "we know vaccines are safe because we have vaccine safety systems in the CDC that monitor and assure safety." Sadly, these systems, if anything, raise the concern level regarding vaccine safety to a fever pitch.

VAERS

The first system we will discuss is the Vaccine Adverse Event Reporting System (**VAERS**). It is jointly administered by the CDC and the

FDA. It is a passive reporting system to which anyone can submit reports of an injury after vaccination. However, the vast majority of reports come from pharma companies, health care providers, and state immunization programs.¹⁴¹

The CDC is emphatic that VAERS can never be used to establish causation between a vaccine and an injury and, at best, can be used for signal detection. So, let me repeat, the CDC states VAERS can never be used to claim a vaccine causes a harm. Yet, while it cannot be used to claim a vaccine causes a harm, the CDC and other “health” officials routinely use VAERS data to claim vaccines are safe. It makes sense when you understand it is a religion.

Taking a look at a period of time prior to Covid-19 vaccines, between 2013 and 2018, VAERS received 261,294 reports of adverse vaccine events, including 2,081 deaths, 5,477 permanent disabilities, and 20,778 hospitalizations.¹⁴² Those numbers alone are concerning but they become even more concerning when, as explained by a Harvard study, you understand that “fewer than 1% of vaccine adverse events are reported.”¹⁴³

Let’s take a closer look at that Harvard study. In 2006, AHRQ provided a one million dollar grant to create a software program at Harvard Pilgrim Health Care that would automate reporting injuries after vaccination to VAERS.¹⁴⁴ The reason to automate VAERS reporting is that health care professionals are extremely busy, and completing a VAERS report, even if they had plenty of free time, is extremely burdensome and time consuming. This is just one of the reasons for massive underreporting.

Turning back to the AHRQ-funded study, the result was the successful creation of a system at Harvard Pilgrim which automatically created adverse vaccine event reports. Great. And here is what they found during the three years they were automatically capturing potential adverse vaccine reactions:

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions ... were identified.¹⁴⁵

Meaning, once they automated capturing injuries after vaccination, they found 35,570 reportable reactions in just 376,452 vaccine recipients.¹⁴⁶ That is a concerning figure.

Even more concerning is that the CDC refused to cooperate with integrating this new program with VAERS. After creating the software

program that automatically created VAERS reports, its Harvard developers asked the CDC to take the final step of linking VAERS with the Harvard Pilgrim system so that these reports could be automatically transmitted into VAERS.¹⁴⁷ You would hope the CDC would rush to take this final step to help improve vaccine safety, but as you already know, that is not how this religion works. Instead, the CDC refused to cooperate. As the Harvard researchers explained:

Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.¹⁴⁸

Basically, the CDC said, "hey, your results don't match our beliefs, so we are just going to ignore you!" And with that, the CDC refused to even communicate with the Harvard Medical School researchers being funded by AHRQ.

The reason the CDC says that VAERS cannot be used to determine whether a vaccine causes a harm is that, while you have the numerator of people harmed, you don't know the denominator to use to get a rate of harm. Automating VAERS reports from a fixed pool of people would have resolved this issue. This is precisely what the CDC was plainly intent on preventing: the ability to actually be able to assess causation between a harm and a vaccine, using VAERS. This is not just speculation. Read the exchange between HHS and ICAN on this point and I trust you will agree—see endnote to this sentence for that exchange.¹⁴⁹

One thing that is clear from the CDC's refusal to automate VAERS is that its focus is to protect its holy grail, vaccines, from any criticism, not to guard childhood health. Consider that the CDC long ago developed and championed electronic systems that track the movement of every vaccine from pharma companies to the point of injection, and systems that track the vaccination status of every child in each state.¹⁵⁰ Yet it cannot automate VAERS—even though a system to do precisely that was developed almost two decades ago? The reality is that VAERS is like a holy vessel, never to be changed, and its purpose is to be trotted out by the CDC and the FDA to claim a vaccine does not cause a harm, when needed, but almost never to claim a vaccine does cause a harm.

To leave no doubt whatsoever on this point, let me show you what the CDC did when its own analysis of the VAERS data revealed massive safety signals for numerous harms from Covid-19 vaccines. On December 4, 2020, before the first Covid-19 vaccine was rolled out in

the United States on December 10, 2020, the CDC released the VAERS Standard Operating Procedures for Covid-19 (**VAERS SOP**), which explained how it would analyze VAERS data to detect potential safety signals for the Covid-19 vaccines. The VAERS SOP stated in relevant part as follows:

The analyses for COVID-19 vaccine safety signals will focus on ... Proportional Reporting Ratios [PRR] and Empirical Bayesian [EB] Geometric Means. Both have published literature suggesting criteria for detecting “signals”. PRR will be used at CDC for potential signal detection; Empirical Bayesian data mining will be performed by FDA.¹⁵¹

Meaning, the CDC planned to conduct safety signal monitoring using Proportional Reporting Ratios (**PRR**), and the FDA planned to conduct safety signal monitoring using Empirical Bayesian (**EB**) data mining.

Our firm requested the PRR signal detection data from the CDC through FOIA on June 30, 2022.¹⁵² The CDC responded on July 29, 2022, that it had *not* conducted PRR analyses and only performed EB analysis. The response stated, in relevant part:

[I]t was determined that the Proportional Reporting Ratio (PRR) analyses would not be performed. Instead, the ... FDA performs Empirical Bayesian (EB) data mining with VAERS data. EB ... is considered the “gold standard” ... [and despite] no written communications regarding the use of EB over PRR ... [it] was assumed to be the preferred method of detecting safety signals among COVID-19 vaccines. PRR is included in the SOP [reviewed above] as a potential alternative ... but EB was always understood to be the superior method.¹⁵³

The issue with this response is that the CDC’s claim it did not perform PRR was false.

How do I know? Because on September 2, 2022, after pressure from Senator Ron Johnson on this issue, the CDC Director finally admitted to Senator Johnson that PRR had in fact been performed, stating: “CDC performed PRR analysis between March 25, 2022, through July 31, 2022.”¹⁵⁴ Our firm then sued the CDC based on this admission and ultimately received 51 Excel files containing PRR data.¹⁵⁵

These files showed that the CDC’s own threshold for triggering a safety signal was blown away for numerous serious adverse events. The

CDC's own VAERS SOP, which we reviewed above, defined a safety signal as a PRR of 2 or above. Here is just a small sample of PRR results related to adults for various conditions from the CDC's own analysis (up to March 18, 2022) that it tried to hide from us by falsely claiming it never did this analysis (keeping in mind, again, any PRR of 2 or above reflects a safety signal, according to the CDC):¹⁵⁶

Condition	PRR
Intermenstrual Bleeding	73.72
Heavy Menstrual Bleeding	63.05
Postmenopausal Haemorrhage	57.63
Pulmonary Thrombosis (blood clots in pulmonary artery)	52.40
Thrombectomy (medical procedure to remove blood clot)	28.94
Menstrual Disorder	24.99
Left Ventricular Failure (left-side heart failure)	14.91
Bell's Palsy (weakness or paralysis on one side of face)	12.37
Electric Shock Sensation	10.96
Cardiac Failure Acute	8.58
Death	6.25
Tinnitus	4.52

The PRR results the CDC tried to hide from us related to children are equally disturbing. Here is a small sample of a few findings it sought to hide for children ages 5 to 11 years, again noting that a PRR of 2 or above reflected a safety signal (at least when truth was original to the CDC):

Condition	PRR
Multisystem Inflammatory Syndrome	177.62
Bell's Palsy	80.74
Left Ventricular Dysfunction	48.44
Pericardial Effusion (excess fluid surrounding heart)	32.29
Pericarditis (Inflammation around the heart)	32.29
Menstrual Disorder	21.53
Menstruation Irregular	17.94
Ventricular Extrasystoles (extra heartbeats)	8.97

When the CDC was confronted with the above data that it sought to hide from the public, it advised Senator Johnson that it was no longer relying upon PRR and instead would only rely upon FDA's EB data mining. As the CDC Director wrote to Senator Johnson:

CDC and the Food and Drug Administration (FDA) chose to rely on Empirical Bayesian (EB) data mining—a more robust technique used to analyze disproportionate reporting—rather than PRR calculations to mitigate potential false signals. ... Given the strength of the EB data mining method, CDC and FDA plan to continue relying upon EB data mining moving forward.¹⁵⁷

Given that the CDC decided to abandon the PRR data and rely upon the EB data, our firm requested the EB data mining results from the FDA through FOIA and was denied. Hence, we sued the FDA in federal court, and in response, the agency filed a motion requesting that the litigation be stayed for at least 18 months due to supposed resource constraints, crying in large part about how our firm sues the FDA too much, which we explained would be unnecessary if they were just transparent with the public.¹⁵⁸ As of this writing, that federal lawsuit has been going on for over two and a half years with no end in sight as the FDA is fighting like hell to keep that data hidden.

This example should provide another window into how the CDC uses VAERS. To be sure, for the very few adverse reactions the CDC is willing to recognize, it touts VAERS with regard to those reactions. But outside the very few harms the CDC is willing to recognize, which it does to claim it cares about safety, when the reality is it doesn't, it uses VAERS to affirm to the public its *a priori* belief that vaccines are safe.

VSD

The next system that vaccine apologists point to is the Vaccine Safety Datalink (**VSD**) which is a database that contains the vaccination history and medical diagnostic codes (which would reflect what medical conditions a person may have) for over 10 million Americans. While this system could be helpful in assessing vaccine safety, it currently is not. Instead of being used to improve safety, it is used as a tool to silence vaccine critics and expand vaccine recommendations, even for unlicensed off-label uses.

Until around 2001, the VSD was maintained at the CDC. Until that time, independent scientists who are not devout vaccine zealots were able to obtain access to the VSD at the request of members of Congress and through other legal means. The issue for the CDC is that those scientists' studies found that vaccines cause various harms. The CDC could not have that. So, the CDC moved the VSD to a health industry trade association in 2001 to avoid having the VSD data subject

to FOIA, and to assure that only the scientists and studies it approves, and whose results conform with CDC's policy that vaccines are safe and effective, meaning fit its beliefs, utilize the VSD and get published.¹⁵⁹

This means any study published using the VSD cannot be relied upon due to selection bias, since only studies matching the CDC's beliefs are published. If ten other studies using VSD on the same issue did not match its beliefs, they simply would not have been published. This selection bias renders any study published using the VSD unreliable because there may be a dozen other similar studies that reached the opposite result that simply were not published.

If that were not reason enough to discount any study using the VSD, every study published using the VSD violates the most basic scientific standards and process because the underlying data are almost never available for inspection by the public and other scientists.¹⁶⁰ Refusal to make these data available is another reason to not rely on any VSD study, as they cannot be reproduced by independent scientists. The lack of transparency and reproducibility violates core features of the scientific method.

Consider that HHS regulations provide severe penalties if researchers, using HHS funding, refuse to share data underlying their studies, but yet the CDC does not apply this same standard to its own VSD studies.¹⁶¹ That is because vaccine science is not science. It is religion.

It gets worse because the secret studies that the CDC performs using the VSD with secret data are virtually all squarely aimed at increasing vaccine uptake, even for uses and in populations not approved by the FDA.¹⁶²

What the VSD should be used for is to assess the actual safety of vaccines, including the long-term impact of vaccination. As the CDC has even acknowledged, public stakeholders "have expressed more concerns about long-term than short-term health outcomes" and "long-term health outcomes have been less well-studied in the context of vaccine safety," but VSD is currently geared toward assessing short-term, and not long-term, health outcomes:

The current safety surveillance systems such as the VSD ... already have extensive systems in place to assess short-term outcomes ... [despite the fact] the childhood immunization schedule is essentially a long-term exposure, occurring over 18 to 24 months, [and hence] long-term adverse events may be more biologically plausible than short-term events.¹⁶³

And when these studies are finally conducted, they should not be conducted by the CDC's Immunization Safety Office which, as discussed, works to increase vaccine uptake, communicates about setting policy with pharma companies, and has even been accused by a Senior Scientist at the CDC of fraudulently modifying results of prior vaccine studies, including for the purpose of avoiding liability for HHS in Vaccine Court.¹⁶⁴

Nor should the studies be conducted by any organization that would suffer any financial and/or reputational harm from a finding that vaccines can cause certain harms. Which would, of course, disqualify HHS or its subagencies from conducting these studies. This is because any finding that vaccines cause, for example, 1 in 5 cases of either allergic rhinitis, ADHD, learning disabilities, or neurodevelopmental delay, all of which studies have found to be related to vaccination, would result in trillions of dollars of liability and a loss of public confidence in HHS and its subagencies.¹⁶⁵

Of course, if HHS and the CDC were confident in the safety of childhood vaccines (and cared at all about preventing harm to children from vaccine products), they would simply make the deidentified data in the VSD available to the public. After all, it is paid for by taxpayers. This way, independent scientists could conduct vaccine safety studies. But that is not how the religion of vaccines works.¹⁶⁶

V-SAFE

Next up is V-safe. With the spotlight on Covid-19 vaccines, the CDC plainly realized VAERS and VSD, and the way the CDC uses them, would not survive public scrutiny. So, it rolled out a new vaccine safety monitoring system, called V-safe. With that, the CDC assured the public, "COVID-19 vaccines are being administered under **the most intensive vaccine safety monitoring effort in U.S. history.**"¹⁶⁷ The details in this section are a bit thick, but once you understand V-safe, it provides a great big picture example of how the religion of vaccines works.

As explained by the CDC, "V-safe is a smartphone-based tool that uses text messaging and web surveys to give personalized health check-ins after you receive a COVID-19 vaccine" and "quickly tell CDC if you have any side effects after getting a COVID-19 vaccine" which "information helps CDC monitor the safety of COVID-19 vaccines in near real time."¹⁶⁸ The CDC also represents that: "This information helps us communicate timely and transparent information about the safety of vaccines to public health officials, healthcare providers, and the public."¹⁶⁹

On November 19, 2020, the CDC published a protocol for developing V-safe titled "V-safe active surveillance for COVID-19 vaccine safety" (**V-Safe Protocol**).¹⁷⁰ The V-Safe Protocol explains that: "The purpose of v-safe surveillance is to rapidly characterize the safety profile of COVID-19 vaccines when given outside a clinical trial setting and to detect and evaluate clinically important adverse events and safety issues that might impact policy or regulatory decisions."¹⁷¹

That all sounds great. Now let's look at the reality. In terms of users, V-safe was launched simultaneously with the release of the first Covid-19 vaccine in December 2020. Nine million of the approximately 10 million V-safe users registered between December 2020 and April 2021.¹⁷²

This period from December 2020 to April 2021 was when many were excited to get this vaccine, and there were no mandates. Most V-safe users were likely vaccine enthusiasts and signed up to participate in its roll-out, not report issues. The data submitted by 10 million V-safe users, therefore, is likely a good reflection of the experience of the larger population of 265 million Americans who received at least one dose of a Covid-19 vaccine. The 10 million V-safe users, if anything, may have been prone to *underreport* health impacts, not overreport, since most were likely vaccine enthusiasts.

V-safe collected data from users in two ways. The first was check-the-box options limited to (a) symptoms and (b) health impacts. The second allowed users to enter information in free-text fields, up to a certain character limit.

For the check-the-box symptoms, V-safe users were asked to select one or more of 10 listed symptoms that occurred within the first week after vaccination. These symptoms are those that the CDC says are normal after vaccination and are a sign the vaccine is working by producing an immune response. As the CDC explains: "Any side effects from getting the vaccine are normal signs the body is building protection."¹⁷³ Meaning, the check-the-box symptoms data collected by V-safe was effectively useless for assessing safety of the Covid-19 vaccines. Indeed, the 10 million V-safe users reported over 70 million check-the-box symptoms, and this did not raise any concerns for the CDC as seen from the numerous studies the CDC published with very high rates of symptoms.¹⁷⁴

Here is a recreated image of a survey sent to V-safe users during the first week after injection:

Symptom Check

Since your COVID-19 Vaccination have you had any of these symptoms at or near the injection site?

Select all that apply

- ☐ Pain ☐ Redness ☐ Swelling ☐ Itching ☐ None

Have you experienced any of these symptoms today?

Select all that apply

- ☐ Chills
☐ Headache
☐ Joint pains
☐ Muscle or body aches
☐ Fatigue or tiredness
☐ Nausea
☐ Vomiting
☐ Diarrhea
☐ Abdominal Pain
☐ Rash, not including the immediate area around the injection site
☐ None

Any other symptoms or health conditions you want to report

Health Impact

Did any of the symptoms or health conditions you reported TODAY cause you to:

Select all that apply

- ☐ Be unable to work or attend school
☐ Be unable to do your normal daily activities
☐ Get care from a doctor or other healthcare professional
☐ None of the above

What type of healthcare visit did you have?

- ☐ Telehealth, virtual health, or email health consultation
☐ Outpatient clinic or urgent care clinic visit
☐ Emergency room or emergency department visit
☐ Hospitalization

Other, please describe

Submit

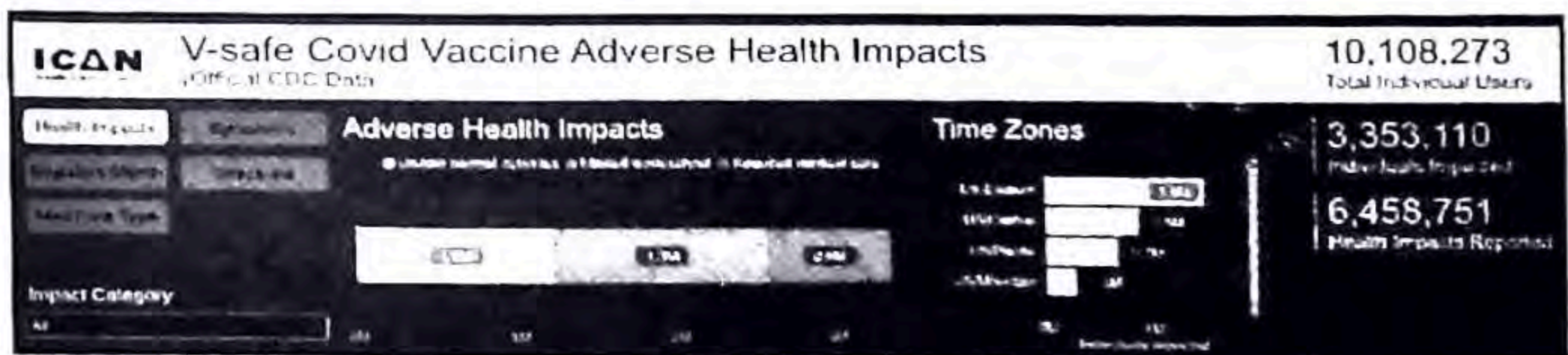
Other than the list of 10 symptoms, the only other check-the-box safety information collected was whether users reported needing medical care, missed school or work, or could not perform normal daily activities (**health impact data**). If a user selected that he or she needed medical care, the user was asked to select whether he or she sought

telehealth, urgent care, emergency care, or was hospitalized (as seen in the image above).

The health impact data was collected weekly for the first six weeks after injection and then at 3, 6, and 12 months. In contrast, the check-the-box symptoms data was collected for only the first week after injection. Since the CDC dubbed V-safe a "real time" surveillance program, it *must be* the health impact data that it planned to use to rapidly detect any safety issues.¹⁷⁵

Since 2021, the CDC has published over 40 studies to support its claim that Covid-19 vaccines are safe. The main data used in these studies are V-safe's health impact data, with a focus on the rate of people who reported needing medical care after the vaccine. The studies formed the core of the CDC's support for the safety of Covid-19 vaccines. However, the CDC in all these studies only reports the *first week* of health impact data after injection. That's it—just one week after injection. Reporting to the public only the first week of health impact data is, at best, highly misleading because the CDC is well aware that injuries from Covid-19 vaccines can occur long after the first week.¹⁷⁶

When we finally obtained the check-the-box data from the CDC, after over two years of legal demands and federal litigation by my firm on behalf of ICAN, it was clear why the CDC wanted to hide this data from the public. The hidden data showed that 7.7% of V-safe users reported needing medical care after a Covid-19 vaccine and an additional 25% of V-safe users reported missing school or work or being unable to do normal activities after the injection.¹⁷⁷



That finding was jaw dropping. It showed that even among the vaccine enthusiasts, nearly 1 in 13 people sought medical care after a Covid-19 vaccine. And it gets worse because, on average, each person seeking medical care sought it 2 to 3 times, and approximately 75% of medical care visits were reported as urgent care, emergency room, or hospitalization.

Since V-safe was supposed to assess safety and the only metric that really assessed safety was seeking medical care, if 1 in 13 V-safe users seeking medical care an average of 2 to 3 times each was not enough to declare a safety issue, it is plain V-safe was not created or designed to *ever* find a safety issue. It was created, as is the CDC's practice, to publicly

claim it is assessing safety but in reality it is just another system designed to affirm the CDC's *a priori* belief and policy that these vaccines are safe.

The CDC could have made V-safe a rapid and robust safety system by simply including check-the-box options for harms that Covid-19 vaccines can or were suspected to cause. For example, a check-the-box option for myocarditis, or at least for chest pain. And here is where this religion truly acts like a cult: the first version of the V-Safe Protocol, issued November 19, 2020, reflecting the intended design of V-safe, specifically identified "Adverse Events of Special Interest" in a chart titled "Prespecified Medical Conditions," but the CDC never included any of these conditions or their symptoms as check-the-box options in V-safe:¹⁷⁸

Attachment 2 Adverse Events of Special Interest	
Prespecified Medical Conditions	
Acute myocardial infarction	
Anaphylaxis	
Coagulopathy	
COVID-19 Disease	
Death*	
Guillain-Barre syndrome	
Kawasaki disease	
Multisystem Inflammatory Syndrome in children ¹	
Multisystem Inflammatory Syndrome in adults ²	
Myocarditis Pericarditis	
Narcolepsy Cataplexy	
Pregnancy and Prespecified Conditions	
Seizures Convulsions	
Stroke	
Transverse Myelitis	
* Capture of deaths through v-safe will be limited	

This list of prespecified adverse events of special interest identified for V-safe included, among other conditions, acute myocardial infarction (heart attack), coagulopathy (bleeding disorder), death, GBS, Kawasaki disease, multisystem inflammatory syndrome, myocarditis/pericarditis, narcolepsy/cataplexy, seizures/convulsions, stroke, and transverse myelitis.

A month before issuing the V-safe Protocol, the CDC also identified all but two of these adverse events of special interest in an October 22, 2020 presentation titled "CDC post-authorization/post-licensure safety monitoring of COVID-19 vaccines."¹⁷⁹ Many of these adverse events of special interest were also identified in a July 2020 NEJM article,¹⁸⁰ an October 16, 2020 JAMA article,¹⁸¹ and a different CDC presentation on October 30.¹⁸² And keep in mind the first Covid-19 vaccine was not released until the end of December 2020.

Yet, despite the CDC itself directly identifying these harms of special interest months before the launch of V-safe, including in the protocol for designing V-safe itself, the CDC did *not* include check-the-box options for these conditions *or* for common symptoms of these conditions.

The CDC could have easily taken advantage of this incredible opportunity to make V-safe, with over 10 million users, useful for actually assessing safety by including these events of special interest as check-the-box options for V-safe users. This would have enabled the CDC and the scientific community to easily calculate a rate for which V-safe users developed myocarditis, or other adverse events that had been pre-specified by the CDC as potential problems (*e.g.*, strokes, seizures, etc.) following Covid vaccination.

Instead, the CDC purposely chose to not include any of these adverse events of special interests, or their symptoms, as check-the-box options. Instead, it relegated any potential reporting of these harms to the free-text fields, knowing full well that, among other issues, fewer people would report issues in a free-text field (versus a check-the-box option) and this free-text data would be more difficult to standardize. The CDC also later argued that the free-text data should not be released because it contained protected personal information.

The CDC clearly did not design V-safe with the interests of the public in mind, but rather to collect extremely limited check-the-box data that was most likely to affirm its religious beliefs and publicly-announced policy claim that these products are "safe."

Let me put it this way, the CDC did not design V-safe with the interest of the public in mind – it designed V-safe to ensure that it would affirm its policy that Covid-19 vaccines are safe. Not to actually assess if these products are safe. Let's recap why. The CDC only included check-the-box options for symptoms that the CDC says are normal and good to have as they reflect the vaccine is creating immunity. This is also why it only tracked those symptoms for one week after injection—they were irrelevant to assessing safety. It didn't matter what percentage of people reported them. In fact, the higher the percentage, the more the CDC would say the vaccine was working and creating immunity. Showing its worship of vaccines, and its willingness to sacrifice health to protect its holy vaccines, the CDC purposely left off the check-the-box list of symptoms actual conditions or symptoms that it knew could be caused by Covid-19 vaccines. It then only collected health impact data, which itself was limited, and when even that showed concern, tried to hide it from the public, publishing over 40 studies that only revealed the first week of health impact data. That is until ICAN forced the CDC, after we filed and aggressively litigated two federal lawsuits, to release these data. The CDC's dangerous ideological beliefs should have no place in

public health and its design of V-safe and how it used its data should make that crystal clear.

Post-Licensure Safety Wrap-Up

I just threw a mountain of information at you, so let me also do a very quick recap of this chapter before going to the next. Autism—the issue claimed to have been most thoroughly studied—has not been studied for infant vaccines. The IOM has made plain that, like autism, most of the commonly reported injuries have not been properly studied. HHS's so-called "comprehensive review" also confirms vaccine safety has not been properly studied. Even the injuries pharma companies have a basis to conclude are caused by their vaccines have barely been studied. The CDC's supposed vaccine safety systems do little more than raise serious concerns about vaccine safety. And the few studies that *have* looked at health outcomes between children exposed to vaccines and those not exposed have found the vaccinated had far higher rates of various chronic health conditions. And that is where we turn next.

Chapter 12

The “Science”

If you or anyone else is waiting for a study to be published in a medical journal that the medical establishment deems acceptable, and which conducts a basic comparison of health outcomes between vaccinated and unvaccinated children, you will likely need to wait until the 1986 Act immunity is lifted, pharma’s dominance over the vaccine universe is broken, and those in control choose to place the health of all children ahead of vaccine worship. That claim is not an abstraction. It is reality.

Searching For a Scientist to Conduct the Science

In early 2017, ICAN was searching for a scientist the CDC would trust to access the VSD data. As you may recall, the VSD (the Vaccine Safety Datalink) contains the vaccine information and health codes of over 10 million Americans. The goal was to conduct a vaccinated versus unvaccinated study using the VSD data. Based on what was already published regarding the VSD, it plainly had the data needed to conduct this study. The data was right there in the database: the health data of at least ten thousand unvaccinated children and far more vaccinated children.¹ ICAN just needed someone to get access to this data to compare the health outcomes between these two groups.

Del Bigtree—an Emmy-winning producer, a leading national voice on vaccine safety, and Chief Executive Officer of ICAN—while touring the country promoting the movie *Vaxxed*, had met Dr. Marcus Zervos, who is the head of infectious disease at one of the country’s premier medical institutions. While Dr. Zervos was a vaccine believer, he showed signs of possibly being open to conducting some actual safety science, and maybe, just maybe, even open to having some rational thoughts regarding these products. So, Mr. Bigtree reached out to Dr. Zervos, and he agreed to meet with Mr. Bigtree and me to discuss a potential

vaccinated versus unvaccinated study that would seek to use data within the VSD.

Dr. Zervos was and is the Division Head of Infectious Disease at Henry Ford Health, which has 33,000 team members and over 250 locations.² He is also the Co-Director of the Center for Emerging and Infectious Diseases at Wayne State University, and a principal investigator for pharma companies in vaccine trials.³ This was someone we thought the CDC would trust to access VSD data.

So, we flew to Detroit on a rainy afternoon in early 2017 and met with Dr. Zervos in his office. I really didn't know what to expect. But during our meeting, I was pleasantly surprised to find that Dr. Zervos seemed receptive to the idea of conducting a vaccinated versus unvaccinated study using VSD data. I told him this could be a great opportunity, from his perspective, to publish a study showing that vaccinated children have better health outcomes and thereby "shut the antivaxxers up once and for all."

Dr. Zervos was receptive to conducting this study using the VSD data, but as we discussed the idea, it was clear that there were many complicated hurdles, including whether the CDC would permit anyone, even Dr. Zervos, to conduct this type of study. So, instead, Dr. Zervos and his colleague, epidemiologist Lois Lamerato, Ph.D., suggested a simpler and more rapid approach to conducting this study. Instead of using the VSD data, the idea was to use health data already in the possession of Henry Ford, which interacts with millions of patients annually.

Given the large number of patients in this health system, it undoubtedly would include many unexposed (no vaccines) and exposed (one or more vaccines) children. The health outcomes between these two groups, from birth, could be compared to reveal any potential health differences between them.

Two Requests in Conducting the Study

Once Dr. Zervos appeared committed to performing the study, I made two requests. They were merely requests because I was in no position to dictate or demand anything. The first was that they would publish the study no matter what the result. The second was that the unvaccinated group would truly be unvaccinated—meaning no vaccines—so that the study would actually assess health outcomes between exposed (one or more vaccines) and unexposed (no vaccines) children.

The importance of my first request—that the results be published regardless of outcome—is obvious. If the results showed that vaccinated children were healthier, I had no doubt they would publish the study.

They would readily do so as it would affirm their belief regarding these products and it would be welcomed by their peers, pharma, the media, "health" authorities, and state and federal health agencies. But if the results showed that unvaccinated children were healthier, my concern was that they would be incredibly reticent (to say the least) to publish that finding, as they would likely face a hellfire-and-brimstone backlash from all these same groups. Dr. Zervos looked us right in the eyes and assured us that he was a man of integrity and would publish the results, whatever the finding.

As for my second request concerning the study design, it was important that the study be designed to objectively review the health outcomes between vaccine-exposed and unexposed children. That comparison was the first step in assessing the actual safety of childhood vaccines. It is the most basic science conducted when assessing whether a product causes an injury: you compare those who receive the product with those who don't. If that comparison showed vaccinated children were healthier, then great. If it showed unvaccinated children were healthier, then more granular studies could be conducted to isolate which vaccine(s), at what age(s), etc., could be producing that result.

To conduct this study, Dr. Zervos involved a senior epidemiologist and two statisticians, all of whom worked at Henry Ford Health. All four of them were accomplished in their respective fields. Lois Lamerato, PhD, for example, is an epidemiologist with over 250 published works and a prominent figure at Henry Ford Health where she was the Study Management Division Head in the Department of Public Health Sciences and the principal investigator for several significant studies, including annual CDC-funded influenza surveillance and vaccine effectiveness studies. Dr. Xiaoqin (Amy) Tang, PhD, was a Biostatistician at Henry Ford Health with a focus on biostatistics, comparative effectiveness, and healthcare research, and a professor and Graduate Program Director of Biological Sciences with over 100 published studies and over twelve years of experience in clinical trials and real-world evidence research. The point is these were mainstream, traditional, accomplished scientists who no doubt held orthodox views regarding vaccines.

From what I know, they set off and conducted this study when time permitted without any specific funding for this project, instead utilizing resources already available to them as part of Henry Ford Health, including its existing health data. Despite its basic design, given that this was a side project, apparently conducted during spare time, it was not completed until more than two years after our initial meeting with Dr. Zervos.

The Study is Completed

In early 2020, I received a copy of the study. It showed the results of their analysis comparing children within Henry Ford Health from birth onward who had no exposure (no vaccines) with those who were exposed (one or more vaccines). The results were similar to the findings in the handful of other vaccinated versus unvaccinated studies we reviewed above. Meaning, the results were jaw-dropping.

The difference here is that the study authors were pro-vaccine scientists at a major medical institution, using a large, robust database. There was no basis to call these scientists biased against vaccines; if anything, they all appeared biased in *favor* of vaccines—believers.

The results are astonishing. Their study found that vaccinated children had a statistically significant increased rate of various serious chronic diseases. For example, vaccinated children had 4.29 times the rate of asthma, 3.03 times the rate of atopic disease (a group of allergic conditions), 5.96 times the rate of autoimmune disease, and 5.53 times the rate of neurodevelopmental disorder, which included 3.28 times the rate of developmental delay and 4.47 times the rate of speech disorder. All of these findings were statistically significant.

There were other conditions for which a rate could not be calculated because, while many cases existed among the vaccinated children, there were no cases among the unvaccinated children. For example, while there were many cases of ADHD, learning disability, and tics in the vaccinated group, there were none in the unvaccinated group.

The foregoing is obviously extremely troubling, especially because almost all these chronic diseases result from some form of immune system dysregulation. Many of them also already have some basis in the existing scientific literature linking them to vaccination, but the studies necessary to ascertain the rate and frequency of these harms had not been conducted. This study at Henry Ford finally provided hard figures on the rates at which childhood vaccines may be causing these harms.

You would hope there would have been a race to publish this study. But you already know that this is not how the cult of vaccines works. Despite the prior assurance that the study would be published irrespective of the findings, that did not occur. It was, as I understand, set to be submitted for publication in a medical journal after it was completed, but the researchers did not go through with the submission.

I met with Dr. Lamerato to ask why it was not submitted. She reaffirmed that she and Dr. Zervos both thought their study was well designed, executed, and worthy of publication. The issue, she explained, was that the higher-ups at Henry Ford Health, to whom she was required to send a copy before submission, made it plain that they did not want

it submitted for publication. I kept asking what the substantive grounds were for not submitting it for publication. The reasons provided were easily addressed. They were all plainly pretextual. As we go over the study below, these pretextual reasons are explained and, as you will see, were easily addressed in the study itself by the sensitivity analyses it conducted. Meaning: they were excuses, not reasons to not submit for publication.

The real reason it was not submitted for publication, no doubt, was because of its finding that vaccinated children suffered from multiple times the rate of various serious ailments. Had the finding showed vaccinated children were healthier or at least had the same outcomes as unvaccinated children, then this study would have no doubt been submitted for publication and published many years ago. Instead, it remained hidden from the world.

Dr. Lamerato also expressed concern that doctors would feel uncomfortable if these results were published. Separately, Mr. Bigtree met with Dr. Zervos who, like Dr. Lamerato, said the study was well done but that he would not publish it because he didn't want to lose his job at Henry Ford Health. Mr. Bigtree tried to persuade Dr. Zervos, and I similarly tried to persuade Dr. Lamerato, that protecting as many children as possible from vaccine injuries was more important and should override their expressed concerns about doctors' feelings or protecting anyone's career. We argued that if they did not submit the study for publication, a critical step in saving children from potential vaccine injury would never occur. Still, neither budged. Instead, they proposed that some other group of scientists publish the study, which was logistically and practically almost impossible.

My hope has been that over time they would nonetheless choose to submit the study for publication. After all, it is a retrospective study and hence all it can scientifically conclude is that more study is warranted. It cannot conclude that vaccines cause these conditions. Rather, it shows a statistically significant finding that vaccinated children experience higher rates of certain chronic health conditions which warrants further investigation, including replication by others. Even that was not sufficient to persuade them.

It has now been almost five years, and it is clear this study will never be submitted to a journal. It will not be submitted, let alone published, for one reason: its findings do not match the vaccine dogma. Had it matched the dogma, it would have been published years ago. But because it doesn't, and because publishing this study could result in career suicide for its authors (no matter how perfectly designed and executed the study), this study and every other study like it will not get published. These studies remain hidden from the public. Unpublished.

Discarded. This creates a form of selection bias that results in only studies that affirm the religion of vaccines being published. This is how the “science” around vaccines, unfortunately, has developed. Tails, pharma profits win; heads, vaccine injured children and their families lose.

The Study

With that background, let’s go through this study. By doing so, you will see how well-designed it was, and how its findings may be the most robust findings we may ever have regarding the safety of the CDC’s childhood vaccine schedule. As we go through it, consider how many other similar studies may have been conducted but never published because they showed similar results.

It really is hard to imagine that federal “health” authorities and others have not conducted this study, especially after the IOM said it could be done in 2013, and the CDC spent significant resources in 2015 to publish a white paper on how to conduct such a study. It truly begs the question of whether the study was never conducted or whether it was conducted but the results, like the results of this Henry Ford study, were never submitted for publication.

With that, here is the relevant portion of the cover page of the unpublished Henry Ford study:

Impact of Childhood Vaccination on Short and Long-Term Chronic Health Outcomes in Children: A Birth Cohort Study

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Running head: Association of childhood
vaccination on chronic health in children

Word Count: 292 (Abstract), 4143 (Body)

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Financial Disclosure: This study had no external funding.

And here is a copy of its abstract:

Abstract

Objective: To compare the short and long-term health outcomes, within a captured payer environment, of children exposed to one or more vaccines to those unexposed.

Design: Birth cohort study

Setting: Integrated healthcare system in Michigan.

Participants: 18,468 children born between 2000 and 2016 enrolled in the health system insurance plan.

Main Outcome Measures: Development of a chronic health condition over time.

Results: A total of 18,468 consecutive subjects met eligibility criteria for the study, of which 1,957 had no exposure to vaccination and 16,511 had received at least one vaccine ... [and] exposure to vaccination was independently associated with an increased risk of developing a chronic health condition (HR 2.53, CI 2.16-2.96) ... asthma (HR 4.25, CI 3.23-5.59), autoimmune disease (HR 4.79, CI 1.36-16.94), atopic disease (HR 3.03, CI 2.01-4.57), eczema (HR 1.31, CI 1.13-1.52), and neurodevelopmental disorder (HR 5.53, CI 2.91-10.51). There were no chronic health conditions associated with an increased risk in the unexposed group. The overall probability of being free of a chronic health condition at 10-years of follow up was 43% in the group exposed to vaccination and 83% in the unexposed group.

Conclusion: This study found that exposure to vaccination was independently associated with an overall 2.5-fold increase in the likelihood of developing a chronic health condition, when compared to children unexposed to vaccination. This association was primarily driven by asthma, atopic disease, eczema, autoimmune disease and neurodevelopmental disorders. This suggests

that in certain children, exposure to vaccination may increase the likelihood of developing a chronic health condition, particularly for one of these conditions.

As seen from the abstract, the study isolated 18,468 children in the Henry Ford medical system who were enrolled in that system from birth. This way, the data captured all medical encounters from birth until disenrollment, including what vaccines each child received and the medical conditions they were coded for. Among these 18,468 children, 1,957 had no exposure to vaccination (meaning zero vaccines) and 16,511 had received at least one vaccine during their enrollment, with various levels of exposure.

As expected, the study begins with an ode to the vaccine gods, stating:

Vaccination has reduced the incidence of certain targeted childhood infections and their associated morbidity and mortality. Nonetheless, vaccine hesitancy remains a significant barrier to maintaining and increasing vaccine uptake and the number of parents foregoing all vaccinations has been increasing. Common parental concerns relate to the growth of the vaccine schedule, administering multiple vaccines contemporaneously, and the potential for long-term adverse health outcomes from vaccination. Research addressing these vaccine safety concerns can assist clinicians in discussions with their patients and serve to reassure parents of the overall safety of vaccination.

Hence, the stated goal of the study was to rule out vaccines as the cause of “long-term adverse health outcomes” in order “to reassure parents of the overall safety of vaccination.” Meaning, the intent of the study was to decrease vaccine hesitancy and, thus, increase vaccine uptake.

To achieve this goal, the study explained that it “compared the short and long-term health outcomes, within a captured payer environment, of children unexposed to vaccines with those exposed to one or more vaccines” which “could allay parental concerns and bolster vaccine confidence.”

The study also pointed out that it could not look to the existing pre- and post-licensure safety data to rule out vaccines as the cause because, as you already know, “there is a paucity of data evaluating the impact of vaccination on long-term health outcomes,” the “safety review period in pre-licensure clinical trials is typically of insufficient duration (≤ 30 days) to assess a vaccine’s impact on long-term health

outcomes” and “post-licensure observational studies have” had “mixed results” with regard to whether “vaccines are associated with developing certain health conditions.”

Explaining the reliability of the data used for the study, it points out that “Henry Ford Health System (HFHS) is a large, vertically integrated healthcare system ... with 4.2 million ambulatory care visits annually” and its “Health Alliance Plan (HAP), a non-profit health maintenance organization (HMO) and subsidiary of HFHS, has approximately 570,000 enrolled members.” It then explains that using the vast database of health records in this medical system, the study “evaluated health outcomes of a consecutive cohort of children born between 2000 and 2016 and enrolled in HAP.” “Subjects were observed from birth until the earlier of disenrollment in the plan or December 31, 2017” and data used for the study came from their “medical, clinical and payer records from HFHS and HAP” and was “supplemented with data from the State of Michigan immunization registry.”

To be included in the study, a participant had to be “born and enrolled in HAP for > 60 days between January 1, 2000 and December 31, 2016 with HFHS designated as their primary care system.” The study excluded children born with “congenital conditions present or discovered after birth” because these “exclusions correspond with the objective of evaluating long-term health outcomes in a generally healthy birth cohort.”

The study explained that a “total of 18,468 consecutive subjects met eligibility criteria, of which 1,957 were unexposed and 16,511 were exposed to at least one vaccine.” Among the “exposed,” those who had received one or more vaccines, “the median number of vaccinations was 18.”

Having segregated the total 18,468 children into two groups, exposed and unexposed groups, the study then calculated the “[i]ncidence rates and incidence rate ratios (IRR), based on exposure status prior to developing the condition.” Meaning, it calculated the odds that a vaccinated child would develop a given medical condition versus an unvaccinated child. The Henry Ford researchers conducting this study, no doubt, assumed it would show that the vaccinated children were healthier than, or at least as healthy as, the unvaccinated children.

Instead, they found the following: “Overall, the development of a chronic health condition occurred more often in the group exposed versus unexposed to vaccination ... and was more common in those exposed to vaccination (IRR 2.48, CI 2.12-2.91).” Drilling into specific medical conditions, they explained that a “statistically significant association was found between vaccination and the incidence of asthma,

atopic and autoimmune disease, and mental health and neurodevelopmental disorders including developmental delay and speech disorder.”

The increased risks they found were not small. It wasn't an IRR of 1.02, which would mean a 2% increased risk, or an IRR of 1.11, which would mean an 11% increased risk. Instead, they found the risk increased by hundreds of percentage points. These increases in risk were also statistically significant, meaning they had a confidence interval, a CI, where the lower number of the range was above a 1.

As the study explained: “conditions occurring more frequently in exposed subjects included ear infection (IRR 6.63, CI 5.73-7.66), chronic ear infection (IRR 5.67, CI 4.37-7.37), anaphylaxis (IRR 8.88, CI 1.24-63.47), and asthma attack or bronchospasm (IRR 6.30, CI 3.85-10.31).” It went on to explain that even after accounting for differences between the vaccinated and unvaccinated groups (i.e., multivariate adjustment), it remained true that “vaccination was independently associated with an increased risk of developing a chronic health condition (HR 2.54, CI 2.16-2.97).”

To further validate these findings, because “enrollment time was shorter in the unexposed group,” meaning the unvaccinated children were on average enrolled for less time in the Henry Ford system as compared to the vaccinated children, the study conducted “a sensitivity analysis for developing a chronic health condition ... for subjects enrolled in the health plan for at least 1-year, 3-years and 5-years which demonstrated consistent results.” The result of this sensitivity analysis was: “Vaccine exposure was associated with higher incidence of a chronic health condition for subjects enrolled at least 1-year (IRR 2.75, CI 2.31-3.28), 3-years (IRR 3.38, CI 2.67-4.30), and 5-years (IRR 4.09, CI 2.84-5.90), as well as a higher risk for developing a chronic health condition for subjects enrolled at least 1-year (HR 2.84, CI 2.38-3.38), 3-years (HR 3.48, CI 2.74-4.42), and 5-years (HR 4.05, CI 2.82-5.83).”

Meaning, when excluding from the study children who were not enrolled for certain minimum intervals in the Henry Ford health system, it revealed even greater harm, not less. For example, when they excluded children who were not enrolled for at least 5 years after birth, it showed vaccinated children had 4.05 times the rate of chronic disease (meaning a 305% increased risk), compared to 2.75 times the rate of chronic disease (meaning a 175% increased risk) when looking at children with all enrollment periods. This is because by only including children enrolled for at least 5 years, it excluded the vaccinated children who had not yet had a chance to develop a chronic disease. This type of sensitivity analysis again confirmed the strong validity of the study's results.

The study also wanted to make sure that the conclusions were not due to the possibility that the unvaccinated children went to the doctor less frequently. To address this possibility, the study “conducted a sensitivity analysis by repeating the above analyses using only subjects with at least one [health care] encounter during enrollment.” After doing so, the study found that: “Vaccine exposure was associated with higher incidence of a chronic health condition for subjects with at least one healthcare encounter (IRR 1.83, CI 1.56-2.14) as well as a higher risk for developing a chronic health condition (HR 1.87, CI 1.60-2.19).” Meaning, even excluding the healthiest unvaccinated children, who didn’t ever need medical attention at Henry Ford, the study still found the vaccinated children had a higher rate of chronic health conditions. The study also explained that “many conditions evaluated in this study are serious and cannot be self-treated, such as asthma, diabetes, anaphylaxis, or asthma attack, warranting urgent medical attention,” and these analyses reflect that its “findings do not appear to be due to differential use of health resources.”

I will add that many families that I know never need to seek medical care for their unvaccinated children (while they may for their often vaccine-injured older children) because their unvaccinated children do not suffer from the ailments that plague most American children. This also accords with the health outcomes among unvaccinated children discussed in the previous chapter.

The study describes its “strengths” as follows:

Major strengths of this study are that it evaluated a captured population, enrolled a consecutive birth cohort, evaluated subjects only while enrolled, only relied upon medical records to determine diagnoses, encounters and vaccines administered (unlike prior works which often relied upon parental recall and survey data), had a completely unexposed cohort, and utilized groupings of health conditions, which can reveal relationships that are not apparent when evaluating specific disorders individually (particularly if they are rare).

Though some results were unexpected, others are consistent with conclusions from prior systematic reviews, including by the IOM, such as the accepted causal relationship between vaccination and anaphylaxis, which we observed, or the rejection of a causal relationship between vaccination and cancer or MMR vaccine and

autism. This contributes to the internal validity of this study's findings.

The study described its "limitations" as follows:

This study has limitations. As it is retrospective, we cannot exclude the possibility of unidentified confounders. However, this concern is tempered by the finding of significant associations between vaccination and particular outcomes, with some hazard ratios in the 2.5-6 times risk. We lacked information on socioeconomic status, or potentially relevant post birth factors, such as diet or lifestyle, but did adjust for several important baseline confounders such as gender, ethnicity, gestational age and birthweight. To detect the potential for uncontrolled confounding, the literature suggests evaluating disorders with no expected causal association with vaccination, a control outcome, such as injuries or cancer. Importantly in this regard we found no association between vaccine exposure and cancer. Additionally, we relied on diagnosis codes in administrative data, which is commonly used in epidemiologic research but has some inherent limitations.

Unvaccinated children have less healthcare utilization overall. Well visits coincide with the vaccination schedule and provide more opportunities for assessment and diagnosis in those receiving vaccines, compared to unvaccinated children, which could introduce an ascertainment bias. In this study, exposed children had an average of 7 annual encounters, irrespective of having a chronic health condition. Unexposed children had an average of 2 annual encounters but an average of almost 5 annual encounters if diagnosed with a chronic health condition. This likely demonstrates that when a child had a medical condition, parents sought healthcare. In fact, many conditions evaluated in this study are serious and cannot be self-treated, such as asthma, diabetes, anaphylaxis or asthma attack, warranting urgent medical attention. We nonetheless conducted several sensitivity analyses to explore the influence of healthcare utilization in order to improve the internal validity of this study and minimize potential ascertainment bias. To ensure the

unexposed group's shorter follow-up duration did not influence the results, we repeated the Cox proportional hazards analysis for the chronic health composite outcome for those in the plan for one, three and five years and for those who had at least one healthcare encounter, which demonstrated results consistent with the overall findings. The association between vaccination and developing a chronic health condition was independent of these factors. Therefore, our findings do not appear to be due to differential use of health resources.

Our study solely evaluated whether or not vaccination was associated with clinically relevant outcomes, conditions that currently contribute to the rising chronic health disease burden in children. We did not evaluate the influence of temporal relationships, individual vaccines, or the number of vaccines, which limits this investigation but also minimizes the potential for reverse causality.

The study then provides a conclusion, followed by tables outlining the precise findings for each condition. Here is the study's conclusion:

In this study, we found vaccine exposure in children was associated with an increased risk of developing a chronic health disorder. This association was primarily driven by increased risk for asthma, atopy, eczema, autoimmune disease and neurodevelopmental disorders. This suggests that in certain susceptible children, exposure to vaccination may increase the likelihood of developing a chronic health condition, particularly for one of these conditions. Our preliminary findings cannot prove causality and warrant further investigation.

And now we arrive at the specific findings for each chronic disease the study reviewed.

The following is from a table in the study titled, "Incidence of Chronic Health Conditions Stratified by Vaccine Exposure Status" and reflects the number of instances (denoted as "N") and the rate (denoted as "Incidence per 1,000,000 pt-yrs") of a given medical condition for each group. The rate is critical because there were more children in the exposed (16,511 children) than the unexposed group (1,957 children). Please take a moment to carefully review this table. As you do, you will

note two things: *First*, some of the unvaccinated children have some of the listed chronic health conditions and hence, other environmental insults, aside from vaccines, can certainly cause these conditions. *Second*, for many of the conditions, there were many cases in the vaccinated group but none in the unvaccinated group. When that happened, “[i]ncident rate ratios could not be calculated ... since all cases occurred in the group exposed to vaccination and no cases occurred in the unexposed group.” The reason they cannot be calculated is that calculating a rate breaks down when the incidence is zero. For example, while there were 262 cases of ADHD in the vaccinated group, there were zero in the unvaccinated group. Hence, an IRR could not be calculated for this condition even though, had there been even a single case of ADHD in the unvaccinated group, it would have produced a statistically significant finding of increased risk among the vaccinated group.

With that very long windup, please take a moment to review the table.

Outcome	Any Vaccine Exposure	No Vaccine Exposure	IRR (95% CI)
	N (Incidence per 1,000,000 pt-yrs)	N (Incidence per 1,000,000 pt-yrs)	
Chronic Health Condition	4,732 (277.3)	160 (111.7)	2.48 (2.12-2.91)
Asthma	2,867 (145.6)	52 (35.6)	4.09 (3.11-5.38)
Atopic Disease	946 (41.2)	23 (15.6)	2.64 (1.74-3.99)
Autoimmune Disease	201 (8.4)	2 (1.4)	6.16 (1.53-24.79)
Brain Dysfunction	8 (0.3)	0 (0.0)	∞
Cancer	169 (7.0)	13 (8.8)	0.79 (0.45-1.39)
Diabetes	42 (1.7)	0 (0.0)	∞
Food Allergy	577 (24.3)	30 (20.5)	1.19 (0.82-1.71)
Mental Health Disorder	341 (15.9)	5 (4.5)	3.50 (1.45-8.46)
Neurodevelopmental Disorder	1,029 (50.2)	9 (8.2)	6.15 (3.19-11.86)
ADHD	262 (12.1)	0 (0.0)	∞
Autism	23 (1.1)	1 (0.9)	1.16 (0.16-8.62)
Behavioral Disability	165 (7.6)	0 (0.0)	∞
Developmental Delay	219 (10.1)	3 (2.7)	3.74 (1.20-11.68)
Learning Disability	65 (3.0)	0 (0.0)	∞
Intellectual Disability	5 (0.2)	0 (0.0)	∞
Speech Disorder	463 (21.8)	6 (5.4)	4.02 (1.80-9.00)
Motor Disability	150 (6.9)	2 (1.8)	3.83 (0.95-15.47)
Tics	46 (2.1)	0 (0.0)	∞
Other Psychological Disability	9 (0.4)	0 (0.0)	∞
Neurological Disorder	127 (5.2)	12 (8.1)	0.64 (0.35-1.116)
Seizure Disorder	319 (13.3)	12 (8.2)	1.63 (0.92-2.91)

As you can see from this table, for many conditions, the incidence and rate among the vaccinated is far greater than among the unvaccinated. For many others, no rate could be calculated because, as discussed above, there wasn't a single instance of that condition among the unvaccinated. In the right-most column, the first number is the IRR, the incidence rate ratio, which shows what the rate is among the vaccinated versus unvaccinated children. If the IRR is below a "1" it reflects a *lower* rate of that chronic health condition among the vaccinated. If the IRR is above a "1" it reflects a *higher* rate of that chronic health condition among the vaccinated. As you can see, for most conditions, the IRR is above a 1 and often far above. For example, for neurodevelopmental disorder, the IRR is 6.15 which means the vaccinated had a 515% increased rate of this disorder as compared to the unvaccinated.

To the right of each IRR number are two more numbers represented as a range. This is the confidence interval (or CI). For those unfamiliar with a CI, it reflects the likelihood that the IRR is correct by providing the likely range, above and below the IRR, within which the IRR is likely to fall, if the IRR is not already accurate. For example, returning to neurodevelopmental disorders, the confidence interval is 3.19 to 11.86. This means the actual risk is likely somewhere between 3.19 and 11.86 times increased risk (or somewhere between a 219% and 1,086% increased risk.) Since the lower number of this confidence interval is not below a 1, this finding is considered statistically significant.

With that background, again take a good look at the findings in this table. If these findings are not at all concerning, then Vaccines, Amen. But it doesn't end there.

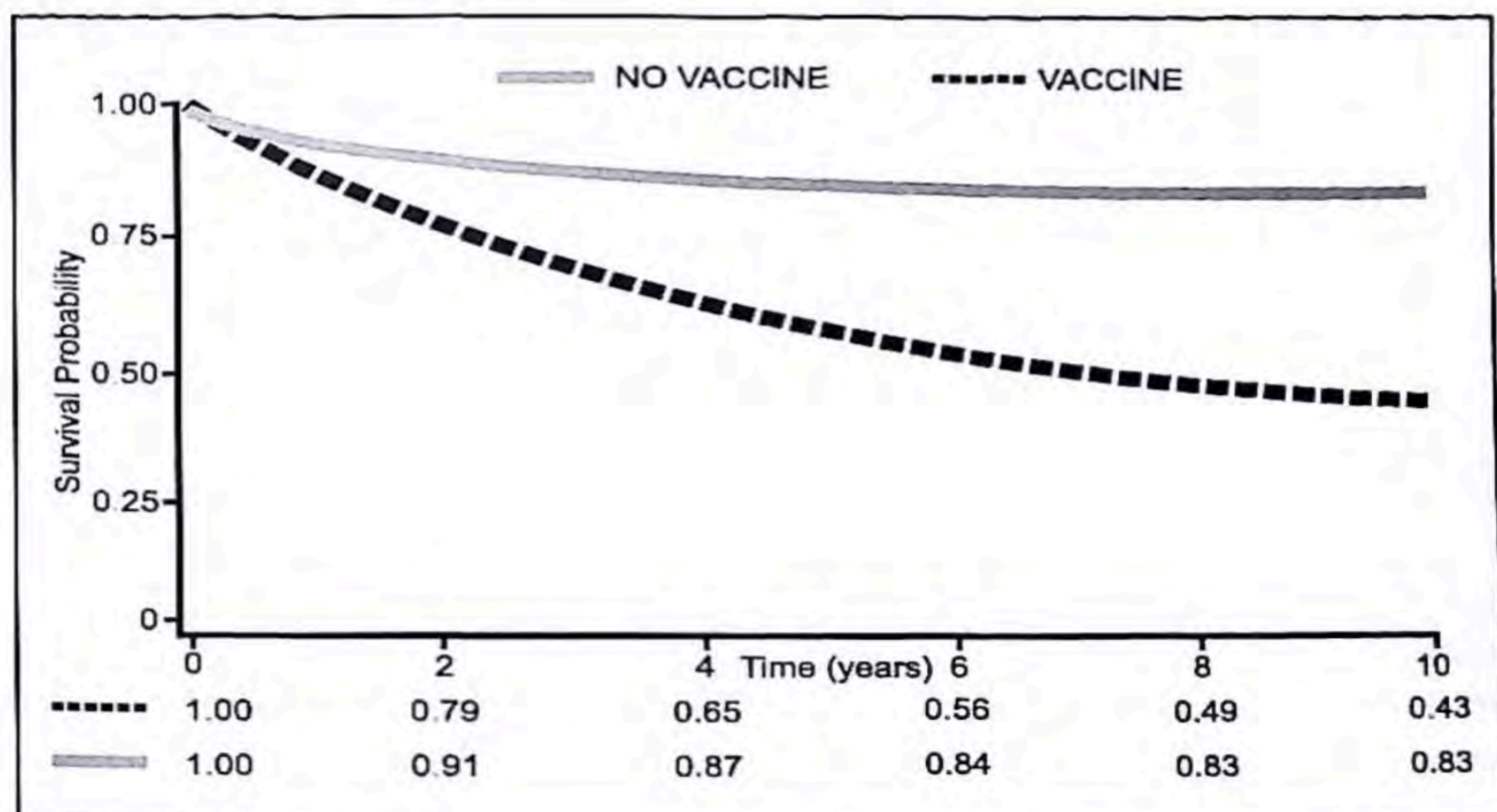
The study then provides a table that adjusts for gender, race, birth weight, respiratory distress at birth, birth trauma, and prematurity. These adjustments are intended to account for potential imbalances between the vaccinated and unvaccinated group for these factors. For example, if there are more members of a certain race in one of these groups, and members of that race are more susceptible to autoimmune disease, these adjustments are intended to account for that difference. As you will see in the following table, which the study titled "Cox Proportional Hazards Regression Analysis for Vaccine Exposure and Development of a Chronic Health Condition," the adjusted hazard ratios are even more concerning. The hazard ratio, or HR, is similar to the IRR as it reflects the increased risk (if above 1) or decreased risk (if below 1) of having a given condition among the vaccinated (as compared to the unvaccinated). The confidence interval, or CI, next to each HR we have already discussed. And the "P" value is another way of reflecting whether the finding is statistically significant; a P value at or below .05 means

the HR finding is statistically significant. With that, please take a close look at these findings.

Outcome	Adjusted HR (95% CI)	P
Chronic Health Condition	2.54 (2.16-2.97)	<0.0001
Asthma	4.29 (3.26-5.65)	<0.0001
Atopic Disease	3.03 (2.01-4.57)	<0.0001
Autoimmune Disease	5.96 (1.48-24.11)	0.02
Brain Dysfunction	∞	
Cancer	0.90 (0.51-1.59)	0.72
Diabetes	∞	
Food Allergy	1.40 (0.97-2.02)	0.07
Mental Health Disorder	1.63 (0.69-3.82)	0.26
Neurodevelopmental Disorder	5.53 (2.91-10.51)	<0.0001
ADHD	∞	
Autism	0.62 (0.10-3.69)	0.60
Behavioral Disability	∞	
Developmental Delay	3.28 (1.13-9.55)	0.03
Intellectual Disability	∞	
Learning Disability	∞	
Motor Disability	2.92 (0.82-10.40)	0.10
Speech Disorder	4.47 (2.05-9.74)	<0.0001
Tics	∞	
Other Psychological Disability	∞	
Neurological Disorder	0.83 (0.46-1.51)	0.55
Seizure Disorder	1.66 (0.94-2.94)	0.08

Here is one last chart from the study that shows the percentage of the vaccinated children who developed at least one chronic health issue over time *versus* the percentage of unvaccinated children who developed at least one chronic health issue over time. This chart reflects that, after 10 years, 43% of the vaccinated children had no diagnosed condition, whereas 83% of the unvaccinated children had no diagnosed condition. Stated inversely, after 10 years, 57% of the vaccinated children had been diagnosed with one or more chronic health conditions, whereas only 17% of the unvaccinated children were diagnosed with one or more chronic health conditions. This differential is startling. Here is a

recreation of the chart, titled "Kaplan Meier Curve: 10-year Chronic Disease-Free Survival by Vaccine Exposure," from the study:



Reviewing these tables and this chart should make it crystal clear why its authors and Henry Ford Health did not want this study published. For the authors, publishing this study would have turned virtually every person and institution in their world against them. Publishing the study would have been the right thing to do. The brave thing to do. But it would have ignited the wrath of nearly everyone and every institution that they know, rely upon, and hold dear. It would have been Armageddon for them.

Of course, if doing the right thing, the moral thing, the ethical thing regarding vaccines did not involve potential social and career suicide, we would not be in the current predicament. If this study, and others like it, were conducted and were published in medical journals, the first scientific step needed to protect children from vaccine injury would have been taken. We *can* do far better than a society in which more than half of our children suffer from a chronic health condition. We can save children from harm from infectious diseases *and* save children from harm from these products.

Every child is precious. No child should be sacrificed on the altar of the religion of vaccines.

Conclusion

A few concluding thoughts and suggestions.

Let's Care for Everyone

We should care about everyone. We should take care of anyone who is or could be harmed by an infectious disease. At the same time, we should take care of anyone who is or could be harmed from vaccines. The harms suffered by those injured by vaccines are just as real as the harms from infectious disease.

The sad reality is that instead of taking care of those injured by a vaccine, the medical community often adds insult to injury. They often disparage those who even dare claim a vaccine caused their or their child's neuropathy, dysautonomia, immune system issues, etc., when they seek medical care for themselves or their children. The case of Maddie de Garay reflects this reality. Her parents signed her up for a clinical trial for a new vaccine, but after being injured, the medical community in which they had put their trust all but abandoned this family, even refusing Maddie treatment for her injuries.

Ironically, those who willingly receive a vaccine and get injured, and then dare share their experience, are often labeled anti-science and anti-vaxxers by many parts of the medical community despite having been vaccinated. But name calling is often the least of their troubles. Claim your child's brain is swelling from a virus, you will get rapid treatment. But claim your child's brain is swelling from a vaccine, you will likely be sent home and some disparaging note will be left in your child's medical record.

Those who then decline further injections of these products based on their experience face exclusion from school and/or employment and infringements on their rights.

Think about Covid. Health authorities and politicians brought our nation to a complete standstill with lockdowns, restrictions, and mandates. Preventing harm from Covid was enough to justify harmful restrictions on every citizen. But how were families who claimed they

lost a loved one from a Covid vaccine treated? Were those same health authorities and politicians willing to bring anything, let alone everything, to a standstill until answers were found? Were they even willing to acknowledge these deaths? How about when the death certificate listed Covid vaccine as the cause of death? I think everyone knows the answer to those questions. Those families were ignored and, worse, often censored, attacked, and gaslit.

It doesn't need to be this way. The first step to resolving this issue is to stop treating vaccines as infallible and instead treat them like what they are: a consumer product sold for profit by a pharma company, with the added "wrinkle" of pharma having no economic self-interest to assure safety and regulators having, at best, duties that directly conflict with their safety duties. Most critically, we need, as a society, to start caring for everyone, including those injured by these products.

It's Not Your Job to Prove It Is Unsafe—It's Theirs to Prove It Is Safe

Somewhere along the line, the normal role of seller and consumer has been inverted with vaccines. For other products, the seller must persuade the consumer its product is safe. When it comes to vaccines, however, you will often hear demands that the consumer prove vaccine products are *not* safe if the consumer does not wish to roll up their sleeve.

Imagine going to buy a car, stroller, cosmetics, etc., and the person seeking to sell you these items expects you to prove they are not safe in order to justify your decision not to choose that product. You would, no doubt, find that laughable and ridiculous. You, of course, expect them to prove to you they are safe. That is the default: the seller convinces you that their product is safe and worth using, and then you decide if you want to use it.

But when it comes to vaccines, the vaccine cult has persuaded large parts of the public that everyone must be injected with a vaccine product and can only refuse if they can prove it is harmful. The default is, you are expected to use the product, and if you want to refuse, the burden is on you to prove it is not safe. That inverts the normal role of consumer and seller.

This inversion is especially troubling for a liability-free product that is injected dozens of times into healthy infants.

It is critical for you to remember that the onus is *not* on you to show that a product someone wants to inject into you or your baby is unsafe. The onus is on that person to prove to you it is safe. It is their burden.

Yes, Think for Yourself

I can already hear the Vaccines Amen crowd flipping out at even the notion that people should think for themselves to any degree when it comes to vaccines. Their approach is that you must repeat the mantras, obey, and inject. No thinking allowed.

They never consider—because they are believing, not thinking—that maybe the issue is not with those refusing to inject, but with the products.

Let me put it this way. If despite the full weight of the federal health agencies, state health agencies, pharma's marketing machine, the medical community, and legacy media all pushing these products, spending billions annually doing so, a group still refuses to partake in these products, the issue may be with the product. Not with those refusing. But the Vaccines Amen crowd never sees it that way.

Some in this crowd even comically claim that anti-vaxxers are a well-funded, well-oiled machine, while ignoring the reality of a multi-billion-dollar annual campaign by pharma that pushes its mantras, a multi-billion-dollar annual public promotion campaign by federal and state "health" agencies, a multi-trillion-dollar health care industry that sings vaccine mantras like a choir, and almost all of legacy media chanting those mantras.

But somehow the few million dollars that flow to groups, mostly from individual and private donors trying to protect informed consent and provide just a bit of balance is unfair?! The issue, which again they cannot accept, is not one of messaging. The issue is one of facts about these products. Like some of the facts reviewed in this book. Facts such as the lack of liability, the lack of proper clinical trials, the lack of proper post-licensure safety, etc.

Ironically, their insistence on engaging in an Inquisition against the small minority who refuses these products has made many of them vocal on this issue, spreading the very facts the Vaccines Amen crowd try desperately to suppress.

If they left this small minority in peace and respected their rights, that would likely quiet most of the resistance faced by the Vaccines Amen crowd. But, instead, like true zealots, they continue to insist the issue is the stubborn refusal of those who will not blindly agree with Vaccines Amen mantras and repeat "safe and effective" without thinking—inject and repeat, inject and repeat. And those refusing to obey—including by asking questions, raising concerns, citing data, quoting studies, referencing trial results, or bringing up the experience of an injured family member or friend—must be censored and have their rights taken away until they obey.

What the Vaccines Amen crowd does not appreciate is that once someone learns the basic facts about these products, they cannot unlearn them. And the more their rights are taken away, the more they will work to amplify what they have learned. My advice: never stop thinking for yourself, and never cower to threats of censorship, mandates, or bullying from the Vaccines Amen crowd. If everyone who thinks for themselves stood their ground, the Vaccines Amen crowd wouldn't stand a chance. Remember that history will not look kindly upon the misguided officials and individuals who seek to expel children from school, fire people from jobs, and otherwise punish people for refusing a medical product.

Those Labeled "Anti-Vaxxers" Are Often Rights-Loving Rational Thinkers

Like all religions, the religion of vaccines brands non-believers with a pejorative it hopes will silence them through the specter of public humiliation and dehumanize them so that anything done to them can be justified. In the religion of vaccines, that pejorative is "anti-vaxxer."

While the Vaccines Amen crowd uses this term as a pejorative, to me, it generally describes someone who: treats vaccines like every other product, makes an informed decision on whether to inject, and does not think people choosing to not be injected should have their rights taken away. Meaning, to me, an "anti-vaxxer" is generally someone who supports informed consent, thinks for themselves, and respects civil and individual rights.

You know who else generally agrees with my view of this term, though unwittingly? *The Merriam-Webster Dictionary*. It defines "anti-vaxxer" as "a person who opposes the use of some or all vaccines, regulations mandating vaccination, or usually both."¹ This means, for example, if you oppose only the Covid-19 vaccines, you are a dictionary definition "anti-vaxxer." If you oppose regulations mandating these vaccines, you again meet the dictionary definition of "anti-vaxxer." If you oppose getting a flu shot or regulations mandating flu shots, that again makes you a dictionary-defined "anti-vaxxer."

What this reflects is that the Vaccines Amen crowd is so radical that its use of the term "anti-vaxxer," as captured by Merriam-Webster's editors, includes anyone opposing any vaccine or any vaccine mandate, and hence encompasses anyone who dares think for themselves and decide against even one vaccine or one vaccine mandate. This means that the term "anti-vaxxer" was unwittingly but accurately defined to mean anyone who dares think before injecting.

The Vaccines Amen crowd's attempt to shame everyone into believing without thinking, is plainly not working. Despite the billions of

dollars spent to promote the Covid-19 vaccine, a majority of Americans oppose receiving and/or mandating this product, and a similar number for the influenza vaccine and certain others. This means a majority of Americans are dictionary-definition “anti-vaxxers.”

Despite this, the Vaccines Amen crowd often slings the term “anti-vaxxer” at those who have made an informed, thoughtful decision to not be injected after reviewing a vaccine product’s primary sources. Yet this crowd considers the act of mindlessly and universally injecting every recommended vaccine to be an informed, thoughtful decision. It is akin to convincing the public that up is down and down is up, but that is what you get after almost 40 years of mostly unchecked power to promote these products.

Stop Politicizing Vaccines

The Vaccines Amen crowd also loves to demand the end to politicizing vaccines. I completely agree. It should end, and every time I hear this demand, I am dumbstruck anew because restricting people’s rights through mandates is what makes vaccines a political issue. To end politicizing these products we must, and we should, stop infringing on the rights of those who refuse one or more of these products.

It is also comical when the Vaccines Amen crowd says, in one form or another, that the claim that vaccines are “safe and effective” should never be politicized, that it should remain purely a medical issue, but then they use this very claim to justify mandating and coercing vaccines. They don’t get that using the claim “safe and effective” to take away people’s rights makes it not only a medical issue but also a political and legal one.

So, I completely agree that we should depoliticize vaccines entirely, but that requires an end to mandating products, using laws to take away the rights of those who refuse to be injected with one or more of these products, censoring the speech of those who refuse to slavishly repeat vaccine mantras, and using taxpayer funds to purchase, promote, and defend these products.

Many, and especially those choosing to decline these products, view vaccine mandates as the civil rights issue of our time. What other group can you exclude from school and public spaces? Suppress their speech? Slander them with abandon, including by the media, politicians, and everyday citizens? The sad irony is that this maligned minority is often made up of vaccine injured adults and children, and their parents or family members, who are often very knowledgeable about these products.

In contrast, I have encountered many politicians and others who know almost nothing about vaccines but express disbelief anyone would

refuse a vaccine. They view those who refuse as “others,” as a threat, which leads to dehumanization; from there, all forms of insult, maltreatment, censorship, coercion, mandates, and worse become justified. With understanding, however, comes reason and humanity. The facts about these products, some set out in this book, will hopefully help provide an understanding as to why some choose to decline one or more vaccines, humanize these individuals, and avoid the worst instincts of man when a group is dehumanized.

Stated another way, for anyone who supports excluding those who decline vaccines from civil society, I hope this book provides an understanding of what may be driving that position. When the “other” is an unknown and viewed as a threat, feelings can drive irrational conduct. With understanding comes reason and humanity.

Everyone does not need to agree. But at least understanding the “why” can help create respect for the decisions others make. Remember, vaccinating is considered the norm. It requires virtually no thinking, no penalty, no social ostracization. It does not typically even require payment. All one needs to do is show up at a pharmacy or doctor’s office.

Again, if one chooses not to vaccinate, there is often a reason the person has taken that position—a position that often comes with serious social, educational, economic, and other consequences. Thus, it is often not a decision made lightly. Yet it is those who make this decision, often after a related life event, serious research, consideration, etc., who are viewed as failing to properly consider their decision when the reality is typically precisely the opposite. To treat everyone with dignity and respect, we do need to end the politicization of vaccines, but this requires ending censorship, mandates, and the entanglement of government with these products.

Persuade on the Merits, Never Use Coercion

The coercion, censorship, and bullying by the medical community must end. If they want someone to inject one of these products, they should persuade on the merits. Inform. Then let each person decide whether or not to consent. If someone refuses to consent, that should be the end of the story. That is what is known as “informed consent”—they were informed and didn’t consent.

Instead, the medical community, led by pharma, lobbies to take away the rights of those who refuse to consent, censors those who dispute any mantras, and expels from civil society those who refuse to be injected. That is antithetical to consent.

It is precisely what dictators, tyrants, authoritarians, and fascists do when they cannot persuade on the merits. They engage in coercion,

censorship, and mandates. They take away rights, censor, punish, and dehumanize adults and children alike, until they get what they want. Mandating a medical product is no different.

Everyone should have the right to get a vaccine. I mean that literally: everyone should have the freedom to choose to receive as many vaccines as they want. That is freedom and I support their right to do so.

At the same time, everyone should be free to refuse a medical product. That is also freedom. Anything less violates the basic rights of bodily integrity, informed consent, and basic freedoms.

To make clear how critical this right is, think about it this way: if you cannot go to school, get a job, enter public spaces, or utilize public transportation or commercial airlines if you refuse a medical procedure the government requires, then you basically have no rights. You become a prisoner in your own home, unable to get an education, earn a living, or participate in civil society. That is why the right to choose whether to get a medical procedure, without any coercion, is a fundamental right.

In response to advocating for this basic right, I often get asked, "What if there was a virus that killed 50% of those infected? Would you still oppose vaccine mandates for this virus?" My response is the same. If you cannot persuade people to take a vaccine in the face of a virus with a mortality rate of 50%, then there is likely a *very* serious issue with the product; and, again, everyone who wants can still get injected, but everyone should (here come the scary words) have the right to say "no."

This hypothetical also ignores the reality that a virus that causes severe disease or death often evolves relatively rapidly to become less virulent because natural selection generally favors transmission of variants that keep those infected alive and well enough to interact with others so that the virus can continue to live on and spread. But facts about virology are, of course, often beside the point when it comes to vaccines.

For anyone who is not persuaded as to the importance of the right to say "no" to an existing medical procedure, without coercion or penalty—likely because you currently face no mandate with which you have an issue complying—remember there may come a day when there is a vaccine or some other medical product that you do *not* want to receive yet the government decides you should. You will then feel the life-crushing impact of not having the right to say "no" to a mandated medical product. When that day comes, it may be too late to stand up for the fundamental right to informed consent because rights ceded to the government are rarely returned.

Also keep in mind that if we only protect individual rights when it is easy to do so or when those rights are valued by the majority, then rights are of little value. Rights exist precisely for moments when they are exercised by a minority, when they are unpopular, or when they are

difficult to honor. The right to say "no" to a medical product, without government penalty, should be a bright line. This right does not prevent anyone from receiving a vaccine. Nor does it prevent an effort to persuade people on the merits. If you cannot persuade them, they were informed and didn't consent. Mandating over that objection and lack of consent is the definition of tyranny.

To safeguard against troubling infringements on the fundamental right to medical liberty, it is critical that a large proportion of the public understand the facts about these products and think about and not just believe in them. If more people who understood the facts about these products educated others and took action to fight for medical liberty, it would hasten the day we fully correct course and secure this fundamental right.

Postscript

As of this writing, Robert F. Kennedy Jr. is the Secretary of HHS. The hope is that he can correct course on some of the issues discussed in this book. Having known and worked with the Secretary for years prior to his entering office, I know his heart and desire are with saving as many children as possible. I don't know anyone who has sacrificed as much to advocate for those injured by vaccines.

Some of the issues identified in this book he cannot directly address, even as Secretary. For example, he cannot repeal the 1986 Act as that would require an act by Congress. But he can take steps to prevent vaccine injuries, more fairly compensate the injured, issue rational policies, protect rights, and expose truths about these products that will hopefully help bring them back into the realm of being treated as products. Not items of worship.

In that task, he faces many obstacles. HHS has approximately 62,000 full-time employees and almost everyone involved in anything related to vaccines at HHS is a hard-core vaccine zealot. The non-zealots are quickly weeded out. I can say that with confidence from reviewing records produced in response to hundreds of FOIA requests submitted to HHS and its subagencies.

Above that massive layer of opposition and obstruction from career employees are around two hundred political appointees. These individuals are selected by the White House. Unfortunately, during the transition from the Biden to the Trump administration, candidates for these political positions who had a public record of focusing on safety and efficacy issues related to the CDC's vaccination schedule were often not selected. They were passed over, especially for positions that related to vaccines across HHS.

Beyond the opposition and resistance he faces from below, Secretary Kennedy also faces varying degrees of resistance from some in the White House—not only in picking those in leadership across HHS but also in implementing sound vaccine policies. For example, I have no doubt that, left to his own devices, Secretary Kennedy would repeal the PREP Act immunity granted to Covid-19 vaccines, which he could do with the stroke of a pen. On a hopeful note, some of the new members selected

by HHS and approved by the White House to serve on ACIP do see vaccines as consumer products and not items of worship.

This is all to say that I am sure Secretary Kennedy is doing everything in his ability to correct course on issues identified in this book, chipping away at the layers of opposition and entrenched interests. On that score, I will invoke religion and will pray for his success. At the same time, we should keep in mind that the day will likely come when changes made by this administration are reversed by a new administration, as often occurs. When we find ourselves there, an important residual over the coming years will be the minds that have been awakened on this issue to *think* about and not just *believe* in these products. To get there, we need to do work today. The more people who understand the facts about these products and speak out and take action regarding the critical importance of medical liberty, the sooner we fully correct course regarding these products and secure this fundamental right. Amen.

Supporting Individual Rights

For more vaccine info, check out ICAN, icandecide.org, the non-profit that, as noted, funded many of the lawsuits discussed in this book. ICAN's mission is to end man-made disease and safeguard informed consent. To accomplish that mission, ICAN, no doubt, welcomes donations.

For model bills and constitutional amendments, check out icanlegislate.org, and if you are an elected official, please sign the Medical Liberty Pledge at mlpledge.org.

For more about this book, and my podcast, Substack, and social media handles, visit aaronsiriofficial.com.

Most critically, vote into power those who will protect the right to medical liberty, take action to support this right, and speak out about the importance of this right.

Endnotes

Introduction

- 1 <https://vaccineresourcehub.org/download-files/3534> (<https://perma.cc/3WKB-DTTM>).

Chapter 1

- 1 <https://www.sirillp.com/wp-content/uploads/2023/06/Motion-to-Seal-and-Quash.pdf> (<https://perma.cc/4MT6-EFZ4>) and <https://www.sirillp.com/wp-content/uploads/2023/06/Response-to-Motion-to-Seal-and-Quash.pdf> (<https://perma.cc/WP9L-AFKV>).
- 2 Id.
- 3 <https://www.amazon.com/s?k=PLOTKIN+VACCINES>.
- 4 <https://thehighwire.com/ark-videos/who-is-stanley-plotkin/>.
- 5 Id.
- 6 <https://pidsfoundation.org/stanley-a-plotkin-award/> (<https://perma.cc/5PD7-VBR8>).
- 7 https://commons.wikimedia.org/wiki/File:October_2017_ACIP_Meeting_-_Welcome_and_Introductions.webm (<https://perma.cc/3LJB-Q42S>); <https://www.youtube.com/playlist?list=PLvrp9iOILTQb6D9e1YZWpbUvzfptNMKx2> (<https://perma.cc/HJ29-9U2T>).
- 8 <https://www.cdc.gov/acip/about/role-in-vaccine-recommendations.html> (<https://perma.cc/EGW7-WTVH>).
- 9 For example, see <https://stacks.cdc.gov/view/cdc/58909>.
- 10 <https://icandecide.org/plotkintranscript/> at p. 132 (<https://perma.cc/7WCZ-G2TC>).
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- 12 https://stacks.cdc.gov/view/cdc/157578/cdc_157578_DS1.pdf at p. 14 (<https://perma.cc/T9U8-SWA8>).
- 13 A video of the deposition is available <https://thehighwire.com/ark-videos/the-deposition-of-stanley-plotkin/> as well as a transcript <https://icandecide.org/plotkintranscript/> (<https://perma.cc/F3GP-XD2R>).
- 14 <https://icandecide.org/plotkintranscript/> (<https://perma.cc/F3GP-XD2R>).
- 15 Id.
- 16 Id.
- 17 Id.
- 18 https://www.nybooks.com/articles/2009/01/15/drug-companies-doctors-a-story-of-corruption/?lp_txn_id=1625761 (<https://perma.cc/JQR2-HB95>); <https://brownstone.org/articles/sciences-turn-towards-darkness/> (<https://perma.cc/7TDX-UHD9>).
- 19 <https://www.bostonreview.net/forum/angell-big-pharma-bad-medicine/>.
- 20 <https://icandecide.org/plotkintranscript/> (<https://perma.cc/F3GP-XD2R>).
- 21 Id.
- 22 Id.
- 23 The subpoena to Dr. Plotkin requested: “Documentation reflecting the duration of the safety review period and placebo control used for each clinical trial reflected in the Package Insert for each vaccine on the CDC’s Childhood Vaccine Schedule to the extent not already reflected in

- the Package Insert.” <https://icandecide.org/plotkinsubpoena/> (<https://perma.cc/33K5-B9VW>).
- 24 <https://www.fda.gov/media/74274/download>.
- 25 <https://icandecide.org/plotkintranscript/> (<https://perma.cc/F3GP-XD2R>).
- 26 The subpoena to Dr. Plotkin requested: “Documentation reflecting the duration of the safety review period and placebo control used for each clinical trial reflected in the Package Insert for each vaccine on the CDC’s Childhood Vaccine Schedule to the extent not already reflected in the Package Insert.” <https://icandecide.org/plotkinsubpoena/> (<https://perma.cc/33K5-B9VW>).
- 27 <https://icandecide.org/plotkinmotiontoquash/> (<https://perma.cc/VHP3-R96U>).
- 28 Id.
- 29 <https://www.icandecide.org/wp-content/uploads/2021/06/Clinical-Trials-Relied-Upon-to-Li-cense-Recombivax.pdf> (<https://perma.cc/AW8A-R9NW>).
- 30 <https://icandecide.org/foiaengerixtrials/> (<https://perma.cc/W9FS-HSW4>).
- 31 <https://www.icandecide.org/wp-content/uploads/2019/09/ICAN-Reply-1.pdf> at pp. 27-31 (<https://perma.cc/GPQ4-FYHH>).
- 32 Id.
- 33 <https://icandecide.org/wp-content/uploads/2020/09/COMBINED-02.pdf> (<https://perma.cc/2CL6-GPEA>).
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- 36 <https://icandecide.org/plotkintranscript/> (<https://perma.cc/F3GP-XD2R>).
- 37 <https://nap.nationalacademies.org/read/13164/chapter/10#437>.
- 38 <https://icandecide.org/plotkintranscript/> (<https://perma.cc/F3GP-XD2R>).
- 39 <https://icandecide.org/plotkintranscript/> (<https://perma.cc/F3GP-XD2R>).
- 40 <https://nap.nationalacademies.org/read/13164/chapter/2#3> (<https://perma.cc/FTV5-Q85V>).
- 41 <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2897%2911096-0> (a copy of Dr. Wakefield’s study from 1998 regarding MMR vaccines that has since been retracted).
- 42 <https://www.ncbi.nlm.nih.gov/books/NBK220067/> at Section 312 (<https://perma.cc/SCK9-XDDF>).
- 43 <https://nap.nationalacademies.org/read/13164/chapter/12?term=autism#545> (<https://perma.cc/U6GD-49C4>).
- 44 Id.
- 45 <https://icandecide.org/plotkintranscript/> (<https://perma.cc/F3GP-XD2R>).
- 46 Id.
- 47 Id.
- 48 21 C.F.R. § 201.57 (Pharma must disclose in the package insert for each vaccine “only those adverse events for which there is some basis to believe there is a causal relationship between the drug and the occurrence of the adverse event.”).
- 49 For supporting citations, see discussion regarding increase in chronic disease in Chapter 11.
- 50 For a list of diseases with supporting citations, see Chapter 11.
- 51 <https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg> (<https://perma.cc/E74A-WT3U>); <https://www.cdc.gov/vaccines-pregnancy/hcp/vaccination-guidelines/index.html> (<https://perma.cc/DAX5-MKSW>); <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html> (<https://perma.cc/TM2U-2HBQ>). The 29 injections in 2025 only include routine vaccines and the Covid-19 vaccine (which as of this writing was non-routine).
- 52 <https://thehighwire.com/?s=plotkin> (<https://perma.cc/GE3Z-QB3W>).
- 53 <https://www.sirillp.com/wp-content/uploads/2023/06/Motion-to-Seal-and-Quash.pdf> (<https://perma.cc/4MT6-EFZ4>) and <https://www.sirillp.com/wp-content/uploads/2023/06/Response-to-Motion-to-Seal-and-Quash.pdf> (<https://perma.cc/WP9L-AFKV>).

Chapter 2

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- 2 <https://www.sciencedirect.com/science/article/abs/pii/B9780323357616000018>.
- 3 For example, see <https://pmc.ncbi.nlm.nih.gov/articles/PMC7371956/> (<https://perma.cc/W4Q2-RBVU>).

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- 6 <https://www.pbs.org/wgbh/frontline/article/paul-offit-a-choice-not-to-get-a-vaccine-is-not-a-risk-free-choice/> (<https://perma.cc/5CJC-TGW2>).
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- 8 <https://icandecide.org/ogr-report/> (<https://perma.cc/S2J6-9X7D>); <https://leftbrainrightbrain.co.uk/2009/09/14/paul-offit-explains-the-money-side-of-the-rotavirus-vaccine-he-worked-on/> (<https://perma.cc/85GQ-EGAA>); <https://www.cbsnews.com/news/how-independent-are-vaccine-defenders/> (<https://perma.cc/E8BQ-3NRC>).
- 9 Id.
- 10 <https://news.northwestern.edu/stories/2020/11/should-a-covid-19-vaccine-be-mandated/> (<https://perma.cc/K5TV-5G3N>).
- 11 <https://openpaymentsdata.cms.gov/physician/517174> (<https://perma.cc/8WNS-RZHH>); <https://www.waidid.org/uploads/board/cv/CV-Tan.pdf> (<https://perma.cc/4829-KAQ9>).
- 12 <https://www.pewtrusts.org/en/research-and-analysis/reports/0001/01/01/conflictsofinterest-policies-for-academic-medical-centers> (<https://perma.cc/4RN2-QFQP>).
- 13 <https://pubmed.ncbi.nlm.nih.gov/22789048/> (<https://perma.cc/9BZM-7GZE>).
- 14 <https://www.medpagetoday.com/special-reports/exclusives/97592> (<https://perma.cc/9EGL-NE5L>).
- 15 Id.
- 16 Id.
- 17 Id.
- 18 Id.
- 19 Id.
- 20 <https://wonder.cdc.gov/vaers.html>; <http://vaccinesamen.com/VAERS-image-search-result> (<https://perma.cc/VT8N-77UJ>).
- 21 <https://www.medpagetoday.com/special-reports/exclusives/97592> (<https://perma.cc/9EGL-NE5L>).
- 22 Id.
- 23 Id.
- 24 Id.
- 25 <https://blog.maryannedemasi.com/p/exclusive-stanley-plotkin-on-the>. In fact, Dr. Plotkin was also asked: "Chronic childhood diseases (many of which are regulated by the immune system) rose from 12% of children in the early 1980s to over 50% now. This is likely to be multi-factorial, but can you exclude vaccines as a possible cause for this increase in chronic childhood diseases?" Dr. Plotkin's answer was "No. Can you kindly tell me how you would do such a study today?" Dr. Plotkin's insinuation that this study cannot be done comports with the answer he provided to me despite my laying out to him how such a study could be ethically conducted. See <https://thehighwire.com/ark-videos/comparing-vaccinated-vs-unvaccinated/>.
- 26 <https://pmc.ncbi.nlm.nih.gov/articles/PMC8375462/> (<https://perma.cc/4WYU-ZF8U>).
- 27 For example, see <https://thehighwire.com/videos/the-deposition-of-the-godmother-of-vaccines-dr-kathryn-edwards/>; https://icandecide.org/wp-content/uploads/2023/07/Kathryn-EdwardsPDF_full_.pdf (Dr. Kathryn Edwards is asked, "[Y]ou have done most of the clinical trials relied upon to license many of the vaccines, correct, on the market?" and she responds, "Yes, sir.").
- 28 "VRBPAC" is the FDA's Vaccines and Related Biological Products Advisory Committee. <https://www.fda.gov/advisory-committees/blood-vaccines-and-other-biologics/vaccines-and-related-biological-products-advisory-committee>.
- 29 "ACIP" is the CDC's Advisory Committee on Immunization Practices. <https://www.cdc.gov/acip/index.html> (<https://perma.cc/FN35-DQN5>). For example, see <https://icandecide.org/ogr-report/> (<https://perma.cc/S2J6-9X7D>) (Congressional report listing members of the FDA and CDC committees, including Dr. Offit and Dr. Edwards, and finding that, with regard to the FDA committee, the "overwhelming majority of members, both voting members and consultants, have substantial ties to the pharmaceutical industry," and with regard to the CDC committee, its findings were equally as damning.).

- 30 <https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg> (<https://perma.cc/E74A-WT3U>); <https://www.cdc.gov/vaccines-pregnancy/hcp/vaccination-guidelines/index.html> (<https://perma.cc/DAX5-MKSW>); <https://www.cdc.gov/vaccines/hcp/immunization-schedules/child-adolescent-age.html> (<https://perma.cc/TM2U-2HBQ>). The 29 injections in 2025 only include routine vaccines and the Covid-19 vaccine (which as of this writing was non-routine).
- 31 See earlier discussion and citations and <https://thehighwire.com/ark-videos/the-cross-examination-of-the-godmother-of-vaccines/>.
- 32 <https://thehighwire.com/?s=plotkin> (<https://perma.cc/P3UX-B9JA>)
- 33 Id.
- 34 <https://thehighwire.com/videos/the-deposition-of-the-godmother-of-vaccines-dr-kathryn-edwards/> at 3:07:56 - 3:08:16.
- 35 https://www.waidid.org/uploads/board/cv/CV-Edwards_495389.pdf (<https://perma.cc/FMW9-A2GJ>).
- 36 <https://pubmed.ncbi.nlm.nih.gov/11135783/> (<https://perma.cc/E7AM-LXXQ>)
- 37 <https://pubmed.ncbi.nlm.nih.gov/10617749/> (<https://perma.cc/6CT6-7HRY>).
- 38 Id.
- 39 <https://pubmed.ncbi.nlm.nih.gov/9473946/> (<https://perma.cc/FF6M-LGLJ>)
- 40 Id.
- 41 <https://www.pewtrusts.org/en/research-and-analysis/reports/0001/01/01/conflictsofinterest-policies-for-academic-medical-centers> (<https://perma.cc/4RN2-QFQP>)
- 42 <https://pubmed.ncbi.nlm.nih.gov/22789048/> (<https://perma.cc/9BZM-7GZE>).
- 43 <https://icandecide.org/ogr-report/> (<https://perma.cc/S2J6-9X7D>).
- 44 Id.
- 45 Id.
- 46 Compare <https://www.cdc.gov/vaccines/schedules/images/schedule1989s.jpg> (<https://perma.cc/GDX3-79W9>) with <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4902a4.htm> (<https://perma.cc/39CT-C5WR>).
- 47 <https://trinity.duke.edu/books/immune-system-and-developing-brain> (<https://perma.cc/9VBK-H2H5>).
- 48 <https://icandecide.org/ogr-report/> (<https://perma.cc/S2J6-9X7D>).

Chapter 3

- 1 https://icandecide.org/wp-content/uploads/2023/07/Emails-and-Calendars_Oct.-8-16-2021.pdf; <https://zdoggmnd.com/paul-offit-8/> at 39:33 (<https://perma.cc/7HDS-YSE4>); https://www.ntd.com/inside-the-secret-government-meeting-on-covid-19-natural-immunity_898799.html (<https://perma.cc/S9VS-4JQM>).
- 2 Id.
- 3 Id.
- 4 <https://icandecide.org/ICAN-demand> (<https://perma.cc/5NY9-V8TS>).
- 5 <https://icandecide.org/HHS-response> (<https://perma.cc/HSK7-HXQQ>).
- 6 <https://icandecide.org/ICAN-reply> (<https://perma.cc/RDP4-HJSD>).

Chapter 4

- 1 See Chapter 6.
- 2 Pursuant to 42 U.S.C. § 280e-11, Congress created a private foundation (the **CDC Foundation**) through which private entities, such as pharma companies, can legally create, fund, and support programs at the CDC (42 U.S.C. § 280e-11(h)(1), (2)). To date, billions of dollars have flowed through the CDC Foundation and into the CDC with a significant portion coming from pharmaceutical companies. <https://icandecide.org/wp-content/uploads/2023/10/CDC-Foundation-Donations-2010-to-2015.pdf> (<https://perma.cc/3JZF-Q8QW>); <https://www.cdcfoundation.org/financials> (<https://perma.cc/ZU93-YFP9>). These companies, through the CDC Foundation, can also endow positions at the CDC, place individuals in positions at the

- CDC paid through "private funding," and can even donate expressly for "the purpose of aiding or facilitating the work of [CDC]" 42 U.S.C. § 280e-11(h)(1), (2) ("The [CDC] may accept and utilize ... any ... property [or services] ... from the [CDC] Foundation for the purpose of aiding or facilitating the work of [the CDC].") The CDC is only permitted to use these funds as expressly directed by the CDC Foundation (42 U.S.C. § 280e-11(h)(2)(a)), (7)(b).) Even putting aside the individuals placed at the CDC via funding from the CDC Foundation, for each program funded, "the CDC provide[s] detailed information to the CDC Foundation's program officers who are assigned to the project." <https://projects.propublica.org/nonprofits/organizations/582106707/201911309349303366/full> (<https://perma.cc/7LKE-5CWH>).
- 3 <https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg> (<https://perma.cc/T9AF-HV8Y>)
 - 4 *Bruesewitz v. Wyeth LLC*, 562 U.S. 223 (2011) ("[T]he remaining manufacturer [of DTP], Lederle Laboratories, estimated that its potential tort liability exceeded its annual sales by a factor of 200").
 - 5 Vaccines recommended by the CDC for routine administration to pregnant women or children, added to the vaccine injury table, and which have an excise tax added to them by Congress, are granted immunity under the 1986 Act, including for injuries suffered by adults using these vaccines. See 42 U.S.C. § 300aa-1 *et seq.*
 - 6 <https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg> (<https://perma.cc/E74A-WT3U>), <https://www.cdc.gov/vaccines-pregnancy/hcp/vaccination-guidelines/index.html> (<https://perma.cc/DAX5-MKSW>); <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html> (<https://perma.cc/TM2U-2HBQ>). The 29 injections in 2025 only include routine vaccines and the Covid-19 vaccine (which as of this writing was non-routine).
 - 7 <https://www.prnewswire.com/news-releases/at-12-6-cagr-global-vaccines-market-size-to-hit-usd-153-49-bn-in-2028--says-brandessence-market-research-301452641.html> (<https://perma.cc/WBG2-DLDA>).
 - 8 <https://moneyinc.com/the-five-highest-selling-pfizer-drugs-of-all-time/> (<https://perma.cc/4C-BU-3JZF>), <https://www.cdc.gov/v6ccines/hcp/imz-schedules/child-adolescent-age.html> (<https://perma.cc/7PAK-DRCV>); <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>; <https://www.fda.gov/drugs/development-approval-process-drugs/drug-approvals-and-databases>.
 - 9 There are certain high-risk activities that also enjoy some level of immunity, but they are not consumer products. For example, nuclear power generation plants and oil exploration have the potential to cause harm and are given some level of immunity. 42 U.S.C. § 2210 ("[T]he Commission shall agree to indemnify and hold harmless the licensee ... from public liability in excess of \$250,000 arising from nuclear incidents" and the "aggregate indemnity for all persons indemnified in connection with each nuclear incident shall not exceed \$500,000,000."); 33 U.S.C. § 2704 ("[T]he total of the liability of a responsible party ... with respect to each incident shall not exceed ... for any onshore facility and a deepwater port, \$350,000,000."). There is also immunity given for a declared public health emergency under the Public Readiness and Emergency Preparedness Act, until the declaration ends, for certain countermeasures to address the declared public health emergency; declarations have been made for smallpox (and other orthopox), hemorrhagic fever, nerve agents, zika, pandemic influenza, anthrax, acute radiation syndrome, botulinum toxin and Covid-19. <https://aspr.hhs.gov/legal/PREPact/pages/default.aspx>.
 - 10 15 U.S.C. § 7902 (Prohibiting lawsuits against gun manufacturers for certain harms "resulting from the criminal or unlawful misuses" of a firearm but preserving the ability to sue for numerous types of harms, including for "death, physical injuries or property damage resulting directly from a defect in design or manufacture").
 - 11 Codified at 42 U.S.C. Sections 300aa-1 to 300aa-34.
 - 12 42 U.S.C. § 300aa-11 ("No person may bring a civil action for damages in an amount greater than \$1,000 or in an unspecified amount against a vaccine administrator or manufacturer in a State or Federal court for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, and no such court may award damages in an amount greater than \$1,000 in a civil action for damages for such a vaccine-related injury or death, unless a petition has been filed, in accordance with section 300aa-16 of this title, for

- compensation under the Program for such injury or death . . . "); 42 U.S.C. Section 300aa-22 ("No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings.")
- 13 42 USC § 300aa-12 ("In all proceedings brought by the filing of a petition [in Vaccine Court] the Secretary [of HHS] shall be named as the respondent.").
 - 14 *Bruesewitz v. Wyeth LLC*, 562 U.S. 223 (2011).
 - 15 *Id.*
 - 16 <https://www.fortunebusinessinsights.com/blog/top-5-companies-in-the-vaccines-market-2020-10344> (<https://perma.cc/QXW2-LCSZ>).
 - 17 <https://www.prnewswire.com/news-releases/at-12-6-cagr-global-vaccines-market-size-to-hit-usd-153-49-bn-in-2028-says-brandessence-market-research-301452641.html> (<https://perma.cc/T3XK-BSSP>).

Chapter 5

- 1 <https://www.nts.gov/about/history/> ("In 1974, Congress reestablished the NTSB as a separate entity, outside the US DOT, reasoning that 'No federal agency can properly perform such [investigatory] functions unless it is totally separate and independent from any other . . . agency of the United States.' Because the US DOT has broad operational and regulatory responsibilities that affect the safety and efficiency of the transportation system, and transportation accidents may suggest deficiencies in that system, the NTSB's independence was deemed necessary to provide objectivity in its investigations and recommendations.") (<https://perma.cc/7ZR4-N7MY>).
- 2 <https://www.nrc.gov/about-nrc/history.html> ("[T]he Atomic Energy Act of 1954 . . . for the first time made the development of commercial nuclear power possible. The act assigned the AEC [Atomic Energy Commission] the functions of both encouraging the use of nuclear power and regulating its safety. The AEC's regulatory programs sought to ensure public health and safety from the hazards of nuclear power without imposing excessive requirements that would inhibit the growth of the industry. This was a difficult goal to achieve, especially in a new industry, and within a short time the AEC's programs stirred considerable controversy. An increasing number of critics during the 1960s charged that the AEC's regulations were insufficiently rigorous in several important areas, including radiation protection standards, reactor safety, plant siting, and environmental protection. . . . By 1974, the AEC's regulatory programs had come under such strong attack that Congress decided to abolish the agency. Supporters and critics of nuclear power agreed that the promotional and regulatory duties of the AEC should be assigned to different agencies.").
- 3 <https://www.nrc.gov/about-nrc/history.html>.
- 4 <https://www.cfc.uscourts.gov/vaccine-claims-office-special-masters> (<https://perma.cc/78B3-NHHC>).
- 5 The 1986 Act created a Vaccine Injury Table (**Table**) which was intended to permit the Vaccine Court to quickly compensate certain common vaccine injuries. 42 U.S.C. § 300aa-12. If a child suffers a Table injury, the burden shifts to HHS to prove the vaccine did not cause the injury. 42 U.S.C. § 300aa-13. After passage of the 1986 Act, almost 90% of claims were Table claims and thus quickly settled. *Stevens v. Secretary of HHS*, No. 99-594V (Office of Special Masters 2001). However, in 1995 and 1997, HHS amended the Table such that 98% of claims are now off-Table. <http://www.gao.gov/assets/670/667136.pdf>. As a result, injured children must now almost always prove "causation" – the biological mechanism by which the vaccine injured the child. <https://www.ncbi.nlm.nih.gov/nlmcatalog/101633437> ("Persons alleging a condition not included in the table . . . must prove that the vaccine was the cause.") (<https://perma.cc/MVZ6-37UL>). Requiring an injured child to prove causation adds insult to injury because had HHS conducted the safety science it demands as proof in Vaccine Court, the child's injury may have been avoided altogether. Worse, the families must battle against HHS and the Department of Justice (DOJ) which "make full use of the apparently limitless resources available to them," "pursued aggressive defenses in compensation cases," "establish[ed] a cadre of attorneys specializing in vaccine injury" and "an expert witness program to challenge claims," <https://www.congress.gov/106/crpt/hrpt977/CRPT-106hrpt977.pdf> (<https://perma.cc/4CUD-6L7G>).

- 6 42 U.S.C. § 300aa-2 (“encourage public acceptance of immunizations”).
- 7 42 U.S.C. § 300aa-27.
- 8 *Id.*
- 9 *Id.*
- 10 <https://icandecide.org/> (<https://perma.cc/BCH2-E2K2>).
- 11 <https://icandecide.org/wp-content/uploads/2025/07/HHS-FOIA-Aug-25-2017.pdf> (<https://perma.cc/4XU8-WM4S>).
- 12 <https://icandecide.org/wp-content/uploads/2023/06/HHS-Complaint.pdf> (<https://perma.cc/2TKE-ZRXM>).
- 13 <https://icandecide.org/wp-content/uploads/2023/06/HHS-Stip.pdf> (<https://perma.cc/66SN-7Q88>).
- 14 <https://icandecide.org/wp-content/uploads/2023/03/IR0533B-NIH-Reports-pursuant-to-42-USC-Sec.-300-27-c-003.pdf> (<https://perma.cc/L845-ZPJQ>).
- 15 <https://icandecide.org/wp-content/uploads/2023/03/IR0533B-Final-Response-Letter-No-Records-003.pdf> (<https://perma.cc/2JMX-KV5X>).
- 16 <https://icandecide.org/wp-content/uploads/2023/06/task-force-safer-childhood-vaccines.pdf> (<https://perma.cc/9QZC-W2T8>).
- 17 <https://icandecide.org/wp-content/uploads/2023/05/Meetings-held-by-the-Task-Force-for-Safer-Childhood-Vaccines.pdf> (<https://perma.cc/GU72-PVGA>). Note that right before publication of this book, HHS announced that it was reinstating the Task Force to reaffirm HHS’s “commitment to rigorous science, continuous improvement, and the trust of American families.” <https://www.hhs.gov/press-room/hhs-reinstates-task-force-on-safer-childhood-vaccines.html>.
- 18 <https://www.congress.gov/crs-product/R47207>.
- 19 *Id.*; <https://pubmed.ncbi.nlm.nih.gov/38973739/> (“Over the past two decades, many new vaccines have been introduced for children... However, ... the budget for vaccine-safety monitoring at the CDC (which is responsible for the majority of U.S. federal efforts) has remained stagnant during this period, at about \$20 million per year.”) (<https://perma.cc/VKE8-XGUD>).
- 20 <https://icandecide.org/foia-destefano-complaint> (<https://perma.cc/3EJ4-WA7F>).
- 21 *Id.*
- 22 <https://icandecide.org/wp-content/uploads/2023/10/Destefano-Emails.pdf> (<https://perma.cc/6VZZ-HNGS>).
- 23 <https://pubmed.ncbi.nlm.nih.gov/30122647/> (<https://perma.cc/BV8W-EJN8>). Similar examples abound, including articles co-authored with Paul Offit, whose pharma ties are discussed later in this book, that whitewash serious vaccine safety issues. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7173515/pdf/main.pdf>; <https://pubmed.ncbi.nlm.nih.gov/30753348/> (<https://perma.cc/LRT6-23YB>).
- 24 https://www.cdc.gov/mmwr/author_guide_rrss.html (<https://perma.cc/T5MG-9XNG>).
- 25 *Id.*

Chapter 6

- 1 https://www.rasmussenreports.com/public_content/politics/public_surveys/killer_jab_24_say_someone_they_know_died_from_covid_19_vaccine (<https://perma.cc/EWY8-3Y26>).
- 2 <https://icandecide.org/ogr-report/> (<https://perma.cc/S2J6-9X7D>).
- 3 Compare <https://www.cdc.gov/vaccines/schedules/images/schedule1989s.jpg> (<https://perma.cc/GDX3-79W9>) with <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4902a4.htm> (<https://perma.cc/39CT-C5WR>).
- 4 <https://trinity.duke.edu/books/immune-system-and-developing-brain> (<https://perma.cc/9VBK-H2H5>).
- 5 <https://icandecide.org/ogr-report/> (<https://perma.cc/S2J6-9X7D>).
- 6 <https://oig.hhs.gov/oei/reports/oei-04-07-00260.pdf> (<https://perma.cc/KDQ7-QG3H>).
- 7 <https://thehighwire.com/ark-videos/shocking-independent-covid-vaccine-evaluator-also-an-advisor-to-pfizer/>.
- 8 *Id.*

- 9 <https://pmc.ncbi.nlm.nih.gov/articles/PMC1140949/> (<https://perma.cc/66Y9-NZ2U>). See also <https://pmc.ncbi.nlm.nih.gov/articles/PMC1420798/> (Smith also explained that while he was at *The British Medical Journal* “we did several studies where we inserted major errors into papers that we then sent to many reviewers” and “[n]obody ever spotted all of the errors. Some reviewers did not spot any, and most reviewers spotted only about a quarter”) (<https://perma.cc/UL5Z-F5T2>).
- 10 Id.
- 11 Id.; <https://pmc.ncbi.nlm.nih.gov/articles/PMC521592/> (<https://perma.cc/794G-APTN>).
- 12 Id.; <https://pmc.ncbi.nlm.nih.gov/articles/PMC521592/> (<https://perma.cc/794G-APTN>).
- 13 <https://www.insidertrades.com/merck-co-inc-stock/julie-l-gerberding/> (<https://perma.cc/8M-RQ-MDKM>).
- 14 <https://www.projectveritas.com/video/pfizer-executive-mutate-covid-via-directed-evolution-for-company-to-continue/> at 7:35-8:09 (<https://perma.cc/H65F-A9RF>).
- 15 Id.
- 16 <https://phrma.org/About> (<https://perma.cc/N35N-UN64>).

Chapter 7

- 1 <https://www.washingtonpost.com/health/2025/04/24/measles-cases-deaths-vaccine-rates-rfk-jr/>; <https://www.cdc.gov/schoolvaxview/data/index.html> (<https://perma.cc/F5ZZ-MY72>).
- 2 <https://royalsociety.org/-/media/policy/projects/set-c/set-c-vaccine-deployment.pdf> (<https://perma.cc/8B2K-2QRW>).
- 3 https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf (<https://perma.cc/ADA2-EALC>).
- 4 Id.
- 5 Id.
- 6 Id.
- 7 Id.
- 8 https://www.cdc.gov/nchs/data/vsus/VSUS_1962_2A.pdf (<https://perma.cc/C86V-77GM>).
- 9 Id.
- 10 <https://www.cdc.gov/measles/about/history.html> (<https://perma.cc/53PN-TWJK>).
- 11 <https://webarchive.nationalarchives.gov.uk/ukgwa/20160111174808/http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-215593> (<https://perma.cc/ZCV9-DHR4>).
- 12 <https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf> (<https://perma.cc/7GPK-32AC>).
- 13 <https://www.census.gov/library/publications/1962/compendia/statab/83ed.html> (<https://perma.cc/LH8X-EA4M>).
- 14 <https://pubmed.ncbi.nlm.nih.gov/26122188/> (<https://perma.cc/6TJD-5FNZ>).
- 15 Id.
- 16 Id.
- 17 Id.
- 18 <https://www.cdc.gov/heart-disease/data-research/facts-stats/> (<https://perma.cc/Q97R-PEAD>).
- 19 <https://icandecide.org/wp-content/uploads/2023/10/cdc-reported-cases-and-deaths-m-vaccine-preventable-diseases-3.pdf> (<https://perma.cc/CY6Z-BLN3>).
- 20 <https://pubmed.ncbi.nlm.nih.gov/16406019/> (<https://perma.cc/RHD3-986B>). See Table 2 and in the Non-Hodgkin's Lymphoma (NHL) column divide the odds ratio 1 (never had measles) by .6 (had measles) which results in a 66% increased risk, and in the Hodgkin's Lymphoma (HL) column divide the odds ratio 1 (never had measles) by .3 (had measles) which results in a 233% increased risk.
- 21 <https://seer.cancer.gov/statfacts/html/hodg.html> (<https://perma.cc/2EAC-QQ36>); <https://seer.cancer.gov/statfacts/html/nhl.html> (<https://perma.cc/HP59-5T3F>).
- 22 <https://pubmed.ncbi.nlm.nih.gov/4574047/> (<https://perma.cc/4425-2ME4>).
- 23 <https://pubmed.ncbi.nlm.nih.gov/16490323/> (<https://perma.cc/B64P-YRV3>); <https://seer.cancer.gov/statfacts/html/ovary.html> (<https://perma.cc/MP42-HMUM>).
- 24 <https://pubmed.ncbi.nlm.nih.gov/9824838/> (<https://perma.cc/Y7BM-JK5W>).

- 25 <https://www.journals.uchicago.edu/doi/10.1086/699409>.
- 26 Id.
- 27 <https://pubmed.ncbi.nlm.nih.gov/19255001/> (<https://perma.cc/FZ5Q-74MY>); <https://pubmed.ncbi.nlm.nih.gov/16854347/> (<https://perma.cc/D9L7-NX5W>); <https://pubmed.ncbi.nlm.nih.gov/4061437/> (<https://perma.cc/J329-YLH8>).
- 28 https://icandecide.org/wp-content/uploads/2023/06/Berkowicz-Art78package_rr.pdf (<https://perma.cc/U32Q-RJEG>).
- 29 Id.
- 30 <https://pubmed.ncbi.nlm.nih.gov/29398276/> (<https://perma.cc/CZ2B-YENJ>).
- 31 Id.
- 32 <https://pubmed.ncbi.nlm.nih.gov/23256739/> (<https://perma.cc/BAX9-5H42>).
- 33 <https://pubmed.ncbi.nlm.nih.gov/17339511/> (<https://perma.cc/9AME-3V7P>).
- 34 <https://www.bmj.com/content/372/bmj.n272> (<https://perma.cc/5BKU-E2WU>).
- 35 <https://royalsocietypublishing.org/doi/10.1098/rsos.220300> (<https://perma.cc/X5LH-H2HV>).
- 36 https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf (<https://perma.cc/J3MU-N9UP>) (measles death rate in the U.S. in 1900 was 13.3 per 100,000 individuals); <https://www2.census.gov/library/publications/decennial/1900/volume-1/volume-1-p5.pdf> (<https://perma.cc/G3UH-BMYW>) (total U.S. population in 1900 was 76,303,387). These figures result in approximately 10,150 deaths from measles in the U.S. in 1900.
- 37 <https://royalsocietypublishing.org/doi/10.1098/rsos.220300> (<https://perma.cc/X5LH-H2HV>).
- 38 <https://www.cdc.gov/vaccines/hcp/immunization-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf> (<https://perma.cc/H9RB-K8XA>); <https://www.cdc.gov/vaccines-pregnancy/hcp/vaccination-guidelines/index.html> (<https://perma.cc/SW8W-B4TX>).
- 39 <https://web.archive.org/web/20190618125412https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/coverage-levels.pdf> (<https://perma.cc/GZ2F-E2AC>). Credit to J.B. Handley who published a similar chart long ago.
- 40 Id. Note that Hib and PCV vaccine uptake is for infants, and the influenza figure is an estimate based on available data.
- 41 A combination vaccine for diphtheria, tetanus, and pertussis, DTP, was first licensed in 1949. <https://www.cdc.gov/mmwr/preview/mmwrhtml/00038200.htm> (<https://perma.cc/FRR8-LX-WH>). There had been individual vaccines for diphtheria, tetanus, and pertussis licensed earlier but those were either rarely used, had little to no efficacy, had serious safety issues, or had a combination of these issues. As NIH explains regarding pertussis vaccine: "The whole-cell pertussis vaccine became widely available in the United States in the 1940s, although it was first licensed in 1914. It was crudely made and had limited use until the 1940s, because of reports of serious side effects including death." <https://web.archive.org/web/20250407045130/https://history.nih.gov/display/history/Pertussis>. As the CDC explains regarding the diphtheria and tetanus vaccines, they were only introduced into routine childhood immunization in the late 1940s with the licensure of DTP vaccine in 1949. <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-7-diphtheria.html>; <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-21-tetanus.html>. More on this later in the chapter but the foregoing is sufficient to explain the use of 1949 for DTP. But even if we assume licensure in 1941, then the deaths in the year prior from diphtheria, pertussis, and tetanus would have been 1,457; 2,926; and 560, respectively. https://www.cdc.gov/nchs/data/vsus/vsus_1940_1.pdf at p.416 (<https://perma.cc/ZNN3-FQ5X>).
- 42 This chart includes the routine vaccines on CDC's childhood schedule except for flu and HPV. Mortality data for: **diphtheria, pertussis, and tetanus** (https://www.cdc.gov/nchs/data/vsus/VSUS_1948_2.pdf, p.440, <https://perma.cc/N2PN-5UPU>); **polio, measles, mumps, rubella, hepatitis B, hepatitis A, and varicella** (<https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf>, <https://perma.cc/7GPK-32AC>); **Hib** (There was an ineffective vaccine introduced in 1985 and withdrawn. After a Hib vaccine considered effective for infants was first licensed in late 1990, the CDC in 1991 for the first time recommended a Hib vaccine for infants, and by 1992 vaccine uptake was only 28%. There were 17 deaths in 1991 from Hib, so to be conservative, this death number

was doubled to 34 for the chart. See discussion regarding Hib vaccine in this chapter for supporting citations.); **pneumococcal** ("Before routine use of pneumococcal conjugate vaccine in 2000, the burden of pneumococcal disease among children younger than age 5 years was . . . 200 deaths from invasive pneumococcal disease." Hence, this CDC estimate was used even though it appears inflated based on other data. <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-17-pneumococcal-disease.html>, <https://perma.cc/6YQT-F4CA>), and **rotavirus** and **meningococcal** (CDC listing, "Deaths per year in the United States prior to recommended vaccines," for these diseases on slide 7: <https://web.archive.org/web/20240518044830/https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-05-19/01-COVID-Daley-508.pdf>, <https://perma.cc/VV9F-C77B>). As for the **flu** shot, it is not included because even the meta review of flu shot studies by Cochrane concluded that despite decades of published studies, Cochrane "could find no convincing evidence that vaccines can reduce mortality, hospital admissions, serious complications, or community transmission of influenza." <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004879.pub5/epdf/full> (<https://perma.cc/R4U4-KF4H>). In fact, studies have found that children receiving influenza vaccine have a statistically significant *increased* rate of overall acute respiratory illnesses. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3404712/pdf/cis307.pdf> (<https://perma.cc/7FUB-ZSKZ>), <https://pubmed.ncbi.nlm.nih.gov/29525279/> (<https://perma.cc/TZ89-KN43>), <https://www.medrxiv.org/content/10.1101/2025.01.30.25321421v3.full.pdf> (<https://perma.cc/QQD9-7E3X>). As for **HPV** vaccine, this product is intended to prevent cervical cancer. This vaccine is not included because this cancer can be prevented by regular pap smears (which do not come with the serious side effects of HPV vaccines). HPV vaccine is also not included because there had been a steady decline in cases and deaths from cervical cancer for decades before this vaccine was added to the CDC schedule in 2007, and after it was added, this steady decline slowed and effectively flatlined; cervical cancer declined by 2.7% annually between 1990–2006 but only declined by 0.5% annually between 2006–2018, with no significant mortality change. <https://pubmed.ncbi.nlm.nih.gov/40370724/> (<https://perma.cc/BFB4-5SAT>). The data reflects that as vaccine coverage rose post-2007, the decline in deaths steadily slowed and has effectively flatlined (as compared to its pre-vaccine steady decline). <https://www.cdc.gov/nchs/products/databriefs/db495.htm> (<https://perma.cc/A5AW-5TKF>) (HPV vaccination rates among children); <https://www.cdc.gov/adultvaxview/publications-resources/adult-vaccination-coverage-2022.html> (<https://perma.cc/PA5T-ELDH>) (HPV vaccination rates among adults); <https://seer.cancer.gov/statfacts/html/cervix.html> (<https://perma.cc/RJK9-PQ6L>) (Cervical cancer incident and death rates); <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/vitalsigns/cervical-cancer/index.html> (<https://perma.cc/RZ23-CAY5>) (CDC chart showing prior steady decline flatlining after introduction of the vaccine). Vaccinologists have, of course, not let this data prevent them from engineering studies that slice up this data to try and find some benefit. But no matter how much they want to zoom in, they can't escape this overall statistical reality. One of my favorite studies, after slicing up the data by age and race, had to admit that "there seems to be little if any, correlation between cervical cancer incidence and the HPV vaccine program in the US" but then uses "alternative endpoints" such as measuring antibodies, to declare "HPV vaccines are a powerful public health tool to eradicating cervical cancer." <https://pmc.ncbi.nlm.nih.gov/articles/PMC10514505/> (<https://perma.cc/PK2W-6NSQ>). As for the **Covid-19** vaccine, it is no longer a routine childhood vaccine, hence it is not listed in the chart. In any event, CDC reported more deaths from Covid-19 in 2021 (total deaths: 416,893), when a vaccine was available, than in 2020 (total deaths: 350,831), when no vaccine was available; CDC also reported more total deaths from all causes in 2021 (total: 3,464,231), after use of the vaccine, than in 2020 (total: 3,383,729). <https://wonder.cdc.gov/mcd-icd10-provisional.html>.

- 43 The death rate per 100,000 individuals in the United States in 1900, 1940, and 1948 for diphtheria was 40.3, 1.1, and 0.4, respectively, for tetanus was 2.4, 0.4, and 0.3, respectively, and for pertussis was 12.2, 2.2, and 0.8, respectively. https://www.cdc.gov/nchs/data/vsus/vs-rates1940_60.pdf (<https://perma.cc/J3MU-N9UP>).

44 Id.

- 45 <https://pmc.ncbi.nlm.nih.gov/articles/PMC1997101/pdf/pubhealthreporig01174-0001.pdf> (<https://perma.cc/2879-BZ3U>) ("The simultaneous decline in diphtheria morbidity and mortality rates in all age groups of individual States located in different sections of the country, which

began after a cyclic increase in incidence between 1915 and 1925, suggests the operation or influence of other factors besides, or in addition to, artificially induced immunity. Studies such as that included in the 1930 White House Conference on Child Health and Protection indicated that immunization programs were reaching a relatively large proportion of children in some areas or cities and a very low proportion in others as late as 1930. In spite of this wide variation, both morbidity and mortality began to decline rapidly after 1925 in all States simultaneously.”); <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-7-diphtheria.html> (<https://perma.cc/N6QG-LE9F>) (“[D]iphtheria toxoid-containing vaccines became available in the 1940s” and “universal childhood vaccination program which included diphtheria toxoid-containing vaccines beginning in the late 1940s.”)

- 46 https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf (<https://perma.cc/A6W8-LNB2>).
- 47 <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf> (<https://perma.cc/H9RB-K8XA>).
- 48 <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html> (<https://perma.cc/HBL5-ZZ9J>).
- 49 <https://www.cdc.gov/adultvaxview/publications-resources/vaccination-coverage-adults-2019-2020.html> (<https://perma.cc/676J-5L9V>).
- 50 <https://www.cdc.gov/diphtheria/php/surveillance/index.html> (<https://perma.cc/XU8U-DEVB>).
- 51 <https://pubmed.ncbi.nlm.nih.gov/2151460/> (<https://perma.cc/U6QS-KBYZ>); <https://pubmed.ncbi.nlm.nih.gov/7830565/> (<https://perma.cc/Z6RV-ZU3Z>); <https://pubmed.ncbi.nlm.nih.gov/4326212/> (<https://perma.cc/4GUC-UNA5>); <https://pubmed.ncbi.nlm.nih.gov/189004/> (<https://perma.cc/HPF8-4AGA>).
- 52 The death rate per 100,000 individuals in the United States in 1900, 1940, and 1948 for tetanus was 2.4, 0.4, and 0.3, respectively, and for pertussis was 12.2, 2.2, and 0.8, respectively. https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf (<https://perma.cc/J3MU-N9UP>).
- 53 <https://web.archive.org/web/20250407045130/https://history.nih.gov/display/history/Pertussis>.
- 54 <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-21-tetanus.html> (<https://perma.cc/ZEK2-AUBE>).
- 55 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4291941/> (<https://perma.cc/86QT-KUS8>).
- 56 <https://www.statnews.com/2017/11/27/scarlet-fever-cases/> (<https://perma.cc/MR4X-G5A7>).
- 57 <https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf> (<https://perma.cc/FWP8-MS2L>).
- 58 <https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf> (<https://perma.cc/FWP8-MS2L>).
- 59 Compare <https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf> (<https://perma.cc/FWP8-MS2L>) with <https://web.archive.org/web/20190618125412/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/coverage-levels.pdf> (<https://perma.cc/9Z5C-NAAQ>); see also <https://storage.courtlistener.com/recap/gov.uscourts.paed.381331.12.0.pdf> (<https://perma.cc/2KAR-YYP8>); <https://pubmed.ncbi.nlm.nih.gov/35728505/> (<https://perma.cc/D3LM-MBWE>); <https://pubmed.ncbi.nlm.nih.gov/8277201/> (<https://perma.cc/A8MK-QAHU>).
- 60 <https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf> (<https://perma.cc/FWP8-MS2L>).
- 61 <https://www.cdc.gov/hepatitis/statistics/2021surveillance/hepatitis-b/table-2.8.htm> (<https://perma.cc/VX3G-3HDB>).
- 62 <https://web.archive.org/web/20120506033120/http://www.cdc.gov:80/vaccines/pubs/pinkbook/hib.html> (“A pure polysaccharide vaccine (HbPV) was licensed in the United States in 1985. The vaccine was not effective among children younger than 18 months of age. Estimates of efficacy in older children varied widely, from 88% to -69% (a negative efficacy implies greater disease risk for vaccinees than nonvaccinees). HbPV was used until 1988 but is no longer available in the United States.”).
- 63 <https://www.cdc.gov/acip-recs/hcp/vaccine-specific/hib.html> (<https://perma.cc/4ZC8-5LEQ>).
- 64 Compare <https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf>; <https://www.cdc.gov/acip-recs/hcp/vaccine-specific/hib.html>; with <https://web.archive.org/web/20190618125412/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/coverage-levels.pdf> (<https://perma.cc/9Z5C-NAAQ>).

- 65 <https://www.cdc.gov/nchs/data/statab/hist001r.pdf> (<https://perma.cc/N9NW-LYEU>) (See deaths from Meningitis among those 4 years of age and younger between 1979 and 1998 on page 287).
- 66 Id.
- 67 <https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf> (<https://perma.cc/FWTP8-MS2L>).
- 68 <https://www.cdc.gov/hepatitis-surveillance-2022/hepatitis-a/table-1-4.html> (<https://perma.cc/GS9G-YWDQ>).
- 69 <https://www.cdc.gov/vaccines/vpd/mening/hcp/about-vaccine.html> (<https://perma.cc/49T7-6A5N>).
- 70 <https://www.cdc.gov/lightning/data-research/index.html> (<https://perma.cc/4NHL-3PEF>).
- 71 In 2022, the most recent year all-cause mortality was officially reported, the total number of deaths in the U.S. was 3,279,857. <https://www.cdc.gov/nchs/nvss/deaths.htm> (<https://perma.cc/UN8K-WRU8>). Total deaths on the Pre-Vaccine Chart (excluding deaths from hepatitis A and B, since deaths from these diseases went up after introduction of a vaccine), equals 4,515, which means that even applying the full host of reality-defying Vaccines Amen assumptions, the claim that these vaccines saved millions is off by at least 99.9%.
- 72 <https://data.unicef.org/wp-content/uploads/2020/07/WUENIC-Immunization-coverage-are-we-losing-ground-brochure-2020.pdf>
- 73 <https://icandecide.org/wp-content/uploads/2021/06/2021.01.28-Letter-to-Special-Rapporteur-on-Torture.pdf> (<https://perma.cc/A3UN-S6RB>).
- 74 <https://www.unicef.org/supply/vaccines>.
- 75 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/> (<https://perma.cc/6R29-ZSHK>).
- 76 Id.
- 77 <https://pubmed.ncbi.nlm.nih.gov/?term=PETER%20%E2%80%8CAABY%E2%80%8C%5B-Author%20-%20Full%5D&sort=date&ac=yes> (<https://perma.cc/3G4T-WR4K>).
- 78 <https://www.bandim.org/> (<https://perma.cc/S7BW-HEKN>).
- 79 Novo Nordisk Prize Recipients, available at <https://novonordiskfonden.dk/en/prizes/the-novo-nordisk-prize/> (<https://perma.cc/B9ES-BM5T>).
- 80 https://www.ae-info.org/ae/Member/Aaby_Peter (<https://perma.cc/NWU5-HLCC>).
- 81 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/> (<https://perma.cc/6R29-ZSHK>).
- 82 Id.
- 83 Id.
- 84 <https://icandecide.org/wp-content/uploads/2021/06/2021.01.28-Letter-to-Special-Rapporteur-on-Poverty.pdf> at Exhibit C (<https://perma.cc/M8RA-XKKH>).
- 85 Id. at Exhibit D.
- 86 Id.; https://terrance.who.int/mediacentre/data/sage/SAGE_Docs_Ppt_Apr2014/9_session_non-specific_vaccine_effects/Apr2014_session9_non-specific_vaccine_effects.pdf (<https://perma.cc/NN3E-TLLR>); https://terrance.who.int/mediacentre/data/sage/SAGE_Docs_Ppt_Apr2014/9_session_non-specific_vaccine_effects/Apr2014_session9_epidemiologic_review.pdf (<https://perma.cc/8X7Z-9VWU>).
- 87 Id.
- 88 Id.
- 89 Id.
- 90 Id. As an example of using randomization to avoid bias, unvaccinated children often do not receive vaccines because they are frail, malnourished, or sick, and hence more likely to die irrespective of vaccination. Thus, the unvaccinated group is often sicker than the vaccinated group, making the vaccine appear safer. By randomly picking which children receive or do not receive the DTP vaccine, a researcher can avoid this type of bias.
- 91 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/> (<https://perma.cc/6R29-ZSHK>).
- 92 Id.
- 93 Id.
- 94 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/> (<https://perma.cc/6R29-ZSHK>) ("The recently published SAGE review called for randomized trials of DTP (Higgins et al., 2014). However, at the same time the IVIR-AC committee [Immunization and Vaccines Related Implementation Research Advisory Committee] to which SAGE delegated the follow-up studies

- of the NSEs [Non-Specific Effects] of vaccines has indicated that it will not be possible to examine the effect of DTP in an unbiased way. If that decision by IVIR-AC remains unchallenged, the present study [the 2017 Study] may remain the closest we will ever come to a RCT [Randomized Controlled Trial] of the NSEs of DTP"; <https://www.scientificfreedom.dk/wp-content/uploads/2022/10/2019-Gotzsche-Expert-Report-Effect-of-DTP-Vaccines-on-Mortality-in-Children-in-Low-Income-Countries.pdf> (<https://perma.cc/9P9G-LAC3>).
- 95 <https://icandecide.org/wp-content/uploads/2021/06/2021.01.28-Letter-to-Special-Rapporteur-on-Poverty.pdf> at Exhibit E (<https://perma.cc/M8RA-XKKH>).
- 96 *Id.* at Exhibit F; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5868131/pdf/fpubh-06-00079.pdf> (<https://perma.cc/7F7U-ZZWJ>).
- 97 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5868131/pdf/fpubh-06-00079.pdf> (<https://perma.cc/7F7U-ZZWJ>).
- 98 Another study was published in 2022, with some of the same authors as the 2017 Study and 2018 Study, that compared low weight infants who were randomized to receive either early-BCG or delayed-BCG vaccine. Among these infants, the study also divided them into those who received DTP at 6 weeks and those who had no/delayed DTP. This study did not find a statistically significant mortality difference between these groups but there are two important things to note. First, as the study explains: "Compared to the previous study [that found an increase in mortality among the DTP group], the present study cohort had 56% ... lower overall mortality, fewer no-DTP infants, higher BCG vaccination coverage and several more oral polio vaccine campaigns." Second, and critically, among "the 13 no-DTP infants ... who died ... , at least three ... received DTP before they died" and the "final vaccination status remained undetermined for six ... of the 13 who died." Hence, moving three deaths from the no-DTP group to the DTP group (as should have occurred) and censoring the six deaths where DTP status was undetermined (as should have occurred), there was 60% more deaths in the DTP group than the no-DTP group. The study's conclusion also stated: "DTP is among the world's most used vaccines ... [and] the third dose of DTP (DTP3) is used as the main performance indicator for national immunization programs. Since an RCT [randomized controlled trial] of DTP versus no-DTP with all-cause mortality as the main outcome ... has never been conducted, it has never been proven that the vaccine is ... not associated with negative overall non-specific health effects. Therefore, there is an urgent need for further research to assess the overall effect of DTP on mortality and morbidity." <https://pubmed.ncbi.nlm.nih.gov/34217570/> (<https://perma.cc/RX3T-244X>).
- 99 <https://icandecide.org/UNICEF-E-mails> (<https://perma.cc/PCB2-DFH5>).
- 100 *Id.*
- 101 <https://icandecide.org/article/ican-letter-exchange-with-unicef-and-icans-subsequent-petition-to-the-international-criminal-court-for-failing-to-prevent-death-of-countless-children-from-dtp-vaccine/> (<https://perma.cc/RVP9-PY2Q>).
- 102 *Id.*
- 103 <https://icandecide.org/press-release/ican-files-additional-evidence-with-the-icc-that-dtp-vaccine-causes-an-increase-in-infant-death/> (<https://perma.cc/99M9-2SS4>). This video testimony is but one example of the pain and suffering caused by parents around the world from the loss of a child due to DTP.
- 104 For example, see <https://pubmed.ncbi.nlm.nih.gov/17484223/> (<https://perma.cc/7U2N-BRLJ>); <https://pubmed.ncbi.nlm.nih.gov/15626943/> (<https://perma.cc/9QA8-C35R>).
- 105 In the same vein, measles vaccines had nothing to do with the decline in measles deaths by over 98% from 1900 to 1962 in the U.S. (before the first measles vaccine in 1963) or by over 99% from 1900 to 1967 in England (before the first measles vaccine in 1968), yet measles vaccines typically are given credit for the decline in measles mortality.
- 106 <https://www.cnn.com/2022/12/13/health/covid-19-vaccines-study/index.html> (<https://perma.cc/F5FN-3A8J>).
- 107 <https://www.commonwealthfund.org/blog/2022/two-years-covid-vaccines-prevented-millions-deaths-hospitalizations>.
- 108 <https://www.cdc.gov/flu/weekly/weeklyarchives2022-2023/data/NCHSData07.csv> (<https://perma.cc/S2Q2-5XHN>).
- 109 *Id.*

- 110 Id.
- 111 <https://www.cdc.gov/flu/weekly/weeklyarchives2022-2023/data/NCHSData07.csv> (<https://perma.cc/S2Q2-5XHN>).
- 112 https://ghdx.healthdata.org/record/ihme-data/covid_19_cumulative_infections (<https://perma.cc/W89Z-PBXL>) (The Institute for Health Metrics and Evaluations, *SARS-CoV-2 Daily and Cumulative Infection Estimates 2019-2021*, widely relied upon in peer reviewed publications, reflects that 17.1% of the U.S. population was infected as of December 31, 2020; 15.9% of the U.S. population was infected between January 1, 2021 and November 14, 2021, and assuming a consistent increase in infections through the end of 2021, that would work out to be 18.2% of the U.S. population having been infected in 2021.)
- 113 <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7222a3-H.pdf> (<https://perma.cc/Y26J-Y336>).
- 114 <https://www.fda.gov/media/151733/download>.
- 115 Id.; <https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/> (<https://perma.cc/B6EX-A7YQ>).
- 116 <https://www.cnn.com/2021/10/05/health/covid-vaccines-reduce-senior-deaths/index.html> (<https://perma.cc/G2N5-F4X3>).
- 117 <https://www.bbc.com/news/health-60653946> (<https://perma.cc/2PAK-7BTQ>).
- 118 https://publichealthscotland.scot/MEDIA/11223/22-01-19-COVID19-WINTER_PUBLICATION_REPORT.PDF; <https://x.com/AaronSiriSG/status/1486432700969807873> (<https://perma.cc/7PPB-WDXZ>).
- 119 https://covid.cdc.gov/covid-data-tracker/#trends_totaldeaths_select_00 (<https://perma.cc/7CDS-2JXA>).
- 120 <https://www.hsgac.senate.gov/subcommittees/investigations/hearings/the-corruption-of-science-and-federal-health-agencies-how-health-officials-downplayed-and-hid-myocarditis-and-other-adverse-events-associated-with-the-covid-19-vaccines/> (<https://perma.cc/R8K8-PVQV>); <https://www.youtube.com/watch?v=Wb0kOsKYjXA> (<https://perma.cc/R5AE-745H>).

Chapter 8

- 1 <https://www.nytimes.com/2024/12/13/health/aaron-siri-rfk-jr-vaccines.html> (<https://perma.cc/3LXQ-A9LB>).
- 2 <https://www.wsj.com/opinion/rfk-polio-pinocchio-and-me-media-distortion-legal-work-vaccine-safety-3b50062a>; <https://x.com/AaronSiriSG/status/1872708331347034544>; <https://x.com/AaronSiriSG/status/1869436307472310692>; <https://x.com/AaronSiriSG/status/1869047698227335628> (<https://perma.cc/M4M2-9KJT>).
- 3 https://www.icandecide.org/ipol_petition (<https://perma.cc/X6HN-RCTX>).
- 4 <https://pubmed.ncbi.nlm.nih.gov/20242791/> (<https://perma.cc/GE54-UJQG>).
- 5 Id.
- 6 Id.
- 7 <https://web.archive.org/web/20190615081539/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/reported-cases.pdf> (<https://perma.cc/7GPK-32AC>).
- 8 See Chapter 7.
- 9 <https://pubmed.ncbi.nlm.nih.gov/20242791/> (<https://perma.cc/99WP-AY2H>).
- 10 Id.
- 11 Id.
- 12 https://archive.org/details/sim_medical-times_1912-05_40_5/page/134/mode/2up (<https://perma.cc/A8J4-7ZVQ>).
- 13 https://openlibrary.org/books/OL6675629M/Infantile_paralysis_in_Vermont_1894-1922 (<https://perma.cc/M4ZM-UT4H>).
- 14 <https://pubmed.ncbi.nlm.nih.gov/20242791/> (<https://perma.cc/YT4Y-BWLT>).
- 15 <https://pmc.ncbi.nlm.nih.gov/articles/PMC1525657/> (<https://perma.cc/6TJD-S9JP>).
- 16 https://www.who.int/health-topics/poliomyelitis#tab=tab_2 (<https://perma.cc/6QXD-J9SW>).
- 17 <https://pubmed.ncbi.nlm.nih.gov/13857182/> (<https://perma.cc/MLV8-54GF>); <https://www.civilianIntelligenceNetwork.ca/wp-content/uploads/2021/11/ThePresentStatusOfPolioVac->

- cines-1960-Chicago.pdf (<https://perma.cc/BZ79-JHBA>).
- 18 Id.
- 19 Id.
- 20 Id.
- 21 Id.
- 22 Id.
- 23 Id.
- 24 Id.
- 25 Id.
- 26 <https://pubmed.ncbi.nlm.nih.gov/13857182/> (<https://perma.cc/MLV8-54GF>); <https://www.civilianintelligencecenter.ca/wp-content/uploads/2021/11/ThePresentStatusOfPolioVaccines-1960-Chicago.pdf> (<https://perma.cc/BZ79-JHBA>); <https://web.archive.org/web/20151112061302/http://archives.chicagotribune.com/1961/03/05/page/62/article/the-truth-about-the-polio-vaccines>.

Chapter 9

- 1 <https://www.cdc.gov/poliovirus-containment/diseaseandvirus/> (<https://perma.cc/4C4R-T63K>); <https://www.cdc.gov/mmwr/volumes/71/wr/mm7133e2.htm> (<https://perma.cc/2XXP-RADT>).
- 2 <https://www.cdc.gov/vaccines/hcp/immunization-schedules/resources.html> (<https://perma.cc/9NQH-BN-DY>).
- 3 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616129/> (<https://perma.cc/2YUK-R8M9>); <https://www.cdc.gov/vaccines/hcp/immunization-schedules/index.html> (<https://perma.cc/5A49-WTFT>).
- 4 <https://pubmed.ncbi.nlm.nih.gov/29180031/> (<https://perma.cc/ACW9-4MDK>) ("That vaccination does not prevent B pertussis infection in humans, nor the circulation of the organism in human populations in any important manner, comes from the observation that the inter-epidemic intervals have not changed in a major way since the implementation of mass vaccination.")
- 5 <https://pmc.ncbi.nlm.nih.gov/articles/PMC3896208/> (<https://perma.cc/56SF-7WQW>).
- 6 <https://thehighwire.com/ark-videos/the-deposition-of-the-godmother-of-vaccines-dr-kathryn-edwards/>.
- 7 <https://openpaymentsdata.cms.gov/physician/517174> (<https://perma.cc/8WNS-RZHH>); <https://www.waidid.org/uploads/board/cv/CV-Tan.pdf> (<https://perma.cc/4829-KAQ9>).
- 8 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616129/> (<https://perma.cc/8VE3-U53A>); <https://pmc.ncbi.nlm.nih.gov/articles/PMC6616129/pdf/fimmu-10-01344.pdf>.
- 9 Id.
- 10 Id.
- 11 <https://clinicaltrials.gov/study/NCT03541499>.
- 12 <https://www.youtube.com/watch?v=OTAYSm4iZSI> (<https://perma.cc/ED99-ZY3A>).
- 13 Compare <https://web.archive.org/web/20171009024842/https://www.aboutwhoopingcough.com/index.html?cc=dd5a1583fe6b> (October 9, 2017) with <https://web.archive.org/web/20200812114325/https://www.aboutwhoopingcough.com/index.html?cc=dd5a1583fe6b> (August 12, 2020) with <https://web.archive.org/web/20200915173048/https://www.aboutwhoopingcough.com/index.html?cc=dd5a1583fe6b> (September 15, 2020).
- 14 Id.
- 15 <https://web.archive.org/web/20240531201312/https://www.cdc.gov/vaccines/pubs/pinkbook/tetanus.html>.
- 16 "Diphtheria toxoid helps prevent symptomatic disease but does not prevent the carrier state nor stop the spread of infection ... [T]he known importance of carriers in the spread of diphtheria, and the demonstrated failure of toxoid to prevent the carrier state lead us to conclude that the concept of herd immunity is not applicable in the prevention of diphtheria." <https://pubmed.ncbi.nlm.nih.gov/5026197/> (<https://perma.cc/5GCV-XEX6>). In any event, immunity from the diphtheria vaccine wanes rapidly even after six doses in childhood, which is why the CDC provides for revaccination every 10 years during adulthood, and over 40% of adults do not follow this schedule. <https://www.cdc.gov/vaccines/hcp/immunization-schedules/downloads/child/0-18yrs-child>.

- combined-schedule.pdf (<https://perma.cc/BNY5-VGAV>) ; <https://www.cdc.gov/vaccines/hcp/immunization-schedules/downloads/adult/adult-combined-schedule.pdf> (<https://perma.cc/3C3B-ZDQL>); <https://www.cdc.gov/adultvaxview/publications-resources/adult-vaccination-coverage-2022.html> (<https://perma.cc/TNF5-AKU9>).
- 17 <https://web.archive.org/web/20240509230842/https://www.cdc.gov/vaccines/vpd/mening/public/index.html>.
- 18 <https://web.archive.org/web/20240421022106/https://www.cdc.gov/vaccines/vpd/mening/hcp/adolescent-vaccine.html>. Moreover, the clinical trial for this vaccine did not even prove it prevented a single case of meningococcal disease; it instead relied on antibody levels. <https://www.fda.gov/media/75619/download>.
- 19 <https://www.icandecide.org/wp-content/uploads/2020/12/Final-Response-No-Records.pdf> (<https://perma.cc/6DSU-P4WR>).
- 20 Id.
- 21 https://www.supremecourt.gov/DocketPDF/21/21A259/207136/20220103063642965_OS-HA-Reply-ETS-FINAL_2022_01_03.pdf (<https://perma.cc/Q7V4-NEWT>).
- 22 This graph was, for a period of time, available from the Ontario government, the underlying data remains available at <https://data.ontario.ca/en/dataset/covid-19-vaccine-data-in-ontario> (<https://perma.cc/LL7U-GZYQ>).
- 23 <https://x.com/AaronSiriSG/status/1486432700969807873> (<https://perma.cc/9328-SX5E>), https://web.archive.org/web/20220126153845/https://publichealthscotland.scot/MEDIA/11223/22-01-19-COVID19-WINTER_PUBLICATION_REPORT.PDF.

Chapter 10

- 1 <https://www.fda.gov/media/74274/download>.
- 2 Id.
- 3 Id.
- 4 <https://www.icandecide.org/wp-content/uploads/2020/09/COMBINED-02.pdf> (<https://perma.cc/SZL9-JFSB>). Note that only for adults, there was some safety follow up a few months after injection.
- 5 <https://pubmed.ncbi.nlm.nih.gov/2943814/> (<https://perma.cc/A85Y-77QK>).
- 6 <https://www.nature.com/articles/d42859-020-00016-5> (<https://perma.cc/J44R-UAWG>).
- 7 <https://www.fda.gov/media/119403/download>.
- 8 <https://www.ncbi.nlm.nih.gov/pubmed/1330942> (<https://perma.cc/T9NY-8NM2>) (“a placebo is a pharmacologically inactive substance”).
- 9 https://www.cdc.gov/vaccines/glossary/?CDC_Aref_Val=https://www.cdc.gov/vaccines/terms/glossary.html#heading-p (<https://perma.cc/VR3G-NXNV>).
- 10 <https://www.fda.gov/media/130326/download>. See also <https://www.fda.gov/media/71349/download> (“the placebo control design, by ... including a group that receives an inert treatment...”).
- 11 <https://web.archive.org/web/20230309063403/https://www.nia.nih.gov/health/placebos-clinical-trials>.
- 12 Note that as of this writing, the Covid-19 vaccine was no longer recommended for routine use by the CDC.
- 13 Supporting references for each vaccine in the table: **Engerix-B** (<https://www.fda.gov/media/119403/download>); **Recombivax HB** (<https://www.fda.gov/media/74274/download>); **Infanrix** (<https://www.fda.gov/media/75157/download>); **Daptacel** (<https://www.fda.gov/media/74035/download>, lists DT vaccine in one of its efficacy trials as a “placebo”); **ActHIB** (<https://www.fda.gov/media/74395/download>); **Hiberix** (<https://www.fda.gov/media/77017/download>); **PedvaxHIB** (<https://www.fda.gov/media/80438/download>, note that in Lyophilized PedvaxHIB’s pre-licensure trials, the test group received Lyophilized PedvaxHIB, OPV, and DTP, and the control group received an injection of lactose, aluminum adjuvant, and thimerosal, along with OPV, and DTP); **Prenar 13** (<https://www.fda.gov/media/107657/download>, claims placebo used in an adult trial, but never in a trial for children, and Prenar was also licensed without a

- placebo-controlled trial, <https://www.fda.gov/media/76076/download>); **Vaxneuvance** (<https://www.fda.gov/media/150819/download>); **Prevnar 20** (<https://www.fda.gov/media/150459/download>); **Ipol** (<https://www.fda.gov/media/75695/download>); **Pediarix** (<https://www.fda.gov/media/79830/download>); **Pentacel** (<https://www.fda.gov/media/74385/download>, lists DT vaccine in one of its efficacy trials as a "placebo"); **Vaxelis** (<https://www.fda.gov/media/119465/download>). Note that most vaccines had multiple trials, and where some trials used a control and others did not, only the control is listed for each vaccine.
- 14 Supporting references for each vaccine in the table: **M-M-R II** (<https://www.fda.gov/media/75191/download>); **Priorix** (<https://www.fda.gov/media/158941/download>); **Varivax** (<https://www.fda.gov/media/76008/download>, note that while this insert states 465 children received a "placebo," Merck's peer reviewed publication explains the "placebo consisted of lyophilized stabilizer containing approximately 45 mg of neomycin per milliliter," <https://www.ncbi.nlm.nih.gov/pubmed/6325909>, <https://perma.cc/S8ET-ZBA9>, and neomycin is an antibiotic with serious side effects when swallowed, let alone injected, <https://www.pdr.net/drug-summary/?drug-LabelId=819>, <https://perma.cc/E8V9-4JN5>); **Havrix** (<https://www.fda.gov/media/119388/download>); **Vaqta** (<https://www.fda.gov/media/74519/download>, the "Placebo (Alum Diluent)" contained 300µg AAHS and thimerosal, see <https://www.nejm.org/doi/full/10.1056/NEJM199208133270702>); **Fluarix (IIV4)** (<https://www.fda.gov/media/79278/download>, placebo control only used in adult trials but never in trials to license this vaccine for children); **Fluzone (IIV4)** (<https://www.fda.gov/media/170019/download>); **FluLaval (IIV4)** (<https://www.fda.gov/media/115785/download>); **Afluria (IIV4)** (<https://www.fda.gov/media/117022/download>); **Flucelvax (IIV4)** (<https://www.fda.gov/media/115862/download>, placebo control only used in adult trials but never in trials to license this vaccine for children); **ProQuad** (<https://www.fda.gov/media/75195/download>, note that in one clinical trial, 799 children received ProQuad+Placebo, MMR II+Placebo, or MMR II+Varivax, but none received only a placebo; hence, this was not a placebo-controlled trial nor does it purport to be in its Clinical Review, <http://wayback.archive-it.org/7993/20170723150913/https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM123800.pdf>). Note that this table lists all quadrivalent flu shots licensed for children except FluMist (LAIV4) given via nasal spray, not injection, hence not included.
- 15 Supporting references for each vaccine in the table: **Boostrix** (<https://www.fda.gov/media/124002/download>); **Adacel** (<https://www.fda.gov/media/119862/download>); **Gardasil** (<https://www.fda.gov/media/74350/download>, note that while this insert states 594 controls received a "saline placebo," Merck's peer reviewed publication explains the "placebo used in this study contained identical components to those in the vaccine, with the exception of HPV L1 VLPs and aluminum adjuvant," which means it was not in fact a "placebo" but rather an injection that contained, among other ingredients, L-histidine, Polysorbate 80, and Yeast Protein, <https://www.ncbi.nlm.nih.gov/pubmed/17484215>, <https://perma.cc/42P6-6EB6>); **Gardasil-9** (<https://www.fda.gov/media/90249/download>, and note in one trial, 306 controls received a placebo after receiving 3 doses of Gardasil, <https://clinicaltrials.gov/ct2/show/NCT01047345>); **Menactra** (<https://www.fda.gov/media/75619/download>, note in one clinical trial, 509 adolescents received Td for adult use and Menactra and, 28 days later, a saline injection, and 512 adolescents received Td for adult and a saline injection and, 28 days later, Menactra, which means this was not a placebo-controlled trial); **Menveo** (<https://www.fda.gov/media/78514/download>); **MenQuadfi** (<https://www.fda.gov/media/137306/download>); **Penbraya** (<https://www.fda.gov/media/173223/download>); **Kinrix** (<https://www.fda.gov/media/80128/download>); **Quadracel** (<https://www.fda.gov/media/91640/download>).
- 16 Both rotavirus products are oral drops, not injections, and hence are not discussed; but it is noted the control used in the trials for both of these products included numerous ingredients, <https://www.fda.gov/media/75718/download> (states RotaTeq used a "placebo"); <https://icandecide.org/wp-content/uploads/2021/06/RotaTeq-Placebo-Ingredients.pdf> (<https://perma.cc/DD2Q-9X6K>) (explains this "placebo" included Polysorbate 80, Citrate, and Phosphate); <https://www.fda.gov/media/75726/download> (states Rotarix used a "placebo"); <https://wayback.archive-it.org/7993/20170722073219/https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM133580.pdf> (explains this "placebo" included Dextran, Sorbitol, Amino

- acids, Dulbecco's Modified Eagle Medium, Calcium Carbonate, and Xanthan)
- 17 Note that this review will include all stand-alone vaccines and only include combination vaccines when no stand-alone version of the combined vaccines is available or routinely administered.
 - 18 <https://www.fda.gov/media/108745/download>.
 - 19 Id.
 - 20 Id.
 - 21 Id.
 - 22 <https://www.fda.gov/safety/reporting-serious-problems-fda/what-serious-adverse-event>.
 - 23 <https://www.fda.gov/media/119403/download>.
 - 24 <https://www.fda.gov/media/75157/download>.
 - 25 <https://icandecide.org/wp-content/uploads/2021/06/2021.01.28-Letter-to-Special-Rapporteur-on-Poverty.pdf> (<https://perma.cc/3KRP-NLVV>).
 - 26 <https://www.fda.gov/media/74035/download>; <https://www.fda.gov/safety/reporting-serious-problems-fda/what-serious-adverse-event>.
 - 27 <https://www.cdc.gov/vaccines/hcp/immunization-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf> (<https://perma.cc/DJ5E-QKYT>).
 - 28 <https://labeling.pfizer.com/showlabeling.aspx?id=134> (<https://perma.cc/8NZ2-JWX5>).
 - 29 <https://www.ncbi.nlm.nih.gov/pubmed/15479935> (<https://perma.cc/QQK3-8CUX>).
 - 30 <https://www.fda.gov/media/107657/download>; <https://www.fda.gov/media/76076/download>.
 - 31 <https://www.fda.gov/media/107657/download>.
 - 32 <https://www.fda.gov/media/107657/download>.
 - 33 Id.
 - 34 <https://www.fda.gov/media/150819/download>.
 - 35 Id.
 - 36 <https://www.fda.gov/media/149987/download>; <https://www.fda.gov/media/150459/download>.
 - 37 <https://www.fda.gov/media/74395/download>; <http://wayback.archive-it.org/7993/20170723144656/https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM244597.pdf> at p. 8.
 - 38 <https://www.fda.gov/media/77017/download>.
 - 39 <https://www.fda.gov/media/80438/download> at pp. 6-8.
 - 40 <https://www.fda.gov/media/75695/download> at pp. 14-17.
 - 41 Id.
 - 42 <https://www.fda.gov/media/75695/download>; <https://pubmed.ncbi.nlm.nih.gov/6740101/> (<https://perma.cc/29KM-2ZHE>); <https://admin.phe-culturecollections.org.uk/media/122249/vero-cell-line-profile.pdf>; <https://www.atcc.org/products/all/ccl-81.aspx#characteristics> at p. 1 (<https://perma.cc/WEV7-V5WY>).
 - 43 <https://www.fda.gov/media/75695/download> at p. 1; <https://pubmed.ncbi.nlm.nih.gov/6740101/> (<https://perma.cc/PD73-4J5P>); <https://admin.phe-culturecollections.org.uk/media/122249/vero-cell-line-profile.pdf>; <https://www.atcc.org/products/all/ccl-81.aspx#characteristics> at p. 1 (<https://perma.cc/6B44-A2FT>).
 - 44 <https://www.fda.gov/media/75695/download>.
 - 45 <https://pauloffit.substack.com/p/the-casual-cruelty-of-placebo-controlled> (<https://perma.cc/2MJ9-AF8Y>); <https://aaronisiri.substack.com/p/what-the-casual-cruelty-of-dr-paul> (<https://perma.cc/EJT2-PH66>).
 - 46 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3299531/> (<https://perma.cc/44GT-5DJY>) (describing the "199 solution," which it refers to as "Mixture 199").
 - 47 <https://icandecide.org/wp-content/uploads/2023/07/2023-07-30-00-51.pdf> (<https://perma.cc/3DL2-S4HC>). While the trial report referred to using "placebo material," the control was not a placebo, as defined by the CDC and FDA (and common sense), as it included numerous non-inert ingredients, including synthetic tissue culture medium, ethanol, phenol red, antibiotics, and formalin.
 - 48 <https://web.archive.org/web/20230626182019/https://pauloffit.substack.com/p/should-scientists-debate-the-undebatable>.
 - 49 <https://icandecide.org/wp-content/uploads/2023/07/offit-first-page.pdf> (<https://perma.cc/M77L-SJFM>); <https://pauloffit.substack.com/p/should-scientists-debate-the-undebatable>

- (<https://perma.cc/4CSB-56U7>).
- 50 <https://pauloffit.substack.com/p/the-casual-cruelty-of-placebo-controlled> (<https://perma.cc/8TQ8-F54P>).
 - 51 <https://aaronisiri.substack.com/p/what-the-casual-cruelty-of-dr-paul> (<https://perma.cc/EJT2-PH66>).
 - 52 <https://sph.umich.edu/polio/#:text=%22Safe%2C%20effective%2C%20and%20potent,effective%20in%20preventing%20paralytic%20polio> (<https://perma.cc/22JG-G3PW>).
 - 53 <https://icandecide.org/wp-content/uploads/2023/07/2023-07-30-00-51.pdf> (<https://perma.cc/QX49-E3C2>). While the trial report referred to using “placebo material,” the control was not a placebo, as defined by the CDC and FDA (and common sense), as it included numerous non-inert ingredients, including synthetic tissue culture medium, ethanol, phenol red, antibiotics, and formalin.
 - 54 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3299531/> (<https://perma.cc/JPT9-DYNE>).
 - 55 <https://web.archive.org/web/20230809185407/https://www.uscfc.uscourts.gov/vaccine-programoffice-special-masters>
 - 56 <https://www.congress.gov/106/crpt/hrpt977/CRPT-106hrpt977.pdf> (<https://perma.cc/F6AD-2MNF>).
 - 57 <https://aaronisiri.substack.com/p/what-the-casual-cruelty-of-dr-paul> (<https://perma.cc/EJT2-PH66>).
 - 58 <https://x.com/AaronSiriSG/status/1810729795434729888> (<https://perma.cc/5FU7-777V>).
 - 59 Supporting references for each vaccine in the table: **Fluzone (IIV3)** (<https://www.fda.gov/media/170019/download> (As reflected in section 14.1, nineteen years after licensure a small efficacy, not safety, trial had a small group of children receiving a placebo which did not contribute to any safety finding for this product; ironically, had this trial been conducted pre-licensure, and relied upon for safety, it would have raised a serious safety issue since “the rate of hospitalization was actually higher in the vaccine group than in the placebo group” with 60% more vaccinated than unvaccinated children hospitalized for insertion of ear drainage tubes); **Fluvirin (IIV3)** (<https://www.fda.gov/media/75156/download>); **Fluarix (IIV3)** (<https://www.fda.gov/media/84804/download>); **Flulaval (IIV3)** (<https://www.fda.gov/media/74537/download>); **Afluria (IIV3)** (<https://www.fda.gov/media/81559/download> (states placebo used in adult trials but not in trials for children); **Flucelvax (IIV3)** (<https://www.fda.gov/media/85322/download>); **Fluarix (IIV4)** (<https://www.fda.gov/media/79278/download>, states placebo used in adult trials but not in trials for children); **Flublok (IIV3)** (<https://www.fda.gov/media/179778/download>); **Fluzone (IIV4)** (<https://www.fda.gov/media/170019/download>); **FluLaval (IIV4)** (<https://www.fda.gov/media/115785/download>); **Afluria (IIV4)** (<https://www.fda.gov/media/117022/download>); **Flucelvax (IIV4)** (<https://www.fda.gov/media/115862/download>, states placebo used in adult trials but not in trials for children).
 - 60 <https://www.ncbi.nlm.nih.gov/pubmed/14506120> (<https://perma.cc/BG8X-U4Z8>).
 - 61 <https://www.fda.gov/media/119388/download>; <https://www.fda.gov/media/74519/download>.
 - 62 <https://www.fda.gov/media/119388/download>.
 - 63 <https://www.fda.gov/media/74519/download> (The “Placebo (Alum Diluent)” contained 300µg AAHS and thimerosal, <https://www.nejm.org/doi/full/10.1056/NEJM199208133270702>); <http://wayback.archive-it.org/7993/20170723025039/https://www.fda.gov/downloads/Biologics-BloodVaccines/Vaccines/ApprovedProducts/UCM110035.pdf>.
 - 64 <https://www.fda.gov/media/76008/download>.
 - 65 *Id.*; <https://www.ncbi.nlm.nih.gov/pubmed/6325909> (<https://perma.cc/N7DS-XKP7>).
 - 66 <https://www.pdr.net/drug-summary/?drugLabelId=819> (<https://perma.cc/E8V9-4JN5>).
 - 67 <https://www.fda.gov/media/76008/download>.
 - 68 <https://sirillp.com/MMR-clinical-trial> (<https://perma.cc/RRE8-WDQ5>).
 - 69 *Id.*
 - 70 Because viruses multiply in cells, living cells are used to grow viruses for vaccine production. The rubella virus used in MMR-II is grown on the cultured cell line of an aborted fetus, listed as “WI-38 human diploid lung fibroblasts” in the ingredients of MMR-II as portions of these cells end up in each vial of MMR-II. <https://web.archive.org/web/20241120002123/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>. As explained by a company that sells this aborted fetal cell line: “WI-38 cell line is the first human diploid

cell line to be used in human vaccine preparation. WI-38 cells were isolated from the lung tissue of a 3-month-old, female, embryo." <https://www.atcc.org/products/ccl-75> (<https://perma.cc/H6XR-QFXN>). During Dr. Plotkin's deposition, I asked, "Isn't it true that MMR II contains approximately 150 nanograms cells substrate double-strand DNA and single-strand DNA per dose purposefully fragmented to approximately 215 base pairs in length?" Dr. Plotkin answered, "Yeah, that's probably correct, yes." <https://icandecide.org/plotkintranscript/> at p. 328 (<https://perma.cc/7WCZ-G2TC>). See also <https://soundchoice.org/wp-content/uploads/2021/01/epidemiologic-molecular-relationship-vaccine-manufacture-autism-prevalence.pdf> (<https://perma.cc/2E38-QEYA>), <https://pubmed.ncbi.nlm.nih.gov/26103708/> (<https://perma.cc/E6TH-2LK8>) (See Table 3, reflecting an average of 142 nanograms of single-stranded DNA and 35 nanograms of double-stranded DNA in the rubella vaccine component of each dose of MMR-II). Doing the math, 150 nanograms of double-stranded DNA broken down into 215 base pair fragments equals approximately 646 billion pieces of human DNA from an aborted fetal cell line in each vial of MMR-II. <https://www.technologynetworks.com/tn/tools/copynumbercalculator>. Doing this same math for 150 nanograms of single-stranded DNA equals 1.3 trillion pieces inside each vial of MMR-II. *Id.* In addition to the human DNA, there is also an unspecified amount of human cellular debris in each dose of MMR-II. See also <https://thehighwire.com/ark-videos/aborted-fetal-tissue-in-vaccines/>.

- 71 <https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg> (<https://perma.cc/FL6E-6PSZ>).
- 72 <https://web.archive.org/web/20180627180022/https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmriv.pdf>
- 73 <https://www.sirillp.com/wp-content/uploads/2025/06/2018-MMR-VIS-9623e9fb15e-a27e5d007df8a106e1f79.pdf> (2018 version) (<https://perma.cc/XU2X-ZZY4>) compared to <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/mmr.pdf> (current version) (<https://perma.cc/HY67-Z2BA>).
- 74 <https://pmc.ncbi.nlm.nih.gov/articles/PMC7192400/#sec20> (<https://perma.cc/JA5Y-Y94M>); https://pmc.ncbi.nlm.nih.gov/articles/instance/7192400/bin/piz010_suppl_supplementary_materials.docx.
- 75 Compare Section 6.1 of MMR-RIT's package insert <https://www.fda.gov/media/158941/download> with Table 6 in the Supplementary Materials <https://pmc.ncbi.nlm.nih.gov/articles/PMC7192400/#sec20> (<https://perma.cc/JA5Y-Y94M>); https://pmc.ncbi.nlm.nih.gov/articles/instance/7192400/bin/piz010_suppl_supplementary_materials.docx.
- 76 <https://www.fda.gov/media/186364/download>; <https://www.clinicaltrials.gov/study/NCT00092547>.
- 77 Merck's peer reviewed publication explains the "placebo used in this study contained identical components to those in the vaccine, with the exception of HPV L1 VLPs and aluminum adjuvant," which means it was not in fact a "placebo" but rather an injection that contained, among other ingredients, L-histidine, Polysorbate 80, and Yeast Protein. <https://www.ncbi.nlm.nih.gov/pubmed/17484215> (<https://perma.cc/42P6-6EB6>); <https://www.fda.gov/media/90064/download>.
- 78 *Id.*
- 79 <https://www.fda.gov/media/74350/download>.
- 80 <https://www.wiley.com/en-us/Vaccines+and+Autoimmunity-p-9781118663431>; <https://www.ncbi.nlm.nih.gov/pubmed/25923134> (<https://perma.cc/822U-GQQV>).
- 81 <https://wayback.archive-it.org/7993/20170723091826/https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM111293.pdf>.
- 82 <https://www.clinicaltrials.gov/study/NCT00092547?tab=results>.
- 83 <https://www.wiley.com/en-us/Vaccines+and+Autoimmunity-p-9781118663431>.
- 84 <https://www.fda.gov/media/90249/download>; <https://clinicaltrials.gov/study/NCT01047345?tab=results>.
- 85 <https://www.fda.gov/media/119862/download>; <https://www.fda.gov/media/124002/download>.
- 86 <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>.
- 87 Compare <https://www.fda.gov/media/75157/download> ("Each 0.5-mL dose is formulated to contain 25 Lf of diphtheria toxoid" and "25 mcg of inactivated pertussis toxin (PT)") with

- <https://www.fda.gov/media/119862/download> ("Each 0.5 mL dose contains ... 2 Lf diphtheria toxoid" and "2.5 mcg detoxified pertussis toxin (PT)").
- 88 <https://web.archive.org/web/20240622065910/https://www.fda.gov/media/83562/download>.
- 89 <https://web.archive.org/web/20240622065910/https://www.fda.gov/media/83562/download>; <https://www.fda.gov/media/75619/download>.
- 90 Id.
- 91 <https://www.fda.gov/media/78514/download>.
- 92 <https://www.fda.gov/media/137306/download>.
- 93 There are already hundreds of thousands of children who are completely unvaccinated in this country <https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm> (<https://perma.cc/6FP6-44V3>).
- 94 https://research.unc.edu/human-research-ethics/resources/ccm3_019064/ (<https://perma.cc/2N-HF-DXF7>) ("voluntary consent ... means that the person ... should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision").
- 95 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113953/> (<https://perma.cc/QC3S-GEWG>).
- 96 <https://www.cdc.gov/vaccines/hcp/imz-best-practices/preventing-managing-adverse-reactions.html> (<https://perma.cc/FG3P-YZ44>) ("establishing evidence for cause and effect on the basis of case reports and case series alone is usually not possible," rather, researchers need "to compare the incidence of the event among vaccinees with the incidence among unvaccinated persons"); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505292/> (<https://perma.cc/9TP5-D6TW>) (The entire advantage of a randomized placebo-controlled trial "is the ability to demonstrate causality i.e., cause-effect relationship"); <https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-21-vaers.html> (<https://perma.cc/S2CC-CVW6>) (The Vaccine Adverse Event Reporting System (VAERS) is unable "to determine causation" because "there is a lack of an unvaccinated group for comparison in VAERS").
- 97 <https://www.cnn.com/2025/06/05/health/vaccine-placebo-studies-kennedy> (<https://perma.cc/UV9M-9A2G>).
- 98 <https://x.com/seckennedy/status/1932580198198964241?s=46> (<https://perma.cc/9U6W-2V56>).
- 99 <https://www.fda.gov/media/130326/download> ("Placebos, defined as inert substances with no pharmacologic activity, are commonly used in double-blind, randomized controlled clinical trials."); <https://www.fda.gov/media/71349/download> ("the placebo control design, by ... including a group that receives an inert treatment..."); <https://www.cdc.gov/vaccines/glossary/> (<https://perma.cc/S2HM-BWQW>) ("Placebo: A substance or treatment that has no effect on living beings, usually used as a comparison to vaccine or medicine in clinical trials.").
- 100 While Secretary Kennedy specifically referred to "shots," meaning injected vaccines, CNN's cited list also includes a few trials that involved products that are taken orally or inhaled, but he nonetheless addresses those in a footnote describing the control in each. <https://x.com/seckennedy/status/1932580198198964241?s=46> (<https://perma.cc/9U6W-2V56>).
- 101 See discussion in this chapter regarding polio vaccine explaining how the current polio vaccines used in the U.S. are a different product from the polio vaccine developed by Jonas Salk in the 1950s—which was discontinued in the 1960s—including because the currently-used polio vaccines are "grown in vero cells, a continuous line of monkey kidney cells cultivated on micro-carriers," and the trial of Salk's vaccine was not relied upon to license any current polio vaccine.
- 102 Also, Dow Chemical's MMR vaccine used different strains than the MMR vaccines licensed in the U.S., and after just 14 days of safety review, this trial vaccinated all participants.
- 103 <https://x.com/seckennedy/status/1932580198198964241?s=46> (<https://perma.cc/9U6W-2V56>).
- 104 <https://pubmed.ncbi.nlm.nih.gov/23032417/> (<https://perma.cc/AC28-KCNG>); <https://pubmed.ncbi.nlm.nih.gov/20018364/> (<https://perma.cc/T23G-CDE9>); <https://pubmed.ncbi.nlm.nih.gov/14506120/> (<http://perma.cc/YZ23-UWD4>).
- 105 <https://icandecide.org/article/vaccine-safety-debate/> (<https://perma.cc/7UHZ-ZBX8>); <https://icandecide.org/wp-content/uploads/2019/09/HHS-Response-1.pdf> (<https://perma.cc/4W7B-SEAK>).
- 106 <https://icandecide.org/wp-content/uploads/2022/02/2022-01-19-FDA-Internal-E-mails-re>

- ICAN-Vaccine-Safety-Letter.pdf (<https://perma.cc/N2T4-5X6T>).
- 107 <https://www.fda.gov/downloads/Drugs/Guidances/UCM202140.pdf>
- 108 As the FDA explains: "The placebo-controlled trial measures the total pharmacologically mediated effect of treatment. In contrast, an active control trial . . . measures the effect relative to another treatment." <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm073139.pdf>. Also see <https://web.archive.org/web/20220120163330/http://www.fda.gov/regulatory-information/search-fda-guidance-documents/drug-study-designs> ("There are three principal difficulties in interpreting active-control trials. . . . One problem is that there are numerous ways of conducting a study that can obscure differences between treatments, such as poor diagnostic criteria, poor methods of measurement, poor compliance, medication errors, or poor training of observers. As a general statement, carelessness of all kinds will tend to obscure differences between treatments. Where the objective of a study is to show a difference, investigators have powerful stimuli toward assuring study excellence. Active-control studies, however, which are intended to show no significant difference between treatments, do not provide the same incentives toward study excellence, and it is difficult to detect or assess the kinds of poor study quality that can arise. The other problem is that a finding of no difference between a test article and an effective treatment may not be meaningful.").
- 109 <https://clinicaltrials.gov/study/NCT05743881>; <https://www.science.org/content/article/safety-signal-moderna-s-rsv-vaccine-studies-halts-trials-other-vaccines-childhood>; <https://www.fda.gov/media/184378/download> at slide 63; <https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-december-12-2024-meeting-announcement#event-materials>.
- 110 Id.
- 111 <https://www.cdc.gov/vaccines/hcp/immunization-best-practices/preventing-managing-adverse-reactions.html> (<https://perma.cc/Z635-WR2J>) ("establishing evidence for cause and effect on the basis of case reports and case series alone is usually not possible," rather, researchers need "to compare the incidence of the event among vaccinees with the incidence among unvaccinated persons"); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505292/> (<https://perma.cc/JR6M-U3UK>) (The entire advantage of a randomized placebo-controlled trial "is the ability to demonstrate causality i.e., cause-effect relationship."); <https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-21-vaers.html> (<https://perma.cc/8FMJ-4DQN>) (The Vaccine Adverse Events Reporting System (VAERS) is unable "to determine causation" because "there is a lack of an unvaccinated group for comparison in VAERS.").
- 112 Id.
- 113 Both rotavirus products are oral drops, not injections, and hence are not discussed; but it is noted the control used in the trials for both of these products included numerous ingredients <https://www.fda.gov/media/75718/download> (states RotaTeq used a "placebo"); <https://icandecide.org/wp-content/uploads/2021/06/RotaTeq-Placebo-Ingredients.pdf> (<https://perma.cc/DD2Q-9X6K>) (explains this "placebo" included Polysorbate 80, Citrate, and Phosphate); <https://www.fda.gov/media/75726/download> (states Rotarix used a "placebo"); <https://wayback.archive-it.org/7993/20170722073219/https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM133580.pdf> (explains this "placebo" included Dextran, Sorbitol, Amino acids, Dulbecco's Modified Eagle Medium, Calcium Carbonate, and Xanthan).
- 114 Supporting references for each vaccine in the table: **Recombivax HB** (<https://www.fda.gov/media/74274/download>); **Engerix-B** (<https://www.fda.gov/media/119403/download>); **ActHIB** (<https://www.fda.gov/media/74395/download>); **PedvaxHIB** (<https://www.fda.gov/media/80438/download>); **Hiberix** (<https://www.fda.gov/media/77017/download>); **Infanrix** (<https://www.fda.gov/media/75157/download>); **Daptacel** (<https://www.fda.gov/media/74035/download>); **IPOL** (<https://www.fda.gov/media/75695/download>); **Vaxneuvance** (<https://www.fda.gov/media/150819/download>); **Prevnam 20** (<https://www.fda.gov/media/149987/download>).
- 115 <https://www.cdc.gov/vaccine-safety/media/pdfs/white-paper-safety-508.pdf> (<https://perma.cc/JC9B-ZQTR>).
- 116 <https://www.nap.edu/read/13563/chapter/5#45>.
- 117 <https://moneyinc.com/the-five-highest-selling-pfizer-drugs-of-all-time/> (<https://perma.cc/V7YL-QDP5>); <https://www.cdc.gov/vaccines/hcp/immunization-schedules/child-adolescent-age.html>; <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>; <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

- www.fda.gov/drugs/development-approval-process-drugs/drug-approvals-and-databases.
- 118 <https://www.fda.gov/media/125481/download> (see summary of the trials on page 10).
- 119 <https://www.fda.gov/media/124379/download>
- 120 Id.
- 121 <https://www.fda.gov/media/74274/download>.
- 122 <https://www.sirillp.com/wp-content/uploads/securepdfs/2025/08/Ltr-to-Dr.-Paul-Richards-FDA-re-Maddie-de-Garay-dated-2022-3-8.pdf> (<https://perma.cc/L39N-ZJQH>).
- 123 Id.
- 124 <https://www.fda.gov/media/74395/download> ("within 30 days ... (3.4%) participants [babies] experienced a serious adverse event" but "[n]one was assessed by the investigators as related to the study of vaccines").
- 125 <https://www.fda.gov/media/74395/download>.
- 126 <https://slate.com/health-and-science/2017/12/flaws-in-the-clinical-trials-for-gardasil-made-it-harder-to-properly-assess-safety.html> (<https://perma.cc/4HK8-X7ND>).
- 127 Id.
- 128 Id.
- 129 Id.
- 130 Id.
- 131 Id.
- 132 <https://sirillp.com/degaray> (<https://perma.cc/C4TA-C4TF>).
- 133 <https://sirillp.com/degaray> (<https://perma.cc/C4TA-C4TF>).
- 134 https://www.sirillp.com/wp-content/uploads/2022/03/Attachment-3-Jan-3-2022-Dr.-Peter-Mark-Letter_2022_01_03-41fe80ff1853909f2e9b5e329a55934e.pdf (<https://perma.cc/8A9D-ZG7R>) Incredibly, the FDA finally responded on February 26, 2022, and stated Maddie should file a VAERS report. https://www.sirillp.com/wp-content/uploads/2022/03/Paul-Richards-email-response_2022_02_26_Redacted-33b881e4534f7fc2af8e5872c01984ea.pdf (<https://perma.cc/43PR-89VH>). Putting aside that Maddie's parents had already filed a VAERS report long prior, Maddie was not just any person claiming injury from this product. She was one of only around 1,000 children in the 12- to 15-year-old Pfizer Covid-19 vaccine clinical trial for this product.
- 135 <https://www.sirillp.com/wp-content/uploads/2024/04/FDA-emails-with-Pfizer-about-M.-deGaray-c6f24607aa9781481eae01d0d073b684.pdf> (<https://perma.cc/2P5B-45YV>).
- 136 Id.
- 137 Id.
- 138 <https://www.cincinnatichildrens.org/patients/vaccines/faq-expert-answers> (<https://perma.cc/RQ62-HY5P>).
- 139 Because viruses multiply in cells, living cells are used to grow viruses for vaccine production, including the cultured cell lines of aborted fetuses. Two such cell lines are MRC-5 and WI-38, which are described by a company that sells them as follows: "The MRC-5 cell line was derived from normal lung tissue of a 14-week-old male embryo" and the "WI-38 cell line is the first human diploid cell line to be used in human vaccine preparation ... [and] were isolated from the lung tissue of a 3-month-old, female, embryo." <https://www.atcc.org/products/ccl-75> (<https://perma.cc/U5AW-A6QH>); <https://www.atcc.org/products/ccl-171> (<https://perma.cc/FEV3-GKN3>). The ingredients of chickenpox, rubella, and hepatitis A vaccines each include cellular and DNA pieces from these fetal cell lines. The ingredient list for Varivax (chickenpox) includes "MRC-5 human diploid cells including DNA & protein," for MMR-II (which includes rubella) includes "WI-38 human diploid lung fibroblasts," and for Havrix (hepatitis A) includes "MRC-5 cellular proteins." <https://web.archive.org/web/20241120002123/https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf> (<https://perma.cc/J6KT-FASR>). As for the quantity of human DNA in each vial, for Varivax, as the FDA explains: "human MRC-5 cells are the substrate upon which the Oka strain of varicella is grown. In the process of isolating virus from these cells, MRC-5 derived proteins and DNA are also obtained. The nearly 2 ug [2,000 nanograms] of unmodified mammalian DNA present in each dose of VARIVAX..." <https://wayback.archive-it.org/7993/20170723031730/https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM142826.pdf>. As for MMR-II, during Dr. Plotkin's deposition, I asked: "Isn't it true that MMR II contains

approximately 150 nanograms cells substrate double-strand DNA and single-strand DNA per dose purposefully fragmented to approximately 215 base pairs in length? Dr. Plotkin answered "Yeah, that's probably correct, yes." <https://icandecide.org/plotkintranscript/> at p. 328 (<https://perma.cc/7WCZ-G2TC>). See also <https://soundchoice.org/wp-content/uploads/2021/01/epidemiologic-molecular-relationship-vaccine-manufacture-autism-prevalence.pdf> (<https://perma.cc/2E38-QEYA>); <https://pubmed.ncbi.nlm.nih.gov/26103708/> (<https://perma.cc/E6TH-2LK8>) (See Table 3, reflecting an average of 142 nanograms of single-stranded DNA and 35 nanograms of double-stranded DNA in the rubella vaccine component of each dose of MMR-II; and an average of 276 nanograms of single-stranded DNA and 35.74 nanograms of double-stranded DNA in each dose of Havrix). For DNA remaining in the final formulation, assuming pharma companies follow FDA's guidance, they would fragment "the DNA size to below approximately 200 base pairs." <https://www.fda.gov/media/113760/download> at pp. 29-30. Doing the math, supposing only 100 nanograms of double-stranded DNA remain, and are broken down into 200 base pair fragments, this equals approximately 463 billion pieces of human DNA from an aborted fetal cell line in each vaccine dose; double that number for single-stranded DNA. <https://www.technologynetworks.com/tn/tools/copynumbercalculator> (<https://perma.cc/RBL9-QSJV>). In addition to the human DNA, there is also an unspecified amount of human cellular debris in each vaccine dose. See also <https://thehighwire.com/ark-videos/aborted-fetal-tissue-in-vaccines/>.

- 140 <https://www.fda.gov/media/151733/download>.
- 141 <https://www.fda.gov/media/151733/download>; <https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/> (<https://perma.cc/CX8Y-SNMV>).
- 142 <https://www.fda.gov/media/151733/download>.
- 143 <http://bioethics.hms.harvard.edu/person/faculty-members/marcia-angell> (<https://perma.cc/5K-VA-4YZV>).
- 144 <https://www.nybooks.com/articles/2009/01/15/drug-companies-doctors-a-story-of-corruption/>; <https://link.springer.com/article/10.1007/s12262-019-01939-8>; <https://pmc.ncbi.nlm.nih.gov/articles/PMC521592/> (<https://perma.cc/794G-APTN>).
- 145 <https://www.nybooks.com/articles/2009/01/15/drug-companies-doctors-a-story-of-corruption/>.
- 146 <https://investors.pfizer.com/financials/annual-reports/default.aspx>; <https://investors.merck.com/financials/sec-filings/default.aspx> (<https://perma.cc/9WJA-EX3G>); <https://www.gsk.com/media/4751/annual-report.pdf> (<https://perma.cc/C5NG-6E5Z>); <https://www.sanofi.com/en/investors/reports-and-publications/> (<https://perma.cc/XDL8-VMKS>).
- 147 <https://web.archive.org/web/20170501174817/https://www.hhs.gov/sites/default/files/fy2017-budget-in-brief.pdf?language=es>.
- 148 This is in fact what the *Nuremberg Code* demands. https://research.unc.edu/human-research-ethics/resources/ccm3_019064/ (<https://perma.cc/PQD9-VDQ8>) ("The voluntary consent of the human subject is absolutely essential. This means that the person ... should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision.").
- 149 <https://www.nap.edu/read/13563/chapter/4>.

Chapter 11

- 1 <https://pubmed.ncbi.nlm.nih.gov/3944229/> (<https://perma.cc/NGA9-93KW>) ("According to data from the National Health Interview Survey (NHIS) [1979-1981] over two million children under 17 years (3.8%) are afflicted by chronic conditions that cause some limitation of activity."); <https://pmc.ncbi.nlm.nih.gov/articles/PMC1646496/> (<https://perma.cc/KN4A-94TV>) ("Data from the National Health Interview Survey indicate that the prevalence of activity-limiting chronic conditions among children under age 17 years doubled between 1960 and 1981, from 1.8 to 3.8 per cent."); <https://pubmed.ncbi.nlm.nih.gov/9551003/> (<https://perma.cc/JTZ5-JBNK>) (Among "children younger than 18 years who were included in the 1992-1994 National Health Interview Survey ... [a] significant proportion of children, estimated at 6.5%

- of all US children, experienced some degree of disability.”); <https://www.cdc.gov/chronic-disease/about/index.html> (<https://perma.cc/N4GT-38L2>) (“Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both”).
- 2 <https://pubmed.ncbi.nlm.nih.gov/21570014/> (<https://perma.cc/62JZ-SRY4>) (The 2007 National Survey of Children’s Health found that: “An estimated 43% of US children (32 million) currently have at least 1 of 20 chronic health conditions assessed, increasing to 54.1% when overweight, obesity, or being at risk for developmental delays are included.”); <https://pubmed.ncbi.nlm.nih.gov/40058728/> (<https://perma.cc/3VHC-L7H2>) (Only considering a “condition that is typically pediatric-onset and expected to be persistent or severe” or a “functional/ activity limitation related to a condition that is typically pediatric-onset and expected to be persistent or severe” from the National Health Interview Survey data it found that children falling into this category “has risen from 22.57% in 1999/2000 to 30.21% in 2017/2018”); <https://www.cdc.gov/school-health-conditions/chronic-conditions/index.html> (<https://perma.cc/298V-C59B>) (“In the United States, more than 40% of school-aged children and adolescents have at least one chronic health condition”); Unpublished Henry Ford Health study, reviewing actual health codes and medical records, found that 57% of vaccinated children had a chronic health condition by 10 years of age as of 2016, see Chapter 12.
 - 3 <https://pubmed.ncbi.nlm.nih.gov/30741719/> (<https://perma.cc/P4L2-9KPZ>).
 - 4 <https://pubmed.ncbi.nlm.nih.gov/28849096/> (<https://perma.cc/HZ8E-ETE5>); <https://pubmed.ncbi.nlm.nih.gov/39426507/> (<https://perma.cc/BTM6-HFF8>); <https://pmc.ncbi.nlm.nih.gov/articles/PMC5373490/> (<https://perma.cc/KZS3-5ERS>); <https://pubmed.ncbi.nlm.nih.gov/39481220/> (<https://perma.cc/H9QN-U2E7>).
 - 5 <https://pmc.ncbi.nlm.nih.gov/articles/PMC10906461/> (<https://perma.cc/LV9U-GQKE>).
 - 6 <https://pubmed.ncbi.nlm.nih.gov/39681901/> (<https://perma.cc/LN7W-ZAX8>).
 - 7 See endnotes above for references regarding the rise in chronic health issues; <https://www.cdc.gov/vaccines/hcp/imz-schedules/resources.html> (<https://perma.cc/25CK-BEU8>) (CDC’s vaccine schedules for 1983, 1989, and 1994–2025); <http://www.cdc.gov/mmwr/preview/mmwrhtml/00041753.htm> (<https://perma.cc/L6B4-YM88>) (1990, MMR changes from 1 to 2 doses, with first dose at 12 months); <https://www.cdc.gov/mmwr/preview/mmwrhtml/00023705.htm> (<https://perma.cc/QUG2-JKCA>) (1991, routine Hib conjugate added); <https://www.cdc.gov/mmwr/preview/mmwrhtml/00033405.htm> (<https://perma.cc/4HCR-FC7Z>) (1991, routine Hep B added); <https://www.cdc.gov/mmwr/preview/mmwrhtml/00047346.htm> (<https://perma.cc/WWJ6-FQUX>) (1997, routine influenza during pregnancy added); <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm> (<https://perma.cc/E3FL-D994>) (2011, routine Tdap during pregnancy added); <https://www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm> (<https://perma.cc/NC4S-XJ6J>) (2023, routine RSV during pregnancy added).
 - 8 <https://www.nap.edu/read/1815/chapter/1#v>.
 - 9 <https://www.nap.edu/read/1815/chapter/9>.
 - 10 <https://www.nap.edu/read/13164/chapter/2#2>.
 - 11 <https://www.nap.edu/read/13164/chapter/1#v>.
 - 12 <https://www.nap.edu/read/13164/chapter/12#545>.
 - 13 Id.
 - 14 https://www.ncbi.nlm.nih.gov/books/NBK230053/pdf/Bookshelf_NBK230053.pdf (<https://perma.cc/6KHR-F2RK>).
 - 15 <https://icandecide.org/wp-content/uploads/2019/09/HHS-Response-1.pdf> (<https://perma.cc/54DC-2E7Q>).
 - 16 https://www.ncbi.nlm.nih.gov/books/NBK230053/pdf/Bookshelf_NBK230053.pdf (<https://perma.cc/6KHR-F2RK>).
 - 17 Id.
 - 18 Id.
 - 19 Id.
 - 20 <http://sirillp.com/NIH-Meeting-2017> (<https://perma.cc/9QWA-YDXC>).
 - 21 <http://sirillp.com/emailmetastudy> (<https://perma.cc/LNF5-5JQN>).
 - 22 <http://sirillp.com/Gordon-emails> (<https://perma.cc/MT9H-FRPY>).
 - 23 Id.

- 24 Id.
- 25 Id.
- 26 <http://sirillp.com/cdcautismemail> (<https://perma.cc/3N6P-H3B8>)
- 27 <http://sirillp.com/Gordon-emails> (<https://perma.cc/MT9H-FRPY>)
- 28 <https://nap.nationalacademies.org/read/13164/chapter/12#545>
- 29 <https://web.archive.org/web/20171009065542/https://www.cdc.gov/vaccinesafety/concerns/autism.html>; <https://web.archive.org/web/20190211030352/https://www.cdc.gov/vaccinesafety/concerns/autism.html>; <https://www.cdc.gov/vaccine-safety/about/autism.html> (<https://perma.cc/U4HY-BT8A>).
- 30 Dr. Thompson has been a scientist at the CDC for over 25 years and a senior scientist on over a dozen CDC publications at the core of many of the CDC's vaccine safety claims. <https://www.ncbi.nlm.nih.gov/pubmed>; <https://www.researchgate.net/profile/William-Thompson-38>.
- 31 <https://web.archive.org/web/20250401004753/https://www.rescuepost.com/files/william-thompson-statement-27-august-2014-3.pdf> (<https://perma.cc/KM26-ZJTW>)
- 32 <https://icandecide.org/article/whistleblower-william-thompson-reveals-mmr-vaccines-association-with-autism/> (<https://perma.cc/58WB-NLXA>).
- 33 Studies of MMR and autism are also confounded due to "healthy user bias" which arises when parents of infants injured by one or more vaccines stop vaccinating and, hence, do not then give their child the MMR vaccine *because* of an earlier vaccine injury. This bias results in healthier children in the group vaccinated with MMR. <https://pubmed.ncbi.nlm.nih.gov/1415136/> (<https://perma.cc/DWR9-AAEE>); https://www.cdc.gov/pcd/issues/2015/15_0187a.htm (<https://perma.cc/BAG6-UGNC>).
- 34 <http://www.cbsnews.com/news/the-open-question-on-vaccines-and-autism/> (<https://perma.cc/SA8F-DAU7>); <https://thehighwire.com/ark-videos/former-nih-director-on-vaccine-autism-link/>.
- 35 Id.
- 36 Id.
- 37 <https://web.archive.org/web/20181227023156/https://www.cdc.gov/vaccinesafety/concerns/autism.html>.
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- 41 <https://icandecide.org/wp-content/uploads/2019/09/ICAN-HHS-Notice-1.pdf> (<https://perma.cc/44HT-9MER>).
- 42 <https://icandecide.org/plotkintranscript/> (<https://perma.cc/7WCZ-G2TC>); <https://thehighwire.com/ark-videos/who-is-stanley-plotkin/>.
- 43 <https://thehighwire.com/ark-videos/who-is-stanley-plotkin/>.
- 44 <https://icandecide.org/wp-content/uploads/2019/09/HHS-Response-1.pdf> (<https://perma.cc/D9A2-F4PP>).
- 45 <https://nap.nationalacademies.org/read/13164/chapter/12#545>.
- 46 <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/vaccinesafety/pdf/cdcstudiesonvaccine-sandaautism.pdf>.
- 47 <http://nationalacademies.org/hmd/reports/2004/immunization-safety-review-vaccines-and-autism.aspx> (<https://perma.cc/8J52-Q9S6>).
- 48 <https://www.ncbi.nlm.nih.gov/pubmed/23545349> (<https://perma.cc/XU7R-FQ55>).
- 49 Id. (emphasis added).
- 50 Id.
- 51 <https://icandecide.org/wp-content/uploads/2019/09/ICAN-AluminumAdjuvant-Autism-2.pdf> (<https://perma.cc/5XPL-8XKH>).
- 52 <http://icandecide.org/hhs/vaccine-safety-1-29-18.pdf> (<https://perma.cc/KH5N-LVCY>).
- 53 <https://www.nap.edu/read/13164/chapter/12#545>; <https://icandecide.org/wp-content/uploads/2019/09/ICAN-HHS-Notice-1.pdf> (<https://perma.cc/4SNA-WFTE>).
- 54 https://www.ncbi.nlm.nih.gov/books/NBK230053/pdf/Bookshelf_NBK230053.pdf (<https://perma.cc/8KUG-6EL5>).

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- 56 Id.
- 57 <https://onlinelibrary.wiley.com/doi/book/10.1002/9781118663721>.
- 58 https://iacc.hhs.gov/publications/strategic-plan/2017/strategic_plan_2017.pdf (<https://perma.cc/2M5F-VEXD>).
- 59 <https://childrenshealthdefense.org/child-health-topics/righting-wrongs/request-for-office-of-inspector-general-to-investigate-fraud-and-obstruction-of-justice/> (<https://perma.cc/9AHA-QVMB>).
- 60 <https://books.google.com/books?isbn=1603588256> (<https://perma.cc/73XT-SKX3>).
- 61 Id.
- 62 Id.
- 63 Id.
- 64 <http://icandecide.org/white-papers/ICAN-AluminumAdjuvant-Autism.pdf> (<https://perma.cc/3A9R-762E>).
- 65 <https://icandecide.org/wp-content/uploads/2019/09/ICAN-HHS-Notice-1.pdf> (<https://perma.cc/4SNA-WFTE>).
- 66 <http://icandecide.org/white-papers/ICAN-AluminumAdjuvant-Autism.pdf> (<https://perma.cc/3A9R-762E>).
- 67 <https://icandecide.org/article/whistleblower-william-thompson-reveals-mmr-vaccines-association-with-autism/> (<https://perma.cc/58WB-NLXA>).
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- 69 Id.
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- 72 <https://www.ncbi.nlm.nih.gov/pubmed/16685182> (<https://perma.cc/7FQC-NCSW>); <https://www.ncbi.nlm.nih.gov/pubmed/25398603> (<https://perma.cc/RC4B-7HMP>); <https://www.ncbi.nlm.nih.gov/pubmed/16547798> (<https://perma.cc/93RC-CYZS>); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448378/> (<https://perma.cc/4Q8J-7P86>).
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- 77 <https://icandecide.org/wp-content/uploads/2020/03/001-COMPLAINT-against-Centers-for-Disease-Control-and-Prevention.pdf> (<https://perma.cc/Z9PJ-KA2P>).
- 78 <https://icandecide.org/wp-content/uploads/2020/03/Stipulation-and-Order-Fully-Executed.pdf> (<https://perma.cc/NDP4-43TW>).
- 79 <https://thehighwire.com/ark-videos/proof-vaccines-dont-cause-autism/>.
- 80 <https://tacanow.org/press-release/new-cdc-data-show-autism-rates-soar-1-in-31-u-s-children-diagnosed/> (<https://perma.cc/K2CY-UUPE>).
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- 82 <https://pmc.ncbi.nlm.nih.gov/articles/PMC5373490/> (<https://perma.cc/XYC9-3T35>); <https://pubmed.ncbi.nlm.nih.gov/39481220/> (<https://perma.cc/WPT8-2WUV>); <https://www.wiley.com/en-us/Vaccines+and+Autoimmunity-p-9781118663431>.
- 83 <https://www.ncbi.nlm.nih.gov/pubmed/16685182> (<https://perma.cc/GD9D-C4SM>); <https://www.ncbi.nlm.nih.gov/pubmed/25398603> (<https://perma.cc/G6FF-4NTK>); <https://www.ncbi.nlm.nih.gov/pubmed/16547798> (<https://perma.cc/S6XH-DJ8V>); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448378/> (<https://perma.cc/5EJ9-FRF6>).

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- 85 <https://pubmed.ncbi.nlm.nih.gov/20960041/> (<https://perma.cc/EDB9-SGJH>), <https://pubmed.ncbi.nlm.nih.gov/22422338/> (<https://perma.cc/36ZX-AWQD>), <https://www.kennedykrieger.org/stories/nearly-half-children-autism-wander-or-bolt-safe-places> (<https://perma.cc/T8D7-RN8S>); <https://www.speechbase.net.au/non-verbal-autism/> (<https://perma.cc/QCB8-KFQA>).
- 86 https://www.ssa.gov/policy/docs/statcomps/di_ast/2010/sect05.html#table68; https://www.ssa.gov/policy/docs/statcomps/di_ast/2023/sect05.html#table69.
- 87 <https://publichealthpolicyjournal.com/autism-tsunami-the-impact-of-rising-prevalence-on-the-societal-cost-of-autism-in-the-united-states/> (<https://perma.cc/2AVN-8UVQ>).
- 88 Id.
- 89 <https://nap.nationalacademies.org/read/1815/chapter/2#7>.
- 90 <https://nap.nationalacademies.org/read/1815/chapter/2#7>.
- 91 <https://www.nap.edu/read/2138/chapter/2#12>.
- 92 Id.
- 93 Id.
- 94 Id.
- 95 <https://nap.nationalacademies.org/catalog/13164/adverse-effects-of-vaccines-evidence-and-causality>.
- 96 <https://www.nap.edu/read/13164/chapter/2#3>.
- 97 <https://www.nap.edu/read/13164/chapter/2#3>.
- 98 Id.
- 99 <https://www.ncbi.nlm.nih.gov/books/NBK230053/> (<https://perma.cc/PS3A-AA6Y>).
- 100 Id.
- 101 Id.
- 102 Id.
- 103 Id.
- 104 Id. (AHRQ also excluded studies using VAERS, one of the few resources available to study vaccine safety without pharma type funding).
- 105 Excluding two studies it double counted.
- 106 <https://www.ncbi.nlm.nih.gov/books/NBK230053/>.
- 107 Id.
- 108 Id.
- 109 Id.
- 110 The 34 rotavirus studies that AHRQ claims compare “vaccinated with unvaccinated children” compared children receiving oral drops of rotavirus with children receiving oral drops of the following vaccine ingredients: Polysorbate 80, Citrate, Phosphate, Dextran, Sorbitol, Amino acids, Dulbecco’s Modified Eagle Medium, Calcium Carbonate, and/or Xanthan. See Chapter 10. The two studies involving LAIV, an inhaled influenza vaccine, involved a pharma company reviewing its own product: one involved 20 immunocompromised children with cancer in which 10 received LAIV and 10 received a placebo, <https://pubmed.ncbi.nlm.nih.gov/21496468/> (<https://perma.cc/8MP9-EHHT>), and the other compared 261 children who received LAIV with 65 children who first received placebo and were then offered LAIV after 28 days, <https://pubmed.ncbi.nlm.nih.gov/21060780/> (<https://perma.cc/7L2Y-PW9V>).
- 111 <https://pubmed.ncbi.nlm.nih.gov/23432812/> (<https://perma.cc/7HDW-4XFY>).
- 112 <https://pubmed.ncbi.nlm.nih.gov/23432812/> (<https://perma.cc/7HDW-4XFY>); <https://www.icandecide.org/wp-content/uploads/2019/09/ICAN-Reply-1.pdf> at pp. 36-42 (<https://perma.cc/LX4V-LDVP>).
- 113 <https://www.icandecide.org/wp-content/uploads/2019/09/ICAN-Reply-1.pdf> at pp. 36-42 (<https://perma.cc/LX4V-LDVP>).
- 114 Id.
- 115 Id.
- 116 <https://www.ncbi.nlm.nih.gov/books/NBK230053/> (<https://perma.cc/U7LK-B2CL>).
- 117 Id.
- 118 Id.

- 119 Id.
- 120 <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-C/part-201/subpart-B/section-201.57> (<https://perma.cc/YFL5-7C3K>)
- 121 <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>; <https://www.icandecide.org/wp-content/uploads/2019/09/ICAN-Reply-1.pdf> at 85-88 (<https://perma.cc/CC5T-RQ7T>).
- 122 <https://nap.nationalacademies.org/read/13164/chapter/6#153>.
- 123 <https://nap.nationalacademies.org/read/13164/chapter/8#337>.
- 124 <https://www.nap.edu/read/13563/chapter/2#5>.
- 125 Id.
- 126 <https://www.nap.edu/read/13563/chapter/6?term=paucity#70>.
- 127 <https://www.nap.edu/read/13563/chapter/2#12>.
- 128 <https://www.nap.edu/read/13563/chapter/5#45>.
- 129 <https://www.nap.edu/read/13563/chapter/2#13>.
- 130 <https://www.cdc.gov/vaccine-safety/media/pdfs/white-paper-safety-508.pdf> (<https://perma.cc/KZZ9-AGTA>).
- 131 Id.
- 132 <https://www.oatext.com/pdf/JTS-3-187.pdf> (<https://perma.cc/XK3G-EMBA>).
- 133 <https://www.oatext.com/pdf/JTS-3-186.pdf> (<https://perma.cc/TEW8-JYBP>).
- 134 Id.
- 135 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7268563/> (<https://perma.cc/9B8S-LT28>).
- 136 <http://sirillp.com/Letters-to-NY-DOH> (<https://perma.cc/5VKJ-YJW7>).
- 137 Id.
- 138 Id.
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- 140 <https://www.sirillp.com/wp-content/uploads/2025/01/Ex-D-Dr-Neuenschwander-Declaration-signed-w-exs.pdf> (<https://perma.cc/7KXN-LEEA>).
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- 144 Id.
- 145 Id.
- 146 Id.
- 147 Id.
- 148 <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf> (<https://perma.cc/7G55-G5QZ>).
- 149 <https://www.icandecide.org/wp-content/uploads/2019/09/ICAN-Reply-1.pdf> at pp. 31-34 (<https://perma.cc/99TH-9LUT>).
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- 151 <https://web.archive.org/web/2021033016133ahttps://www.cdc.gov/vaccinesafety/pdf/VAERS-COVID19-SOP-4-Dec-2020-508.pdf>.
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- 153 https://icandecide.org/wp-content/uploads/2025/08/CDC_PRR_Response.pdf (<https://perma.cc/5UMV-Z6U3>).
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- 155 <https://icandecide.org/cdc-proportional-reporting-ratio/> (all PRR data is available for download at this site).
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- 157 <https://www.documentcloud.org/documents/23940343-sen-johnson-letter-to-fda-on-cb-data-mining>.
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- 162 <https://www.cdc.gov/vaccine-safety-systems/vsd/index.html>.
- 163 <https://www.cdc.gov/vaccine-safety/media/pdfs/white-paper-safety-508.pdf> (<https://perma.cc/GPK4-BL55>).
- 164 <https://icandecide.org/article/whistleblower-william-thompson-reveals-mmr-vaccines-association-with-autism/> (<https://perma.cc/58WB-NLXA>).
- 165 <http://www.oatext.com/pdf/JTS-3-186.pdf> (<https://perma.cc/8A26-67EC>).
- 166 The FDA has a system called Post-licensure Rapid Immunization Safety Monitoring System which is of even more limited use than the VSD and suffers from the same issues as VSD and far more. For example, the CDC explains it is used “to assess short-term outcomes . . . [despite the fact] the childhood immunization schedule is essentially a long-term exposure, occurring over 18 to 24 months, [and hence] long-term adverse events may be more biologically plausible than short-term events.” <https://www.cdc.gov/vaccine-safety/media/pdfs/white-paper-safety-508.pdf> (<https://perma.cc/GPK4-BL55>).
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- 169 <https://web.archive.org/web/20230125013322/https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/v-safe/index.html>.
- 170 <https://web.archive.org/web/20210102024902/https://www.cdc.gov/vaccinesafety/pdf/V-safe-Protocol-508.pdf>.
- 171 *Id.* at 1.
- 172 <https://icandecide.org/v-safe-data/> (<https://perma.cc/2UG6-L8R8>).
- 173 <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/how-they-work.html> (<https://perma.cc/SNU3-4FKR>).
- 174 See, among others <https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e1.htm> (<https://perma.cc/34EP-T9QT>); <https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e4.htm> (<https://perma.cc/5FKF-N9F8>); <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e1.htm> (<https://perma.cc/R6SF-DX35>).
- 175 <https://web.archive.org/web/20220101081450/https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html> (V-safe “information helps CDC monitor the safety of COVID-19 vaccines in near real time.”); <https://web.archive.org/web/20230125013322/https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/v-safe/index.html> (“This information [from V-safe] helps us [CDC] communicate timely and transparent information about the safety of vaccines to public health officials, healthcare providers, and the public.”).
- 176 For example, myocarditis can arise at least 42 days after vaccination. <https://pubmed.ncbi.nlm.nih.gov/34614329/> at Figure 1 (<https://perma.cc/JW7L-J5PF>). Thrombosis with thrombocytopenia syndrome (TTS), which can also be caused by the COVID-19 vaccine, can arise up to 18 days after vaccination. <https://web.archive.org/web/20211216171853/https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-12-16/02-COVID-Sec-508.pdf> at slide 16.
- 177 <https://icandecide.org/v-safe-data/> (<https://perma.cc/F26E-EUY7>).
- 178 <https://web.archive.org/web/20210102024902/https://www.cdc.gov/vaccinesafety/pdf/V-safe-Protocol-508.pdf>.
- 179 <https://web.archive.org/web/20201220122327/www.fda.gov/media/143530/download> at slide 31.
- 180 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7377258/#ap2> (<https://perma.cc/EGJ9-PAEP>).
- 181 <https://jamanetwork.com/journals/jama/fullarticle/2772137>.
- 182 <https://stacks.cdc.gov/view/cdc/97350> at slide 17.

Chapter 12

- 1 The number of unvaccinated children in the VSD is likely far higher than ten thousand children. There are approximately 2.5 million children in the VSD, and if 0.08% are completely unvaccinated, which is a conservative estimate based on available data, that would equal 20,000 unvaccinated children in the VSD. <https://pubmed.ncbi.nlm.nih.gov/37278199/> (<https://perma.cc/DC9V-227Z>); <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7341a3-H.pdf> (<https://perma.cc/SH5B-3DUX>).
- 2 <https://ceid.wayne.edu/profile/ab8188> (<https://perma.cc/8Y8W-WPNE>); <https://www.henry-ford.com/about> (<https://perma.cc/YW3E-UN7K>).
- 3 Id.

Conclusion

- 1 <https://www.merriam-webster.com/dictionary/anti-vaxxer> (<https://perma.cc/FW2F-4SDT>).

About The Author

Aaron Siri is passionate about safeguarding individual and civil rights.

He is the Managing Partner of Siri & Glimstad LLP, a law firm with over 100 professionals, and has extensive experience in a wide range of complex civil litigation matters, with a focus on civil rights related to health policy. He also has extensive experience in class actions, obtaining compensation for millions, and complex civil litigation, including handling billion-dollar disputes.



Regarding health policy, Mr. Siri has handled numerous high-profile cases involving: challenges to medical mandates; the restoration of exemptions, including for U.S. military members, preventing the discharge of over 10,000 military personnel for refusing a Covid-19 vaccine; extensive litigation against federal agencies for transparency, including forcing the FDA to release Pfizer and Moderna's Covid-19 vaccines licensure documents; and deposing and cross-examining the world's leading vaccinologists.

Prior to Siri & Glimstad, Mr. Siri was an attorney at Latham & Watkins LLP and, prior to that, clerked for the Chief Justice of the Supreme Court of Israel where he advised the Chief Justice of relevant American, English, and International Law precedent, including removal of Israel's citizens from the Gaza Strip. Mr. Siri earned his law degree at the University of California, Berkeley School of Law and was the Editor-in-Chief of the Berkeley Business Law Journal. Prior to law school, Mr. Siri was an auditor at Arthur Andersen LLP.

Mr. Siri is regularly interviewed on national television and has been published in numerous national print media outlets. You can find links to his podcast, Substack, and social media handles at aaronsiriofficial.com.