



Dear Elected Official,

The enclosed informational packet and DVD of "Vaxxed: From Cover up to Catastrophe" has been sent to you by one of your constituents to raise public awareness of vaccine injuries. Vaccine injury is not nearly as rare as the CDC and pharmaceutical companies lead the public to believe.

A 2010 Harvard Medical School [study](#) stated that "fewer than 1%" of all vaccine reactions are reported. Former FDA Commissioner, David A. Kessler, has estimated that VAERS (Vaccine Adverse Event Reporting System) reports currently represent only a fraction of the serious adverse events.

Your constituent has sent you the enclosed DVD and packet to bring awareness to the frequency of vaccine injury, and to honor of those who have been injured or killed by vaccines. Please take a few minutes of your time to learn more about vaccine injury by watching "Vaxxed" and by reading through the enclosed packet. Included in this packet are the following documents:

- An excerpt from "Vaccine Safety: Introduction to Vaccine Safety Science & Policy in the United States" written by the Informed Consent Action Network.
- An open letter from over 100 organizations internationally to the World Health Organization regarding the lack of unbiased and effective vaccine safety studies.
- The petition filed by leading environmental lawyer Robert F. Kennedy Jr. and Rolf Hazlehurst, the father of a vaccine-injured child to the Inspector General of the Department of Justice (DOJ) to investigate the fraudulent conduct of two key DOJ attorneys during the 2009 "Vaccine Court" Omnibus Autism Proceedings (OAP).
- The press release from the Informed Consent Action Network detailing the lawsuit they filed against the Department of Health and Human Services (HHS). HHS were forced to either provide copies of their biennial vaccine safety reports that are required by law to be submitted to Congress, or, admit it never filed these reports. HHS admitted that it has never submitted a single biennial report to Congress detailing the improvements in vaccine safety in the 30+ years its been legally required to do so.
- A copy of the letter that was sent to every elected official in the U.S. by Robert Kennedy Jr. along with the book, "How to End the Autism Epidemic." The letter details how vaccine manufacturers and the Centers for Disease Control have worked together to hide an epidemic of autism caused by giving too many vaccines to American children.

- Vaccine Injury Statistics and Facts

The enclosed film “Vaxxed: From Cover up to Catastrophe” investigates the charges made by a whistleblower at the Centers for Disease Control and Prevention, the leading national public health institute of the United States, who revealed that the agency manipulated data on an important study showing a causal link between the Measles-Mumps-Rubella (MMR) vaccine and autism.

For further questions about the film or anything in this information packet, please contact info@vaxxedthemovie.com.

Sincerely,

The Vaxxed Team

VACCINE SAFETY

Introduction to Vaccine Safety Science & Policy in the United States



Published: October 2, 2017 (Version 1.0)

Address for correspondence: whitepaper@icandecide.org

This white paper provides an introduction to vaccine safety science and policy in the United States.

Section “I” discusses how Congress granted pharmaceutical companies immunity from liability for vaccine injuries and transferred all responsibility for vaccine safety to the United States Department of Health & Human Services (HHS) and its agencies, including the Food & Drug Administration (FDA), the Centers for Disease Control (CDC) and the National Institutes of Health (NIH).

Section “II” discusses how most pediatric vaccines were licensed based on inadequate clinical trials, including follow-up periods too brief to capture adverse outcomes, and illegitimate placebos (e.g., other vaccines).

Section “III” discusses the CDC’s deficient post-licensure vaccine safety surveillance.

Section “IV” discusses the conflicts of interest at HHS regarding vaccine safety, including the issues resulting from placing HHS in charge of vaccine safety and the conflicting duty of promoting and defending vaccines against any claim of injury.

Until a frank conversation is possible regarding vaccine safety, children susceptible to vaccine injury will not be protected from such injury. Nor will children injured by vaccines be able to access the services they need. We can do better in protecting and serving children who are susceptible or succumb to serious injuries from vaccination.

The first step in avoiding vaccine injuries and helping those already harmed is understanding the state of vaccine safety science and policy in America. This paper provides this understanding and highlights areas in need of improvement.

The following is an excerpt from “Vaccine Safety: Introduction to Vaccine Safety Science & Policy in the United States. To read the full white paper, please go to: <http://icandecide.org/white-papers/VaccineSafety-Version-1.0-October-2-2017.pdf>

CDC & IOM Ignore Massive Body of Science Supporting Vaccine Injuries

While the 2011 IOM Report has 75 pages of citations to peer-reviewed sources, there are far more peer-reviewed articles documenting vaccine injuries apparently not even considered by the 2011 IOM Report. Resources for references to these citations can be provided upon request.

A major theme among these peer-reviewed vaccine papers is the connection between vaccination and chronic disease, mainly autoimmunity and immune mediated neurological disorders and injuries. As detailed above, in the last 30 years, the CDC's childhood vaccine schedule has rapidly increased from 11 injections of 4 vaccines in 1986 to 56 injections of 30 vaccines in 2017. This upsurge has occurred in lock step with the precipitous increase in childhood chronic illness and developmental disabilities which have, during this same period, risen among American children from 12.8% to 54%.⁹⁸

Many of the same disorders that have sharply risen during this period, including neurological and autoimmune disorders, are associated with vaccination as reflected in VAERS⁹⁹, manufacturer inserts for vaccines¹⁰⁰, and claims in the Vaccine Injury Compensation Program¹⁰¹.

The causal mechanisms of these disorders are increasingly understood, and increasingly implicate vaccine exposure during early development.¹⁰² For example, it is now known that early life immune activation can cause autism, mental illnesses, and immune disorders.¹⁰³

Vaccines and vaccine adjuvants (particularly in cases of adverse reactions) can cause the types of immune activation known to cause these disorders later in life.¹⁰⁴ Accordingly, there is an urgent and long-overdue need for higher quality vaccine safety research looking at long term neurological and immune outcomes.

Nonetheless, the 2011 IOM Report makes it clear that little has been ruled out with regard to what injures are caused by vaccines. In 2013, the IOM was again engaged by HHS to review the safety of the entire vaccine schedule on a population level.¹⁰⁵ The "committee's literature searches and review were intended to identify health outcomes associated with some aspect of the childhood immunization schedule."¹⁰⁶ "Allergy and asthma, autoimmunity, autism, other neurodevelopmental disorders (e.g., learning disabilities, tics, behavioral disorders, and intellectual disability), seizures, and epilepsy were included as search terms."¹⁰⁷

Instead of answers, the IOM found that no studies had been conducted to validly assess the safety of the entire vaccine schedule or even portions of the vaccine schedule:

[F]ew studies have comprehensively assessed the association between the entire immunization schedule or variations in the overall schedule and categories of health outcomes, and no 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. ...ⁱ

[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.¹⁰⁸

While most of the 78 million children in America follow the CDC's childhood vaccine schedule, currently at 56 injections, no science has been done to confirm the safety of this schedule.¹⁰⁹ Even more alarming is that 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."¹¹⁰

Due to the lack of science regarding the safety of the CDC vaccine schedule, the best the IOM could do was conclude: "There is no evidence that the schedule is not safe."¹¹¹ Left unsaid, but equally true: There is no evidence that the schedule is safe.

⁹⁸ <https://www.ncbi.nlm.nih.gov/pubmed/20159870>

⁹⁹ <https://wonder.cdc.gov/vaers.html>

¹⁰⁰ <https://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm093833.htm>; See also Section III(7) below. ¹⁰¹

<http://www.uscfc.uscourts.gov/aggregator/sources/7>; See also Section IV(4) below.

¹⁰² <https://www.ncbi.nlm.nih.gov/pubmed/27540164>

¹⁰³ <https://www.ncbi.nlm.nih.gov/pubmed/25311587>

¹⁰⁴ <https://www.ncbi.nlm.nih.gov/pubmed/26531688>; <https://www.ncbi.nlm.nih.gov/pubmed/27908630>

¹⁰⁵ <https://www.nap.edu/read/13563/chapter/1>

¹⁰⁶ <https://www.nap.edu/read/13563/chapter/2#5>

¹⁰⁷ Ibid.

Open Letter from International Organizations to the WHO on the Issue of Vaccine Safety

To the World Health Organization and those attending the meeting of the Global Vaccine Quality Control Laboratories Network (Rome 25th-27th, September 2018).

To the European Parliament, the European Medicines Agency and the European Directorate for the Quality of Medicines

Dear Members of the World Health Organization,

By sharing science and joining efforts towards better health, your organization has improved the lives of millions of people, and we are grateful for this. Providing better nutrition, clean water, improved hygiene, and access to medical care, mortality and infectious disease have been drastically reduced. Your extraordinary communication campaign to detect cases of disease and their contacts, and isolate them, finally led to the eradication of the once devastating smallpox.¹ These are great achievements and these noble goals should be further pursued. Today however, today we are facing a new epidemic: chronic disease. In the USA, one in two adults has a chronic disease and one in four has two or more.²

Obesity, asthma, cancer, immune and autoimmune diseases, neurological and developmental disorders, are 'lifestyle diseases' mainly caused or aggravated by bad nutrition and toxic load. Vaccines are administered to healthy individuals to prevent targeted infections, but their long-term impact on the immune system and their potential role in chronic disease is not being evaluated. Individual risk of poor outcomes to both infection and vaccination varies widely and mass vaccination without proper discrimination at the individual level has led to injuries, death, and unintended consequences. Recently, independent researchers and laboratories have discovered that many vaccines are contaminated with retroviruses³ and polluted by nanoparticles⁴. High levels of aluminum associated with vaccine adjuvants have been found in the brains of autistic children or in people suffering from neurological disorders such as Alzheimer's disease.^{5, 6}

In your previous meeting you advocated for less independent testing, considered 'redundant', in order to speed up the supply of products.⁷ The recent administration of 250,000 defective vaccines in China⁸, the tragedy of the oral polio campaign in India with over 450,000 cases of paralysis and death⁹, the damage caused by the Dengue vaccine in the Philippines¹⁰, reports from all over the world of chronic pain and paralysis after administration of the HPV vaccine^{11, 12} show that vaccine safety and efficacy are being tragically disregarded in this drive for fast-tracking approval and easy certification.

If developing standards and sharing best practice amongst controlling bodies is needed, testing by national and independent laboratories must be maintained, since fraud and technical hazard from storage or transportation can still occur and biases

or new findings would not be detected. According to your report, it was noted that the aims of the network are a good fit with industry's proposal for risk-based testing and networking.¹³ But this 'risk-based' approach geared to reducing test requirements for vaccines considered of 'low risk', seems a dangerous pursuit. Many health authorities complain about vaccine hesitancy, but fail to reassure the public by providing the safety data they request. All over the world, millions of people have signed petitions demanding more safety, transparency and independent research, but decision makers chose fast-tracking instead.

To restore confidence lost, we insist that before any kind of recommendation or authorization is issued, ALL vaccines pre-qualified or recommended by the WHO will be submitted to:

- Extensive clinical trials conducted by bodies independent from the manufacturers
- Middle- and long-term studies on efficiency and safety, not 'days'.
- Tests for carcinogenic properties
- Tests around fertility issues
- Tests on pregnancy, spontaneous abortion and the developing foetus
- Mutagenic effects (changes induced in the DNA)
- Tests for effects on the neurological system and development of the brain
- Real inert placebo testing, which is almost never done on vaccines

We also insist that the WHO should provide studies on:

- Adjuvants and preservatives such as aluminum and mercury and their bioaccumulation
- Other toxic material used, such as polysorbate, Tween 80, formaldehyde etc
- Vaccine safety and the age of vaccine administration
- The impact of full vaccine schedules on the global health of a population
- The comparison of vaccinated versus unvaccinated populations in global health terms
- Viral transmission of people recently vaccinated with live virus vaccine such as measles, mumps, rubella, varicella, influenza or oral polio vaccine for example.

In particular, we ask that the use of combined vaccines and the same-day administration of multiple vaccines be thoroughly investigated. Figures from India show that the numbers of deaths within three days following vaccination doubled when using a Pentavalent (5-in-one) vaccine rather than a triple DTP vaccine. It is projected that this change will cause between 7020 and 8190 deaths each year in infants in India¹⁴. It further appears that in confidential periodic safety reports of the hexavalent Infanrix polio vaccine submitted to the EMA, the manufacturer GSK has deleted a number of death cases between reports.¹⁵

Concerning the measles-mumps-rubella vaccine and its link with autism, the only reference mentioned on the autism section of your website is an out-dated French article translating press claims that have been disproven in a decision from the

English High Court in 2012.^{16, 17} While an expert from the CDC has confessed in 2014 to having manipulated the data of a key reference study, no further investigations have been made yet.¹⁸ With one in 36 children diagnosed with an Autism Spectrum Disorder in the USA¹⁹, this study is an absolute priority and independent laboratory testing and new clinical trials must now replace the flow of 'inconclusive' statistics.

Confirming this priority, an Italian Parliamentary Commission recently reported numerous deaths, autoimmune diseases and cancers in military personnel after multiple vaccines had been administered and called for more research and precautionary measures²⁰. The long-term effects of vaccines are not studied and the recent revision of the classification of "Adverse Events Following Immunization" does not allow for accurate reporting of death cases or of side effects not previously declared by the manufacturer.²¹ With the alarming rise in chronic diseases, immune, autoimmune and developmental disorders worldwide, immediate responsible action is imperative.

In its recent resolution on vaccine hesitancy, the European Parliament calls for "transparency and declaration of conflicts of interest, including researchers working for the World Health Organization and the European Medicines Agency." It proposes that "researchers subject to a conflict of interest be excluded from evaluation panels"; further "calls for the confidentiality of the deliberations of the EMA evaluation panel to be lifted"; proposes that "the scientific and clinical data which inform the conclusions of the panel, and whose anonymity is guaranteed in advance, be made public".²² It fails however to question biased reports.²³

When it comes to approving or recommending a new vaccine, we know that:

- Pre-licensure studies are exclusively carried out by the manufacturers who stand to profit. This is a clear conflict of interest.
- Pre-licensure studies do not and cannot capture all adverse events that will occur in real world situations.
- Peer reviewed scientific journals have huge conflicts of interest and most studies are biased or false^{24, 25, 26}
- Post-marketing surveillance in all countries is woefully inadequate. Only 1 to 10% of adverse events are being reported. In the USA, the mandatory biennial safety reports from US Health & Human Services to Congress on vaccine safety have simply never been written.²⁷

The funding of your organization relies on important private donations, such as the GAVI alliance, a partnership with banks and industries. The fact alone that this very meeting is funded by a private investor, the Bill and Melinda Gates Foundation,²⁸ is highly questionable. Given this inherent conflict of interest, it is therefore absolutely imperative that independent studies and experts be involved in the approval and recommendations of vaccines and vaccine policies. And if the WHO guarantees the safety of the vaccine it is pre-qualifying, it should also assume liability for adverse

events following vaccination.

Promoting mandatory vaccination for entire populations with products that essentially rely on manufacturers' data for their general safety and efficacy is an evident breach of the precautionary principle and as such becomes a forced medical experiment. Since the health risk of vaccination is entirely borne by individuals, the WHO must ensure that it is minimal, and that fully informed consent is observed.

In order to restore public trust in health authorities and improve public health policies worldwide, we therefore demand actions and answers that meet our requests. We thank the honorable members of this assembly for their attention and pray they will open their hearts and minds to our message.

Signed by:

America

Robert Kennedy Jr., Children's Health Defense, USA
James Lyons-Weiler, the Institute for Pure and Applied Knowledge, USA
Bernadette Pajer, Informed Choice Washington, USA
Vera Sharav, Alliance for Human Research Protection, USA
Brandy Vaughan, Learn the Risk, USA
Catherine Ford, Vaccine Injury Awareness League, USA
Norma Erikson, Sanevax, USA
Ashleigh Parchman, TN Medical Freedom Alliance
Georgia Coalition for Vaccine Choice - Sandi Marcus
Christina Favazza, Florida health action network
Laura June, Floridians for Medical Freedom
Laura Fisher Andersen, Health Choice CT
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Jennifer Black, South Carolina Health Coalition
Lucy Cole, California
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Alicia Marie, Minnesota Vaccine Freedom Coalition
Elizabeth Murphy, Tennessee Medical Freedom Alliance
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Michelle Cotterman, Health Freedom Ohio
Jennifer Larson, The Canary Party
Mark F. Blaxill, Health Choice
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Stacy Cayce, Oregonians for Medical Freedom

Stephanie Stock, Ohio Advocates for Medical Freedom
Karri Lewis, AWAKE California
Terry Roark, California Coalition for Vaccine Choice
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Jennifer Stella, Health Choice Vermont
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Angie Gallagher, Minnesota Vaccine Freedom Coalition
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Impffrei, Austria
Dr. Kris Gaublomme, Preventie Vaccinatieschade, Belgium
Initiative Citoyenne, Belgique
Andrei Edrev for Alternative Energy, Bulgaria
Cijepljenje Pravo Izboru, Croatia
Dr. Ivana Delas for the Croatian Association of Parent Activists, Croatia
Rozalio, Czech Republic
Liga Lidskych Prav, Czech Republic
Vaccinations Forum, Denmark
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Médecine Scientifique Indépendante et Bienveillante, France
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Libertas & Sanitas, Germany

Impfkritik, Germany
Artzen fur Individuelle Impfentscheidung, Germany
Impf-Info, Germany
Eltern fur Impfaufklarung, Germany
Nebancs Viragegyesulet, Hungary
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Genitori di Cervia per la Libera Scelta, Italy
Genitori del No Obbligo, Lombardia, Italy
Genitori del No Obbligo, Piemonte, Italy
Genitori per la Libera Scelta, Monza e Brianza, Italy
CliVa, Toscana, Italy
E Pur Si Muove, Rimini, Italy
Gruppi Uniti, Italy
Il Sentiero di Nicola, Italy
Libero per Tutti, Forli, Italy
Dario Miedico e Emiliano Gioia, SiAmo, Italy
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Jabs, Justice, Awareness and Basic Support, UK
Joan Shenton, Immunity Resource Foundation, UK

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Elisabeth Hart, Over-vaccination.net, Australia

References

1. The Global Eradication of Polio » Final Report of Global Commission for the the Certification of Smallpox Eradication, Geneva, December 1979, WHO 1980.
2. About Chronic Disease », Centres for Disease Control and Prevention, 5 September 2018
3. J. Mikovits & K. Heckenlively « Plague », Skyhorse Publishing, 2014
4. S. Montanari, A. Gatti « New Control Investigations on Vaccines : Micro- and Nanocontamination », International Journal of Vaccines and Vaccination, Vol. 4 Issue 1, 23 Jan. 2017
5. C. Exley et al., « Aluminium in Brain Tissue in Autism », Journal of Trace elements in Medical Biology, March 2018, 46 :76-82
6. C. Exley, « Aluminium and Alzheimer's Disease: The Science that Describes the Link. Elsevier Science », Amsterdam, The Netherlands. 2001. 441p
7. Report of the First General Meeting of the WHO-NCL Network for Biologicals, Noida, India, 31 Oct.-2 Nov.2017.
8. F. Murphy « China Vaccine Scandal : Investigations Begin into Faulty Rabies and DTaP shots » British Medical Journal, 25 Jul. 2018, 2018 ; 362 ;k3244
9. Rachana Dhiman , Sandeep C. Prakash, V. Sreenivas , Jacob Puliyl. Correlation between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency in India Int J Environ res Public Health 2018;15:1755
10. P. Rana « Initial Philippines Probes Finds Causal Association Between Deaths and Sanofi Dengue Vaccine », Wall Street Journal, 2 Feb. 2018
11. P. Goetzsche et al. « Complaint filed to EMA over Maladministration Related to the Safety of the HPV Vaccine », Nordic Cochrane
12. R. Gherardi « Toxic Story », Actes Sud, Oct. 2016
13. Report of the First General Meeting of the WHO-NCL Network for Biologicals, Noida, India, 31 Oct.-2 Nov.2017, p. 6, section 3.4
14. J. Puliyl, Jaspreet Kaur, Ashish Puliyl, Visnubhatla Sreenivas « Deaths Reported after Pentavalent Vaccine Compared with Death Reported after Diphtheria-Tetanus-Pertussis Vaccine: An Exploratory Analysis. » Med J DY Patil Vidyapeeth 2018;11:99-105.
15. J. Puliyl, Sathyamala C. « Infanrix hexa and sudden death: a review of the periodic safety update reports submitted to the European Medicines Agency », Indian Journal of Medical Ethics 2018 Jan- Mar;3(1):43-47
16. High Court Decision of 7 March 2012, between Prof. John Walker-Smith and the General Medical Council, EWHC 503, Case n° CO/7039/2010
17. V. Sharav « L’Affaire Wakefield : Shades of Dreyfus and BMJ’s Descent Into Tabloid Science », Alliance for Human Research Protection, 2017
18. Documentary « Vaxxed : from Cover-Up to Catastrophy » April 2016.

19. B. Zablotsky et al. « Estimated Prevalence of Children Diagnosed with Developmental Disabilities in the United States, 2014-2016 » NCHS Data Brief n°291, November 2017
20. “Parliamentary Commission of Inquiry into Cases of Death and Severe Illnesses Affecting Italian Personnel Assigned to Military Missions Abroad”, Acts of Parliament, XXII-bisn. 23-bis, Vol. I, II and III, Rapporteur G. P. Scanu, Approved 7 Feb. 2018
21. Puliyel J, Naik P Revised World Health Organization (WHO)’s causality assessment of adverse events following immunization—a critique <https://f1000research.com/articles/7-243/v2>
22. Vaccine Hesitancy and the drop of Vaccination Rates in Europe », resolution of the European Parliament, 19 April 2018. (2017/2951)
23. L. Jorgensen, P. Goetzsche, T. Jefferson «The Cochrane HPV vaccine review was incomplete and ignored important evidence of bias » BMJ evidence Based Medicine, July 27th 2018.
24. P. Goetzsche, « A moral governance crisis : the growing lack of democratic collaboration and scientific pluralism in Cochrane », open letter 14 Sep. 2018, Nordic Cochrane Centre
25. J. Ioannidis, « Why Most Published Research Findings are False », PLOS medicine, 30 Aug. 2005
26. M. Angell « The Truth about Pharmaceutical Companies. How They Deceive Us and what to do About It », Random House, 2004
27. Mandate for Safer Childhood Vaccines », Decision of the US District Court, Southern District New York, Between Informed Consent Action Network and the US Department of Health and Human Services
28. The Bill & Melinda Gates foundation is one the 5 biggest investors in the world. In August 2018, it had 22,114 million \$ in stocks according to gurufocus.com

SEPTEMBER 20, 2018

Robert F. Kennedy, Jr. Demands the Office of the Inspector General and Congress Investigate Department of Justice for Fraud and Obstruction of Justice



WASHINGTON, D.C. Robert F. Kennedy Jr., Chairman of Children's Health Defense (CHD), and Rolf Hazlehurst, parent of a vaccine-injured child, petitioned the Department of Justice (DOJ) Office of Inspector General (OIG), and the Senate and House Judiciary Committees today to investigate actions taken by federal personnel during the "Vaccine Court" Omnibus Autism Proceedings (OAP).

Recently discovered evidence provided by Kennedy and Hazlehurst details obstruction of justice and appallingly consequential fraud by two DOJ lawyers who represented the Department of Health and Human Services (HHS) in 2007. These actions led to a denial of justice and compensation for over 5,000 families who filed claims of vaccine injury leading to autism in their children.

Vaccine manufacturers have enjoyed blanket liability immunity from vaccine injuries since Congress created the National Vaccine Injury Compensation Program (NVICP) as part of the National Childhood Vaccine Injury Act (NCVIA) of 1986. To expedite the more than 5,000 petitions filed in the program between 2001 and 2007, the "vaccine court" consolidated the petitions into the OAP. Rather than each petition being determined on its own merits, the court determined the outcomes for all 5,000 cases based on six representative test cases.

Kennedy and Hazlehurst provide newly discovered evidence that the leading HHS expert, whose written report was used to deny compensation to over 5,000 petitioners in the OAP, provided clarification to the DOJ lawyers that vaccines could, in fact, cause autism in children with underlying and otherwise benign mitochondrial disorders. The witness informed the DOJ attorneys that they were taking his entire written statement out of context and the statement should not be used as a blanket statement for all children in the OAP, which is exactly what they did. "The DOJ intentionally and fraudulently misrepresented its own expert's written opinion. In order to prevent the expert from revealing the truth to other petitioners or the special master these DOJ lawyers canceled the expert's oral testimony to keep him from stating his true opinion in public. In the process, the DOJ and HHS concealed critical material evidence of how vaccines can cause autism in some children" stated Hazlehurst, who obtained depositions and sworn affidavits documenting these facts.

"Congress created the National Vaccine Injury Compensation program to compensate the injured, not to create a federal program where dirty legal maneuvers are utilized to deny compensation. It is unethical for attorneys to consciously exclude evidence in any legal proceeding; it is grounds for disbarment and, potentially, criminal action," Mr. Kennedy said. "DOJ attorneys have committed fraud to deny Congress' promise to these families for rightful compensation and lifelong care for their injured children."

The fraud by the two DOJ attorneys directly influenced the 2011 *Bruesewitz v. Wyeth* Supreme Court decision which all but shut the door forever for families seeking redress for vaccine injury in the civil court system.

Since this miscarriage of justice, roughly one million children have been diagnosed with autism. An unknown percentage of these cases are the result of vaccine injury. As of 2015, the projected annual cost for autism was \$268 billion and is expected to reach \$1 trillion by 2025. These growing costs now fall on families and on taxpayers through the costs borne by local school districts, states and Medicaid.

Congress has a moral and legal duty to investigate these highly unethical actions of the Department of Justice in the Omnibus Autism Proceeding.

A crowdfunding campaign has been set up to help CHD pay for legal initiatives at <https://www.indiegogo.com/projects/children-s-health-defense#/>.

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For Immediate Release: July 13, 2018

US District Court Judge signs order granting Plaintiff, Informed Consent Action Network (ICAN) and counsel, Robert F. Kennedy, Jr., the relief sought in a lawsuit against the US Department of Health and Human Services (HHS)

On Monday, June 9th, the United States District Court for the Southern District of New York signed an order granting Plaintiff, the nonprofit Informed Consent Action Network (ICAN), the relief it sought against the Defendant, the United States Department of Health and Human Services, HHS. ICAN was represented by Robert F. Kennedy, Jr.

In May 2017, ICAN Founder, Del Bigtree, Robert F. Kennedy, Jr., and a handful of other individuals concerned about vaccine safety were selected by the White House to participate in a seminal meeting with the Counselor to the Secretary of HHS, the heads of the National Institute of Health, NIH, the Center for Disease Control, CDC, and Food and the Drug Administration, FDA. Del Bigtree and Robert F. Kennedy, Jr. suspected that HHS was not fulfilling its critical vaccine safety obligations as required by Congress in The National Childhood Vaccine Injury Act of 1986.

The 1986 Act granted unprecedented, economic immunity to pharmaceutical companies for injuries caused by their products and eviscerated economic incentive for them to manufacture safe vaccine products or improve the safety of existing vaccine products. Congress therefore charged the Secretary of HHS with the explicit responsibility to assure vaccine safety.

Hence, since 1986, HHS has had the primary and virtually sole responsibility to make and assure improvements in the licensing, manufacturing, adverse reaction reporting, research, safety and efficacy testing of vaccines in order to reduce the risk of adverse vaccine reactions. In order to assure HHS meets its vaccine safety obligations, Congress required as part of the 1986 Act that the Secretary of HHS submit a biennial reports to Congress detailing the improvements in vaccine safety made by HHS in the preceding two years.

ICAN therefore filed a Freedom of Information Act, FOIA, request on August 25th, 2017 to HHS seeking copies of the biennial reports that HHS was supposed to submit to Congress, starting in 1988, detailing the improvements it made every two years to vaccine safety. HHS stonewalled ICAN for eight months refusing to provide any substantive response to this request.



ICAN was therefore forced to file a lawsuit to force HHS to either provide copies of its biennial vaccine safety reports to Congress or admit it never filed these reports. The result of the lawsuit is that HHS had to finally and shockingly admit that it never, not even once, submitted a single biennial report to Congress detailing the improvements in vaccine safety. This speaks volumes to the seriousness by which vaccine safety is treated at HHS and heightens the concern that HHS doesn't have a clue as to the actual safety profile of the now 29 doses, and growing, of vaccines given by one year of age.

In contrast, HHS takes the other portions of the 1986 Act, which require promoting vaccine uptake, very seriously, spending billions annually and generating a steady stream of reports on how to improve vaccine uptake. Regrettably, HHS has chosen to focus on its obligation to increase vaccine uptake and defend against any claim vaccines cause harm in the National Injury Vaccine Compensation Program (aka, the Vaccine Court) to such a degree that it has abandoned its vaccine safety responsibilities. If HHS is not, as confirmed in Court this week, even fulfilling the simple task of filing a biennial report on vaccine safety improvements, there is little hope that HHS is actually tackling the much harder job of actually improving vaccine safety.

For additional information or interviews please contact: Catharine Layton, COO, ICAN
cat@icandecide.org (512) 522-8739

Children's Health Defense



**From the desk of Robert F. Kennedy, Jr., Chairman
Children's Health Defense**

The Honorable Richard Pan
State Capitol
Room 5114
1303 Tenth Street
Sacramento, CA 95814-4900

October 12, 2018

Dear Senator Pan:

I encourage you to read the enclosed book, *How to End the Autism Epidemic*. It provides a complete and accurate account of how vaccine manufacturers and the Centers for Disease Control have worked together to hide an epidemic of autism caused by giving too many vaccines to American children without any regard for the vulnerable subset of children who are at grave risk from vaccine reactions.

I want you to know that just a few weeks ago, I petitioned the Inspector General of the Department of Justice and both Congressional Judiciary Committees to investigate two key Justice Department lawyers' actions during the 2009 "Vaccine Court" Omnibus Autism Proceedings (OAP). Systematic acts of fraud by these two officials caused the OAP to deny compensation to over 5000 families whose children developed autism as the result of vaccination. I provided the Inspector General and Congress with evidence that HHS and two DOJ officials lied to the court, the victim's families and the public to conceal the fact that the government's lead expert had informed them that vaccines could, in fact, cause autism in some children. In order to hide his opinion, the DOJ hurriedly dismissed their expert from providing oral testimony in the OAP. But that was just the start of the cover up. This is a complex story involving intentionally malicious acts, and Chapter 6 of the enclosed book does an excellent job of laying out the entire series of events.

Since this miscarriage of justice, roughly one million children have been diagnosed with autism. According to parents, a significant number of these cases resulted from vaccine injuries. As of 2015, the projected annual cost for autism was \$268 billion and is expected to reach \$1 trillion by 2025. These growing costs now fall on families and on taxpayers through the costs borne by local school districts, states and Medicaid.

Vaccine manufacturers and the CDC have worked hand-in-hand to create a bloated vaccine schedule never properly tested for real side-effects. Every state is now facing skyrocketing special education costs and dramatic increases in chronic health problems amongst its children. I hope you will share this information at once with your State's Attorney General to investigate this matter more fully. We can and must protect our children's health. Please do not hesitate to contact me for more information:

.. @childrenshealthdefense.org

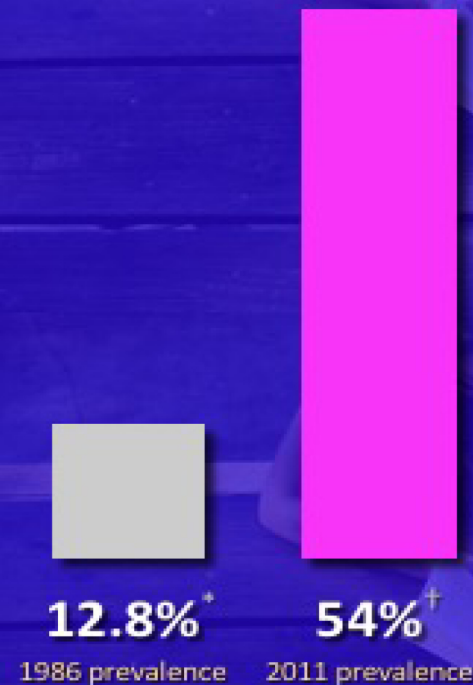
Yours Sincerely,

**Robert F. Kennedy, Jr., Chairman
Children's Health Defense
ChildrensHealthDefense.org**

Injections Administered



Developmental Disability Prevalence



* Cleave et. al, 2010, Dynamics of Obesity and Chronic Health Conditions Among Children and Youth, JAMA.

†Bethell et. al, 2011, A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations, Academic Pediatrics.

Short list of Vaccine Adverse Events (Compensated in Vaccine Court)

Guillain-Barre Syndrome (GBS)
Transverse Myelitis
Encephalopathy
Seizure Disorder
Death
Brachial Neuritis
Acute Disseminated Encephalomyelitis

Chronic Inflammatory Demyelinating
Polyradiculoneuropathy (CIDP)
Premature Ovarian Failure
Bell's Palsy
Juvenile Diabetes
Idiopathic Thrombocytopenic Purpura (ITP)

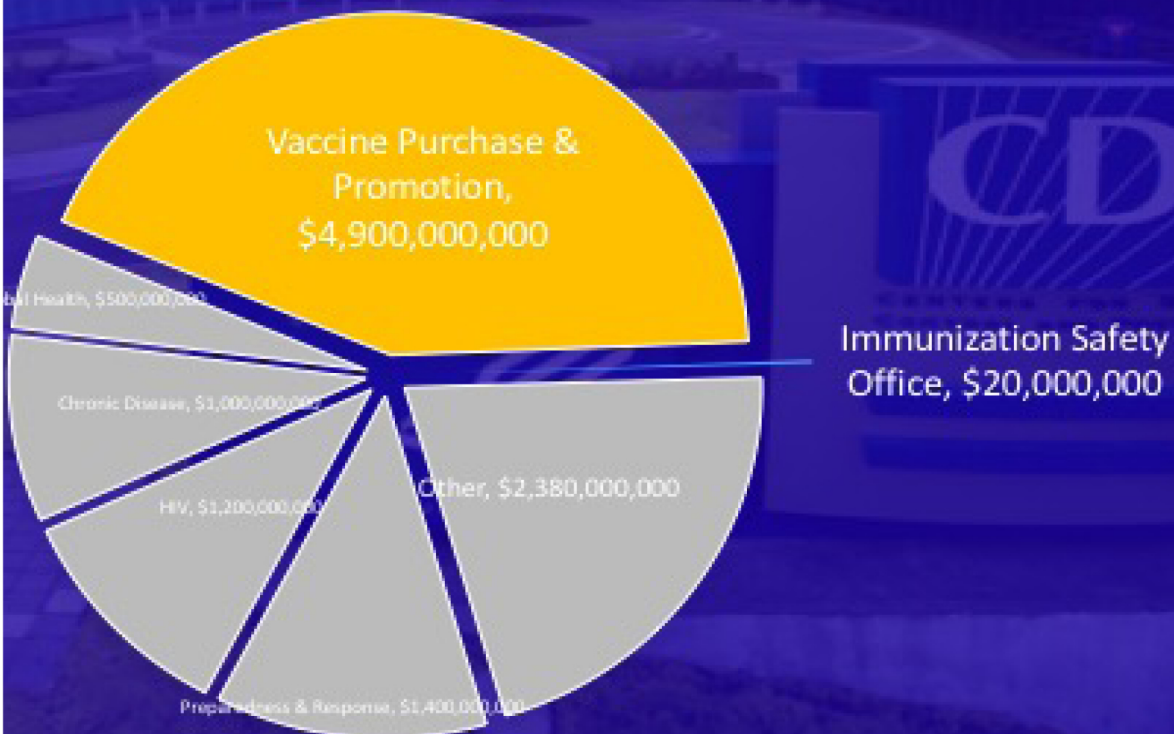
Rheumatoid Arthritis
Multiple Sclerosis (MS)
Fibromyalgia
Infantile Spasms
Anaphylaxis
Ocular Myasthenia Gravis
Hypoxic Seizure

Autoimmune Diseases
Food Allergies
Asthma
Eczema
Juvenile Diabetes

Tics
Tourette Syndrome
ADD/ADHD
Autism
Speech Delay
Neurodevelopment Disorders

Guillain-Barre Syndrome (GBS)
SIDS
Seizure Disorder
Narcolepsy
Epilepsy
Multiple Sclerosis

CDC's Budget: \$11.5 Billion



Vaccine Ingredients

(Partial List)

2-phenoxethanol
 Complex fermentation medium
 Detergent
 5 rdimethyl
 1-beta-cyclodextrin
 Eagle MEM modified medium
 Enzymes
 Formaldahyde
 Gelatin
 Glutaraldehyde
 Heminchloride
 Hydrolyzed galatin
 Lactalbumin hydrolysate
 Medium 199
 Minimum Essential Medium
 Modified Mueller's growth medium
 Modified Stainer-Scholte liquid medium
 Neomycin
 Neomycin Sulphate
 Phenol polymyxin B
 Polymyxin B Sulphate
 Polysorbate 80
 Soy Peptone
 Stainer-Scholte medium
 Streptomycin

Yeast
 Yeast Protein
thimerosal

\$3,737,884,487

Despite extremely high hurdle to obtain compensation, VICP has paid over \$3.7 billion for vaccine injuries and this is with **cap of \$250k** for pain and suffering and death.

National Childhood Vaccine Injury Act

Consequences?

1. No incentive to conduct safety studies
2. Liability free market of 78 million American children
3. Strong incentive to develop more vaccines