The W.H.O. on vaccine safety

Clips from the W.H.O. (World Health Organization) Global Vaccine Safety Summit, Decmber 2-3, 2019, in Geneva, Switzerland, attended by world leading scientists on vaccine science and safety

https://www.youtube.com/watch?v=msFgWPhQmdU

Dr. Soumya Swaminathan, Chief Scientist, W.H.O. Pediatrician

"I think we cannot overemphasize the fact that we really don't have very good safety monitoring systems in many countries."

Professor Heidi Larson, PhD, Director, Vaccine Confidence Project

"We have a very wobbly health professional frontline that is starting to question vaccine and the safety of vaccines….In medical school, you are lucky if you have a half day on vaccines….We have a lot of ambiguity in the safety field….There's a lot of safety science that's needed….You can't repurpose the same old science to make it sound better if you don't have the science that's relevant to the new problem. We need much more investment in safety science."

Dr. David Kaslow, PhD, PATH

"One of the things we really need to invest in are better biomarkers, better mechanistic understanding of how these things work so we can better understand adverse events as they come up."

Dr. Bassey Okposen, a doctor from Nigeria, *asked if there is a possibility of different vaccine antigens, preservatives, adjuvants, etc., from different vaccine companies cross-reacting with each other and causing problems for children getting multiple vaccines at one time, and whether safety studies have been done on these possible cross-reactions.*

(Partial) answer from Dr. Robert Chen, Scientific Director, Brighton Collaboration

"…We're really only in the beginning of the era of large data sets, where hopefully you can start to harmonize the data bases from multiple studies and there's actually an initiative underway to try to get more national vaccine safety data bases linked together so we can start to answer these types of questions that you just raised…."

Dr. Martin Howell Friede, PhD, Coordinator, Initiative for Vaccine Research, W.H.O.

"When we add an adjuvant, it's because it is essential. We do not add adjuvants to vaccines because we want to do so. But when we add them, it adds to the complexity. I give courses every year on how do you develop vaccines, how do you make vaccines, and the first lesson is, while you are making your vaccine, if you can avoid using an adjuvant, please do so. Lesson two is, if you are going to use an adjuvant, use one that has a history of safety, and lesson three is, if you're not going to do that, think very carefully."

Dr. David Kaslow, PhD, PATH

"Coming down the pike, maybe relatively quickly, is a new target population for us in vaccines…women who are pregnant…. Part of the problem is that we don't have a strong enough pharmacoepidemiologic

baseline in the targeted populations that we are studying to be able to say, is this an expected adverse event due to pregnancy or is this related to the vaccines?"

Stephen Evans, Professor of Pharmacoepidemiology, London School of Hygiene and Tropical Medicine

"It seems to me they [adjuvants] multiply the reactogenicity in many instances and therefore it seems to be that it is not unexpected if they multiply the incidence of adverse reactions that are associated with the antigen but may not have been detected through lack of statistical power in the original studies. Now I wonder if this thinking is correct, and if it is, if it has some implications for how we do pharmacovigilance."

(Partial) response from Dr. Martin Howell Friede

"As we add adjuvants, especially some of the more recent ones…we do see increased local reactogenicity. The primary concern though usually is systemic adverse events rather than local adverse events, and we tend to get in the phase two and the phase three studies quite good data on local reactogenicity...but this is not the major health concern. The major health concern which we are seeing are accusations of long-term effects."

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And more from the W.H.O.

https://www.facebook.com/watch/?v=118916866069979

Professor Heidi Larson, PhD, Director, Vaccine Confidence Project

"Another new issue that's coming up, well, the issue is not new but the recognition of it is newer, and that's when the adverse events are not really about the vaccine but the vaccination experience….I've been developing a collaboration with King's College Institute of Psychiatry and there's some of the top specialists in psychosomatic illness….I'm very happy to see that we're about to soon have guidance on immunization stress related responses, which first it was anxiety, then it was immunization triggered stress and that kind of implicated immunizations too much in there, and became immunization stress-related reactions."

CDC: "Vaccines do not cause autism."

Deposition Transcript of Dr. Stanley Plotkin (A), world-leading vaccine authority (January 2018) https://www.docdroid.net/8zJh4QQ/1-11-18-matheson-plotkin.pdf#page=254

VIDEO: https://www.youtube.com/watch?v=sznlASo_ACc (12:05-13:49)

Q Do you agree with the IOM's conclusion **[2011 REPORT]** that the data, the evidence is insufficient to determine whether or not Tdap/DtaP cause autism?

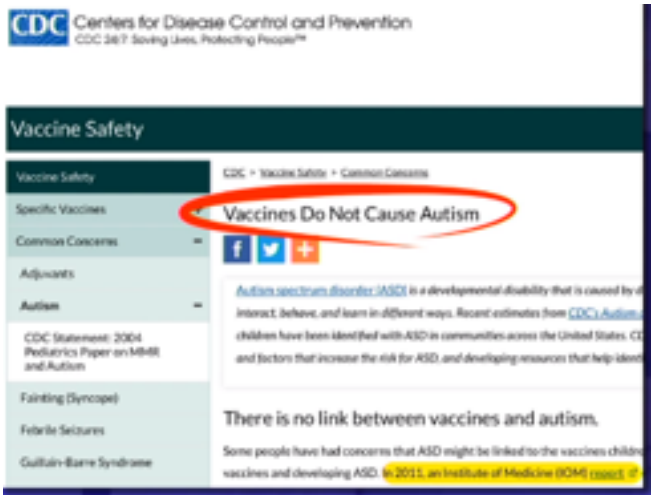
A I agree with their conclusion, but that doesn't mean that I don't act on other information.

Q …As a pure matter of logic and common sense, if you don't know whether A causes something, can you say A, B -- let me not use that hypothetical. 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.



To support their statement that "vaccines do not cause autism," the CDC cites the 2011 Institute of Medicine (IOM) Report mentioned in the above transcript.

"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."

https://www.nap.edu/read/13164/chapter/1 (p. 546)

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Interview of Dr. Bernadine Healy (Former Director of NIH) 2008 VIDEO: https://www.youtube.com/watch?v=UZFPpHBNp2M

“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 a vaccine like mercury. so we now in these times have to I think take another look at that hypothesis, not deny it, and I think we have the tools today that we didn't have ten years ago, that we didn't have 20 years ago, to try and tease that out and find out if indeed there is that susceptible group. why is this important? A susceptible group does not mean that vaccines aren't good. What a susceptible group will tell us is that maybe there is a group of individuals or a group of children that shouldn't have a particular vaccine or shouldn't have vaccine on the same schedule. I do not believe that if we identified a susceptibility group, if we identified a particular risk factor for vaccines, or if we found out that maybe they should be spread out a little longer, I do not believe that the public would lose faith in vaccines….I think the government or certain public health officials in the government are have been too quick to dismiss the concerns of these families without studying the population that got sick. I haven't seen major studies that focus on 300 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. I think that they often have been too quick to dismiss studies in the animal laboratory, either in mice, in primates, that do show some concerns with regard to certain vaccines and also to the mercury preservative in vaccines. The government has said in a report by the Institute of Medicine, and by the way I'm a member of the Institute of Medicine, I love the Institute of Medicine, but a report in 2004 basically said do not pursue susceptibility groups, don't look for those patients, those children who may be vulnerable. I really take issue with that conclusion. The reason why they didn't want to look for those susceptibility groups was because they're afraid that if they found them, however big or small they were, that that would scare the public away….I don't think you should ever turn your back on any scientific hypothesis because you're afraid of what it might show.”

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Interview of Julie Gerberding, head of the CDC at the time (March 2008)

VIDEO: https://www.youtube.com/watch?v=Dh-nkD5LSIg

"When children have this disease, anything that stresses them creates a situation where their cells just can't make enough energy to keep their brains functioning normally. Now we all know that vaccines can occasionally cause fevers in kids so if a child was immunized, got a fever or had other complications from the vaccine, then if you're predisposed with a mitochondrial disorder, it can certainly set off some damage – some of the symptoms can be symptoms that have characteristics of autism."

(Overall, approximately 1 in every 4,300 individuals in the United States has a mitochondrial disease. https://www.chop.edu/conditions-diseases/mitochondrial-disease)

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FOR IMMEDIATE RELEASE—AUGUST 27, 2014

STATEMENT OF WILLIAM W. THOMPSON, Ph.D., REGARDING THE 2004 ARTICLE EXAMINING THE POSSIBILITY OF A RELATIONSHIP BETWEEN MMR VACCINE AND AUTISM

My name is William Thompson. I am a Senior Scientist with the Centers for Disease Control and Prevention, where I have worked since 1998.

I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal *Pediatrics*. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism. Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed.

https://www.rescuepost.com/files/william-thompson-statement-27-august-2014-3.pdf

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Direct quotes (and commentary) from secretly (but legally) recorded conversations between CDC senior epidemiologist Dr. William Thompson and fellow scientist Dr. Hooker (2014)

RECORDINGS and TRANSCRIPTS: https://fearlessparent.org/why-is-thimerosal-still-in-vaccines-recording-1/

Dr. Thompson: “Thimerosal remains in flu vaccines to give cover to its presence in other vaccines outside the U.S. ….Tics are about five times more common among kids with autism….Vaccines cause tics, the Barile article replicated that….I would never give my [pregnant] wife a vaccine that I thought caused tics.”

…

Dr. Thompson: “What are you going to say when you have 1,200 autism cases and a bunch of controls, and you never looked at vaccines and you have all of their vaccine records?”

…

Dr. Thompson: “It’s like Disneyland… here’s what I said to them…This study needs to be done… it should be contracted out to some independent organization… [laughing] we’re insane to be sitting on this data and not have an independent group, independent of the CDC, completely…[for the CDC to] not even touch it, not even have a coauthor on it… I want to give you the name of the study so you can start telling people…to ask questions about this study because this data is sitting, ready to go. No one has analyzed it yet… and they don’t really want people to know that this data exists, again…”

…

Dr. Thompson: “I have great shame when I meet families with kids with autism because I have been part of the problem….I shoulder that the CDC has put the research 10 years behind. Because the CDC has not been transparent, we’ve missed 10 years of research because 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. So when I talk to a person like you who has to live this day in and day out, I say, Well, so I have to deal with a few months of hell if this all becomes public. No big deal. I’m not having to deal with a child who’s suffering day in and day out. That’s the way I view all this. I’m completely ashamed of what I did.”

…

Dr. Thompson: “I don’t know if vaccines cause a certain percentage [of autism]. I can say confidently, I do think thimerosal causes tics. I’m not sure about the rest. I don’t know. But I will say that tics are four times more prevalent in kids with autism. So there is biological plausibility right now to say that thimerosal causes autism-like features.”

…

Dr. Thompson: “I’ve tried to share with you as much information as possible. If you say t you spoke to me, I promise everyone will paint me as the bad guy… I’ll become…the next Brian Hooker that can’t be listened to…I will be the next scapegoat for the drug companies.”

…

Dr. Hooker: “What about those inside that are sympathetic with you? Do they exist?”

Dr. Thompson: “I don’t think there’s anyone sympathetic inside to what I’m doing. My position is one that the drug companies will jump all over….Right now they feel like they have me pretty isolated and extremist….

…

Dr. Thompson: “Nothing I’ve shared with you is classified… privileged information in any way. And if anything, people that have been my supervisors have broken laws…. But I’m not going to be the judge of that…”

Dr. Hooker: “Why not? If they are doing things illegal that are hurting children…”

Dr. Thompson: “It’s gonna turn into hearsay…it’s going to be my opinion versus four other coauthors ….[they] have a lot of support from the rest of the CDC. There is no one that would come to my defense. The rest of them are all senior level people and everyone will rally around them and try to figure a way out, and they would figure a way out. That’s the deal. That’s what I keep seeing again and again….I’ve been involved in a separate situation that’s unrelated to this, where these senior people just do completely unethical, vile things and no one holds them accountable.”

Dr. Hooker: “This is not isolated to DeStefano et al 2004. I’ve got all the records. I see that on a New England Journal of Medicine paper, you were pressured to downplay the relationship between thimerosal and tics.”

Dr. Thompson: “Let me just say this. I did a follow-up study because I wanted my opinion on the record. I talked to a graduate student outside the CDC to analyze the data. It wouldn’t even be me who was leading it. And then, I went through this process where that paper was in clearance for a year. I was asked to bring a co-author on in the middle of clearance….”

…

Dr. Thompson: “’ve said things like, ‘Why didn’t you guys follow up on the significant thimerosal effect?’ …They were supposed to follow up on tics, and they never did a single additional study on tics.

Dr. Hooker: “Right, right. See, there was a concerted effort not to look at it. Because if they were going to follow up on it, then that would’ve been as part of the 2011 IOM and the 2013 IOM, and they didn’t look at thimerosal whatsoever. They were just like, ‘Okay, you know what? If we don’t talk about this, then the final word will be 2004.’ If they said thimerosal doesn’t cause autism, that’s the end of it.”

Dr. Thompson: “I know. But like I said, they never say thimerosal doesn’t cause tics.”

…

Dr. Hooker: “So, you weren’t involved in Verstraeten in 2003 at all, were you?”

Dr. Thompson: “No.”

Dr. Hooker: “You laugh”.

Dr. Thompson: “That was a circus. That was a total circus. And then, he [Verstraeten] goes to the IOM… then he gives this presentation that he’s going to work for a drug company. I mean, that was as dark as Julie Gerberding going to work for Merck Vaccine. I mean, it was just—"

Dr. Hooker: “Right, right. That’s…”

Dr. Thompson: “…having him doing that at the IOM meeting saying, ‘I now work for a drug manufacturer.’”

Dr. Hooker: “Yeah, yeah. He basically resigned onstage.”

Dr. Thompson: “And it was a total slap in the face. It’s just like how insulting would that be to these people who are looking for an unbiased viewpoint?”

Dr. Hooker: “Right! Well, yeah. It had a dramatic, chilling effect. Let’s put it that way.”

Dr. Thompson: “But I wouldn’t believe another word coming out of someone’s mouth who, onstage, says, ‘Oh! And today, I accepted a job with a drug manufacturer’.”

Dr. Hooker: “Yeah. No, no. He was done. As soon as he said that, he was done. You’re right, you’re absolutely right. So, you and I are in agreement, vaccine safety should not be in the CDC.”

Dr. Thompson: “Absolutely!”

…

Dr. Thompson: “…Bob Chen was the one that was pushing really hard to get Immunization Safety moved out of the CDC… he actually almost succeeded but then they reprimanded him and slapped him around and…”

Dr. Hooker: “Transferred him.”

Dr. Thompson: “Yes, and then they moved him out… So I just think the current environment in the federal government is hostile to anyone who says anything negative about any industry….I don’t know how we get independent studies.”

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Sharyl Attkisson telephone interview with CDC Director of Immunization Safety Dr. Frank DeStefano about the possibility of vaccines triggering autism (August 26, 2014)

AUDIO HERE: https://sharylattkisson.com/2018/12/cdc-possibility-that-vaccines-rarely-trigger-autism/#audio

Attkisson: And is, is the pos—the current position that any potential link between vaccines and autism, secondary, any kind at all, has been entirely ruled out 100%?

DeStefano: I re, you know, I re—uh, I think every hypothesis that's been looked at has been, uh, ruled out.

Attkisson: But, I mean, are you, are you, can I say the CDC's position is that if anybody thinks there's anything anymore, it's a myth? It's all been disproven?

DeStefano: Wouldn't say it's a myth, I'd say, you know, all the evidence, thus far, points to that there's not a causal association between vaccines and autism.

Attkisson: What about secondary?

DeStefano: Sec—I don't understand what do you mean "secondary"?

Attkisson: What about not "causal," but "as a result of" vaccines, as in the Poling case? The medical expert found, you know, as a result of the damages she had from the vaccines, she ended up with autism. And the distinction was made in the medical expert, 'well, that's not 'causal', it's sort of a 'but for' but it's not a 'causal.'

DeStefano: Yeah, I mean, I mean in that case, you know, she had a, I mean, you know, she had an underlying uh biological illness that uh either vaccination, or it could've been an infection that that would trigger some physiological stress in her, uh, seems to have, you know, could've, could've caused uh, um, manifestations that, characteristics of autism which, you, you know, appears to be what happened in her case.

Attkisson: But I mean doesn't that, is—isn't that a "link"? It's not a "causal" link, but isn't that a potential link between vaccination and autism if certain children with a "underyling biological illness" can have a "trigger" through vaccination?

DeStefano: [Unintell] as you call it, a secondary link if you wanna call it that way, w– in certain children, I mean ri—I mean, I, maybe that, but, you know, then I guess, that, that is a possibility.

Attkisson: Do you think that's an important area of study so we could figure out which kids might have that predisposition?

DeStefano: uh, [phone noise] Yeah, I mean, I think um…You know, I think it's something that, uh, well I mean, you know, in terms of uh… I mean, It's hard, it's hard to say, you know, I mean it's like, um…I mean how how important that is. I mean, it's a theoretical possibility, I guess the, the Poling case maybe suggested it could happen. Uh, but [unintell] cause it's hard to predict who those children might be, but certainly, um individual cases, uh, can be studied to try to, uh, to look at those, uh, those possibilities.

Attkisson: Well I would just think—and then, then I'll let you go in a few minutes unless you have more time—but as a parent, if my kid had whatever Poling had and we could figure that out, that would be one kid you would cull out [from vaccination] versus not worry about other kids if they don't have that predisposition. But maybe you could identify the ones that would be vulnerable. But I haven't seen that there's any—is there an area of study trying to do such a thing within CDC or funded by CDC? Or NIH?

DeStefano: Well, in terms of like, you know, the area at CDC that's that's studying autism and possible causal relationships of autism, uh, you know, whatever they may be, uh, is in the Center the National Center for Birth Defects and Developmental Disability, and they, they do monitoring for autism prevalence and they do have, uh, studies trying to go on, you know, going on to, to look at, uh, a number of factors that could be, uh, related to, uh, increasing the risk of autism or causing autism.

Attkisson: I mean I think to sum up, you're you're saying what I, what I think is also the case just based on my own research: that while the government has ruled out any known "causal" link between autism and vaccines, it hasn't ruled out the possibility, and in fact there seems to be at least one case where it's acknowledged what I called a "secondary" link, meaning not "causal" but uh "triggered." And the result for the parent, you know, may–to them it may be one and the same. And they may be trying to figure out which kids, you know, might have that predisposition.

DeStefano: Yeah, but you know, that's very difficult to do. That's almost circular reasoning, say, you know, kind of, you can't, I mean, you know, the, the useful thing for parents who are clinically would be able to identify the kids who are gonna have, I mean, this way we're identifying one certain child after the fact and say, you know, maybe in that one child, it was this or that that happened to him. But uh, it's very difficult to make a causal link in in just one case.

Attkisson: Well, but isn't that what you guys are supposed to do, figure it out? That's a, as you know, autism is such a huge problem, even if a teeny percentage is perhaps triggered by vaccination, I would think that'd be very, very important to, to learn and try to figure out. You guys are the best at it, I'm sure somebody there can do it over time.

DeStefano: Yeah…[unintell] I think…[unintell] have a better understanding of uh of the pathogenesis of autism and the genetics and the biology and then, I think, I mean, and then, and then, with these individual cases, it'd be, you know, more feasible to try to establish if, uh, if, if vaccines in an individual case, say a person with a certain, certain set of genes or something, you know, if we ever get to that point, then that kind of research, uh, might be fruitful, you know.

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Dr. Paul (Paul Thomas, M.D. FAAP)
Board-certified pediatrician for 15,000 patients at Integrative Pediatrics

What would you do if you stumbled on vital information that could spare almost 100,000 children the fate of autism each year in the USA?

What if that information would stand in stark contrast to the accepted paradigm, and be so unbelievable it would almost certainly be rejected at face value?

This is the dilemma I faced, which led me to accept an interview with *Willamette Week*. Unfortunately, here is the data I presented they chose not to publish:

Of the 3,345 patients born into Integrative Pediatrics since June 2008, the autism rates are as follows:

Out of 715 unvaccinated children, just one was diagnosed with autism.

Out of 2,629 Vaccine-Friendly Plan (alternative schedule), just six were diagnosed.

Compare these rates to the current Centers for Disease Control and Prevention vaccine schedule rate of 1 in 45 children being diagnosed with autism.

The above data was obtained by an independent pediatrician, neonatologist, and informatics expert, commissioned to pull the data, at the request of those wanting to know the outcomes for my practice.

Now you know why I want everyone to know about this. What should our response be to information like this? I suggest we all demand studies that compare the nonvaccinated and the partially vaccinated to those fully vaccinated according to the CDC schedule.

I also propose that we stop the vaccine mandate laws—like House Bill 3063—that will force the CDC schedule in a one-size-fits-all manner on the citizens of Oregon. The measles crisis being used to push the agenda of mandated vaccines is actually no crisis at all. Ninety-five percent of Oregonians are immune to measles (our vaccine rate for

that one), and not a single case during this outbreak has been acquired in the community. All have been household contacts of those involved in the initial outbreak. Of the 73 measles cases, there was just one hospitalization and zero deaths.

I'm in favor of vaccines and the measles vaccine (MMR), but I am also in favor of informed consent and patients' rights to choose. What kind of message are we giving our children when we say they have no rights to choose what is injected into their bodies?

https://www.wweek.com/news/2019/04/12/pediatrician-paul-thomas-responds-to-last-weeks-cover-feature/?fbclid=IwAR06FBpBQ1GyOOW6ebVk9Xnx3zqMTCRUB8GMun3k-BxkWsWVsu8ImcYeobw

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The first “hard evidence” that Merck knew about the hazards posed for children who were exposed to significantly more mercury than the generally accepted dose is documented in a seven-page memo, dated 1991. **The memo was addressed to the president of Merck’s vaccine division, and was signed by Dr. Maurice Hilleman, an internationally renowned vaccinologist.**

This memo was uncovered during the course of litigation; it was publicly disclosed by Myron Levin of the *Los Angeles Times* in 2005:

By Myron Levin
Times Staff Writer

A memo from Merck & Co. shows that, nearly a decade before the first public disclosure, senior executives were concerned that infants were getting an elevated dose of mercury in vaccinations containing a widely used sterilizing agent.

The March 1991 memo, obtained by The Times, said that 6-month-old children who received their shots on schedule would get a mercury dose up to 87 times higher than guidelines for the maximum daily consumption of mercury from fish.

"When viewed in this way, the mercury load appears rather large," said the memo from Dr. Maurice R. Hilleman, an internationally renowned vaccinologist. It was written to the president of Merck's vaccine division.

The memo was prepared at a time when U.S. health authorities were aggressively expanding their immunization schedule by adding five new shots for children in their first six months. Many of these shots, as well as some previously included on the vaccine schedule, contained thimerosal, an antibacterial compound that is nearly 50% ethyl mercury, a neurotoxin.

Federal health officials disclosed for the first time in 1999 that many infants were being exposed to mercury above health guidelines through routine vaccinations. The announcement followed a review by the U.S. Food and Drug Administration that was described at the time as a first effort to assess the cumulative mercury dose.

But the Merck memo shows that at least one major manufacturer was aware of the concern much earlier.

"The key issue is whether thimerosal, in the amount given with the vaccine, does or does not constitute a safety hazard," the memo said. "However, perception of hazard may be equally important."

Merck officials would not discuss the contents of the memo, citing pending litigation.

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"It appears essentially impossible, based on current information, to ascertain whether thimerosal in vaccines constitutes or does not constitute a significant addition to the normal daily input of mercury from diverse sources," the memo said.

"It is reasonable to conclude" that it should be eliminated where possible, he said, "especially where use in infants and young children is anticipated."

In the U.S., however, thimerosal continued to be added throughout the '90s to a number of widely used pediatric vaccines for hepatitis B, bacterial meningitis, diphtheria, whooping cough and tetanus.

It was added to multi-dose vials of vaccine to prevent contamination from repeated insertion of needles to extract the medicine. It was not needed in single-dose vials, but most doctors and clinics preferred to order vaccine in multi-dose containers because of the lower cost and easier storage.

The Hilleman memo said that unlike regulators in Sweden and some other countries, "the U.S. Food and Drug Administration … does not have this concern for thimerosal."

A turning point came in 1997 when Congress passed a bill ordering an FDA review of mercury ingredients in food and drugs.

Completed in 1999, the review revealed the high level of mercury exposure from pediatric vaccines and raised a furor. In e-mails later released at a congressional hearing, an FDA official said health authorities could be criticized for "being 'asleep at the switch' for decades by allowing a potentially hazardous compound to remain in many childhood vaccines, and not forcing manufacturers to exclude it from new products."

It would not have taken "rocket science" to add up the amount of exposure as the prescribed number of shots was increasing, one of the e-mails said.

FULL ARTICLE:

http://www.waterskraus.com/pdf/91%20Memo%20Warned%20of%20Mercury%20in%20Shots.pdf

Neither Merck, nor any of the zealous vaccine stakeholders in industry, government, and academia, ever acknowledge a vaccine safety problem. Concern about the safety of thimerosal led the Scandinavian countries to require its elimination from childhood vaccines in 1992; and Japan followed suit in 1993. The U.S. dragged its feet for another decade.

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Dr. Jonas Salk, inventor of the Polio vaccine:

"Live virus vaccines against influenza and paralytic poliomyelitis, for example, may in each instance produce the disease it is intended to prevent; the live virus vaccines against measles and mumps may produce such side effects as encephalitis. Both of these problems are due the inherent difficulty of controlling live viruses in vivo…."
https://books.google.com/books?id=BkNXL74gSJsC&pg=PA144&dq=%22Live+virus+vaccines+against+influenza+and+paralytic+poliomyelitis,+for+example,+may+in+each+instance%22&hl=en&sa=X&ved=2ahUKEwjurtnV6u_kAhXJg-AKHZrdAY0Q6AEwAHoECAEQAg#v=onepage&q=%22Live%20virus%20vaccines%20against%20influenza%20and%20paralytic%20poliomyelitis%2C%20for%20example%2C%20may%20in%20each%20instance%22&f=false

Merck Manual: Encephalitis is inflammation of the brain that occurs when a virus directly infects the brain or when a virus, vaccine, or something else triggers inflammation. The spinal cord may also be involved, resulting in a disorder called encephalomyelitis.
https://www.merckmanuals.com/home/brain,-spinal-cord,-and-nerve-disorders/brain-infections/encephalitis

Tina Cheatham (spokesperson for the U.S. Department of Health & Human Services): "The government has never compensated, nor has it ever been ordered to compensate, any case based on a determination that autism was actually caused by vaccines. We have compensated cases in which children exhibited an encephalopathy, or general brain disease. Encephalopathy may be accompanied by a medical progression of an array of symptoms including autistic behavior, autism, or seizures... Here are the numbers of compensable cases for encephalitis/encephalopathy and seizures in our database from October 1, 1988 to March 4, 2008: Encephalitis/Encephalopathy 611 and Seizure Disorders 711. Total 1,322."

https://childhealthsafety.files.wordpress.com/2011/01/attkisson-cbs-hrsa-email-exchanges-autistic-conditions-vaccines.pdf

Bob Krakow (a leading attorney for vaccine damaged children):"There's a growing conviction that if you have a autistic client who has also been diagnosed with encephalopathy/encephalitis or seizure disorder, you are better off not mentioning the word 'autism' if you want to win the case." He recommended instead filing a non autism claim like "mental retardation with seizure disorder" for an autistic client.

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Dr. Andrew Zimmerman's full Affidavit on alleged link between vaccines and autism that U.S. govt. covered up

https://sharylattkisson.com/2019/01/dr-andrew-zimmermans-full-affidavit-on-alleged-link-between-vaccines-and-autism-that-u-s-govt-covered-up/

The following is the full sworn Affidavit for Dr. Andrew Zimmerman, the world-renowned pro-vaccine pediatric neurologist specializing in autism. He says as an expert witness for the government defending vaccines in vaccine court in 2007, he told the government that vaccines can cause autism in "exceptional" cases, but says the government hid the information and misrepresented his opinion.

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AFFIDAVIT

I, Andrew Walter Zimmerman, M. D. do hereby state under oath as follows:

1. I am a board certified, pediatric neurologist and former Director of Medical Research, Center for Autism and Related Disorders, Kennedy Krieger Institute, and Johns Hopkins University School of Medicine.

2. I was a Reviewer for the National Academy of Sciences 2004 report entitled IMMUNIZATION SAFETY REVIEW: VACCINES AND AUTISM, which was prepared by the Immunization Safety Review Committee, at the request of the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Institute of Medicine (IOM).

3. A copy of my curriculum Vitae is attached hereto as exhibit A and incorporated by reference.

4. In 2007, I was an expert witness for the Department of Health and Human Services in the Omnibus Autism Proceeding (O.A.P.) under the National Childhood Vaccine Injury Compensation Program.

5. With the assistance of the Department of Justice, I prepared and executed the attached expert witness opinion regarding Michelle Cedillo, on behalf of the Department of Health and Human Services in Cedillo v. H.H.S. My expert opinion in Cedillo v. H.H.S. is attached as exhibit B. It states in pertinent part as follows:

"There is no scientific basis for a connection between measles, mumps and rubella (MMR) vaccine or mercury (Hg) intoxication and autism. Despite well-intentioned and thoughtful hypotheses and widespread beliefs about apparent connections with autism and regression, there is no sound evidence to support a causative relationship with exposure to both, or either, MMR and/or Hg. Michelle Cedillo had a thorough and normal immunology evaluation by Dr. Sudhir Gupta, showing no

6. On Friday June 15th 2007, I was present during a portion of the O.A.P. to hear the testimony of the Petitioner's expert in the field of pediatric neurology, Dr. Marcel Kinsbourne. During a break in the proceedings, I spoke with DOJ attorneys and specifically the lead DOJ attorney, Vincent Matanoski in order to clarify my written expert opinion.

7. I clarified that my written expert opinion regarding Michelle Cedillo was a case specific opinion as to Michelle Cedillo. My written expert opinion regarding Michelle Cedillo was not intended to be a blanket statement as to all children and all medical science.

8. I explained that I was of the opinion that there were exceptions in which vaccinations could cause autism.

9. More specifically, I explained that in a subset of children with an underlying mitochondrial dysfunction, vaccine induced fever and immune stimulation that exceeded metabolic energy reserves could, and in at least one of my patients, did cause regressive encephalopathy with features of autism spectrum disorder.

10. I explained that my opinion regarding exceptions in which vaccines could cause autism was based upon advances in science, medicine, and clinical research of one of my patients in particular.

11. For confidentiality reasons, I did not state the name of my patient. However, I specifically referenced and discussed with Mr. Matanoski and the other DOJ attorneys that were present, the medical paper, **Developmental Regression and Mitochondrial Dysfunction in a Child With Autism**, which was published in the Journal of Child Neurology and co-authored by Jon Poling, M.D. Ph.D, Richard Frye, M.D., Ph.D, John Shoffner, M.D. and Andrew W. Zimmerman, M.D. A copy of which is attached as exhibit C.

12. Shortly after I clarified my opinions with the DOJ attorneys, I was contacted by one of the junior DOJ attorneys and informed that I would no longer be needed as an expert witness on behalf of H.H.S. The telephone call in which I was informed that the DOJ would no longer need me as a witness on behalf of H.H.S. occurred after the above referenced conversation on Friday, June 15, 2007, and before Monday, June 18, 2007.

13. To the best of my recollection, I was scheduled to testify on behalf of H.H.S. on Monday, June 18, 2007.

14. At the time of the above referenced conversation with the DOJ, I did not know that Hazlehurst v. HHS or Poling v. HHS were potential test cases in the OAP.

15. It is my understanding the HHS concession in Poling v. H.H.S. has become common knowledge and has been published by international news media. Among other news media coverage, I reviewed the CNN interview in which Dr. Julie Gerberding, the former head of the CDC discussed the concession by H.H.S. in Poling v. H.H.S. and the interview with Dr. Jon Poling, the father of the child whose case was conceded.

16. The summary language, "the vaccinations ....., significantly aggravated an underlying mitochondrial disorder, which predisposed her to deficits in cellular energy metabolism, and manifested as a regressive encephalopathy with features of autism spectrum disorder" is in essence the chain of causation that I explained to the DOJ attorneys including Vincent Matanoski during the above referenced conversations on June 15, 2007.

17. I have reviewed extensive genetic, metabolic and other medical records of William "Yates" Hazlehurst. In my opinion, and to a reasonable degree of medical certainty, Yates Hazlehurst suffered regressive encephalopathy with features of autism spectrum disorder as a result of a vaccine injury in the same manner as described in the DOJ concession in Poling v. H.H.S., with the additional factors that Yates Hazlehurst was vaccinated while ill, administered antibiotics and after previously suffering from symptoms consistent with a severe adverse vaccine reaction.

18. I have reviewed the attached portion of the transcript, of Vincent Matanoski's closing argument in Hazlehurst v. H.H.S., which is attached as exhibit D. The relevant portion of the transcript states as follows:

> I did want to mention one thing about an expert, who did not appear here, but his name has been mentioned several times, and that was Dr. Zimmerman.
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> Dr. Zimmerman actually has not appeared here, but he has given evidence on this issue, and it appeared in the Cedillo case. I just wanted to read briefly because his name was mentioned several times by Petitioners in this matter. What his views were on these theories, and I'm going to quote from Respondent's Exhibit FF in the Cedillo case, which is part of the record in this case as I understand it.
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> "There is no scientific basis for a connection between measles, mumps and rubella MMR vaccine or mercury intoxication in autism despite well-intentioned and thoughtful hypotheses and widespread beliefs about apparent connection with autism and regression. There's no sound evidence to support a causative relationship with exposure to both or either MMR and/or mercury."
>
> We know his views on this issue.

19. In my opinion, the statement by Mr. Matonoski during his closing argument regarding my expert opinion was highly misleading and not an accurate reflection of my opinion for two reasons. First, Mr. Matanoski took portions of my opinion out of context. My opinion as to Michelle Cedillo was case specific. I was only referring to the medical evidence that I had reviewed regarding her. My opinion regarding Michelle Cedillo was not intended to be a blanket statement as to all children and all medical science. Second, as explained above, I specifically

explained to Mr. Matanoski and the other DOJ attorneys who were present that there were exceptions in which vaccinations could cause autism.

20. In my opinion, it was highly misleading for the Department of Justice to continue to use my original written expert opinion, as to Michelle Cedillo, as evidence against the remaining petitioners in the O.A.P. in light of the above referenced information which I explained to the DOJ attorneys while omitting the caveat regarding exceptions in which vaccinations could cause autism.

Andrew W. Zimmerman M.D.

State of Massachusetts

County of Worcester

Personally appeared before me, the undersigned Notary Public, Andrew Zimmerman M. D. with whom I am personally acquainted and who signed the foregoing Affidavit in my presence and, under oath stated that he had personal knowledge of the facts contained in the foregoing Affidavit and that those facts are true and correct.

Sworn and subscribed before me, the undersigned Notary Public, in and for the aforesaid State and County on this the 7th day of September, 2018.

Maxine Schmeidler

Notary Public

My Commission expires: april 9,2021

MAXINE SCHMEIDLER
Notary Public
Commonwealth of Massachusetts

The Vaccination Debate

By Full Measure Staff, Sunday, January 6, 2019

Kennedy: *This was one of the most consequential frauds, arguably in human history.*

Kennedy was instrumental in convincing Dr. Zimmerman to document his remarkable claim of the government covering up his true expert opinion on vaccines and autism.

Kennedy: *This panicked the two DOJ attorneys and they immediately fired Zimmerman. That was on a Friday and over the weekend they called Zimmerman and said his services would no longer be needed. They wanted to silence him.*

Days after the Department of Justice lawyers fired Dr. Zimmerman as their expert witness, he alleges, they went on to misrepresent his opinion to continue to debunk autism claims.

Records show that on June 18, 2007, a DOJ attorney Dr. Zimmerman spoke to told vaccine court, “We know [Dr. Zimmerman’s] views on the issue...There is no scientific basis for a connection” between vaccines and autism. Dr. Zimmerman now calls that “highly misleading.”

The former DOJ lawyer didn’t return our calls and emails. Kennedy has filed a fraud complaint with the Justice Department Inspector General, who told us they don’t “comment on investigations or potential investigations.”

Meantime, CDC—which promotes vaccines and monitors vaccine safety-- never disclosed that the government’s own one-time medical expert concluded vaccines can cause autism - and to this day public health officials deny that’s the case.

Dr. Anne Schuchat: “*Based on dozens of studies and everything I know as a physician and a scientist, there’s no link between autism and vaccines.”*

CDC declined our interview request. In addition to filing a fraud complaint, Kennedy has delivered Dr. Zimmerman’s affidavit to leaders on Capitol Hill. But there he claims, is another key part of this story: roadblocks set up by the pharmaceutical industry—or PhRMA.

Kennedy: *But everybody takes money from PhRMA so they've all been corrupted. And it's almost impossible to get anything done on Capitol Hill.*

Kennedy, a Democrat, isn’t the only one claiming vaccine industry money rules the day. We spoke to 11 current and former members of Congress and staff who claim they faced pressure, bullying or threats when they raised vaccine safety questions. Several of them agreed to appear on camera.

Burton: *There's no question in my mind whatsoever that the pharmaceutical industry had a great influence with people over at the CDC and FDA. There's no question in my mind.*

Republican Dan Burton—former Chairman of the House Oversight Committee—has an autistic grandson.

Burton: *I am not against vaccinations*.

He pursued vaccine investigations in the early 2000s. Beth Clay was one of his staffers.

Clay: *There was a lot of pressure from people on the Hill.*

Sharyl: *When you say people on the hill were exerting pressure, what kind of people? Colleagues?*

Clay: *Colleagues, there were pharmaceutical lobbyists. The pharmaceutical lobbyists had, you know, they are the same people that have been entrenched. They can walk into any office in Capitol Hill, and they'll talk to staff, they'll talk to members and they'll encourage them to discourage, our investigation.*

Sharyl: *At the risk of stating the obvious why did they have that kind of access to members?*

Clay: *It's money. And if you look at the donations over the last 20 years, the pharmaceutical industry, and Republican and Democrat, they're nonpartisan. They put money everywhere.*

Former Congressman, Dr. Dave Weldon, a Republican, says he got the message loud and clear.

Sharyl: *If you would want to hold a hearing on an issue like vaccines and autism, your own leadership might fight you on that because of the financial influence, the pharmaceutical industry?*

Dave Weldon: *They wouldn't fight you. They'd kill it. It's dead. They don't even want to discuss it. It's dead on arrival. If you, if you as an individual member want to take on the pharmaceutical industries. It's forget it.*

Sharyl: Can you describe an incident or just how it, how that would go?

Weldon: *It would typically be in a hallway or the street and people would come up to you and say, "You know, you really need to, you know, back off on this. It could be, it could be bad for the community or bad for the country or bad for you."*

Weldon says he's generally pro-vaccine, depending on the patient and the shot—and gives flu shots to adults. We asked him to review Dr. Zimmerman's new affidavit.

Weldon: *I found his affidavit and testimony through that affidavit to be consistent with my opinions. That some children can get an autism spectrum disorder from a vaccine.*

Republican Bill Posey is a current member of Congress.

Rep. Bill Posey: *I don't have to tell you that industry is a very, very powerful industry. Matter of fact, I don't know of anyone more powerful than that industry.*
Posey says his own party leaders twice promised to hold hearings on the topic, only to scuttle them in the end.

Hazlehurst – who happens to be a criminal prosecutor-- was scheduled to be a witness at one such Congressional hearing. Two weeks before the hearing in 2013, he briefed Congressional staff.

Hazlehurst: *I presented at that Congressional briefing and I explained in that hearing, if I did to a criminal in a court of law what the United States Department of Justice did to vaccine injured children, I would be disbarred and I would be facing criminal charges. I think that scared the hell out of them.*

The hearing was abruptly cancelled. Meantime, Dr. Zimmerman – the one-time expert used to debunk vaccine autism claims—now says several of his own patients got autism from vaccines. They include Yates Hazlehurst.

Today, with intensive treatment, Yates is doing better. His dad hopes the new testimony from a most unlikely source will get new attention.

Hazlehurst: *A child that was unnecessarily sacrificed, and hopefully good will come from his suffering.*

VIDEO: https://www.youtube.com/watch?v=1XUM2gvfbW8

CDC: "Vaccines are safe and effective."

Technically Speaking: History of Fever ≥ 105 Degrees, Inconsolable Crying, and Hypotonic Episode Following a Previous DTaP Dose Are No Longer Precautions According to ACIP Published on Jun 27, 2018

On April 27, 2018, CDC published "Prevention of Pertussis, Tetanus, and Diphtheria with Vaccines in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP)."

While there were no major additions to the vaccine recommendations, some noteworthy changes were made to the **precautions** listed in the new guidance. The following items, formerly listed as precautions in earlier recommendations, are no longer included in Table 2….

https://www.chop.edu/news/technically-speaking-history-fever-105-degrees-inconsolable-crying-and-hypotonic-episode

Current ACIP guidelines:

TABLE 4-2. Conditions incorrectly perceived as contraindications or precautions to vaccination (i.e., vaccines may be given under these conditions)

Vaccine	Conditions commonly misperceived as contraindications or precautions
DTaP	Fever within 48 hours after vaccination with a previous dose of DTP or DTaP Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP Seizure ≤3 days after receiving a previous dose of DTP/DTaP Persistent, inconsolable crying lasting ≥3 hours within 48 hours after receiving a previous dose of DTP/DTaP Family history of seizures Family history of sudden infant death syndrome Family history of an adverse event after DTP or DTaP administration Stable neurologic conditions (e.g., cerebral palsy, well-controlled seizures, or developmental delay)

https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

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Encephalitis
https://www.healthline.com/health/encephalitis#symptoms

Mild symptoms include: fever, headache, vomiting, stiff neck, lethargy. Severe symptoms include: fever of 103°F or higher, confusion, drowsiness, slower movements, coma, seizures, irritability, unconsciousness. Infants and young children show different symptoms. Call a doctor immediately if your child is experiencing any of the following: vomiting, bulging fontanel, constant crying, body stiffness, poor appetite.

Attorney George Fatheree's four-month-old son received his four-month vaccines and that night developed 104° fever, vomited, and screamed uncontrollably for many hours. Then he developed epilepsy (seizures), controlled by medicine. At his seven-month visit, the doctor reassured the parents that it was safe to give their son the next round of vaccines, despite his epilepsy. That night his seizures intensified and he developed status epilepticus (continuous state of seizure) and did not talk for the next three years. Now a teenager, their son still suffers with dozens of seizures every day. https://www.youtube.com/watch?v=YrfKE0FPFHk

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Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS) Grand Final Report from HHS-sponsored Harvard Medical School project

https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

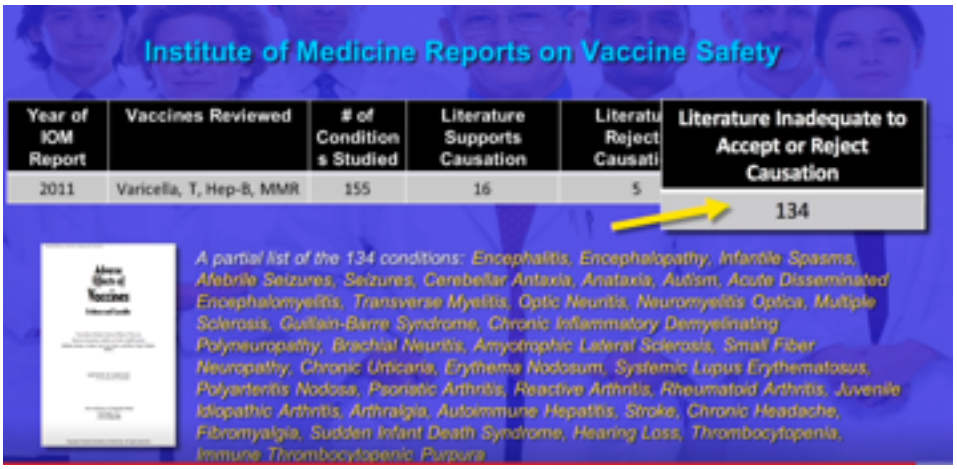
(The Department of Health and Human Services (HHS) gave Harvard Medical School a $1 million dollar grant to track VAERS reporting at Harvard Pilgrim Healthcare for 3 years and to create an automated reporting system which would revolutionize the VAERS reporting system- transforming it from "passive" to "active.")

RESULTS: "Adverse events from drugs and vaccines are common, but underreported. […] Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of 'problem' drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs. 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."

Thus, actual VAERS figures may be:

Adverse Effects of Vaccines: Evidence and Causality
http://www.vaxchoicevt.com/wp-content/uploads/2015/02/673-748.pdf

The CDC asked the Institute of Medicine to review medical studies to see if certain vaccines are possibly causing certain adverse effects being reported. As you can see from this slide below, there are no adequate studies to say whether 134 conditions are or are not caused by vaccines.



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Immunization Action Coalition
Ask the Experts: Administering Vaccines
https://www.immunize.org/askexperts/administering-vaccines.asp

How many vaccines can be given during an office visit?

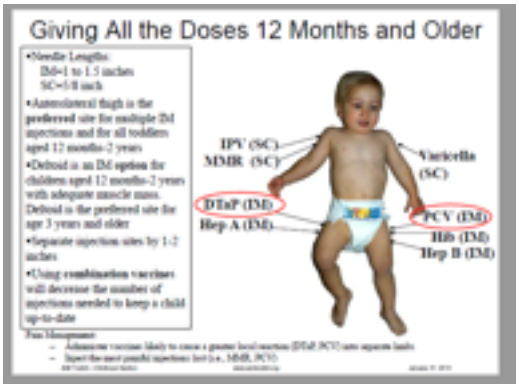
All vaccines can be administered at the same visit*. There is no upper limit for the number of vaccines that can be administered during one visit. ACIP and AAP consistently recommend that all needed vaccines be administered during an office visit. Vaccination should not be deferred because multiple vaccines are needed. All live vaccines (MMR, varicella, live zoster [Zostavax], live attenuated influenza, yellow fever, and oral typhoid) can be given at the same visit if indicated. If live vaccines are not administered during the same visit, they should be separated by 4 weeks or more.

When giving several injections at a single visit, separate IM vaccines by at least 1 inch in the body of the muscle if possible to reduce the likelihood of local reactions overlapping.

What guidance is there for preventing patients from fainting after vaccination?

All providers who administer vaccinations should be aware of the potential for syncope (fainting) after vaccination and take appropriate measures to prevent it. Thus, clinicians should (1) make sure that people who are being vaccinated are always seated; (2) be aware of symptoms that precede fainting (weakness, dizziness, pallor, etc.); and (3) take appropriate measures to prevent injuries if such symptoms occur. [Note: IAC has two pertinent educational pieces for healthcare professionals: "Medical Management of Vaccine Reactions in Children and Teens" and "Medical Management of Vaccine Reactions in Adult Patients"].

Since 2005, VAERS has received an increasing number of reports of syncope, coinciding with the licensure of three vaccines for adolescents—HPV, meningococcal conjugate, and Tdap. Fainting among girls and young women ages 11-18 accounted for most of the increase. Serious injuries have occurred, including one fatality from intracranial hemorrhage caused by head trauma.



CHOP the Parents Pack October 2005 issue

In fact, Dr. Offit's studies show that in theory, healthy infants could safely get up to 100,000 vaccines at once."
https://web.archive.org/web/20060907100428/http:/www.chop.edu/consumer/jsp/division/generic.jsp?id=81553

Dr. Paul Offit on the HPV vaccine

Dr. Offit believes that certain populations do not need the HPV vaccine.

Video: www.facebook.com/anenu.org/videos/3324520600908433/

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Government-approved human experimentation

Twenty-first Century ethics of medical research involving human subjects: achievements and challenges *Int Urol Nephrol* 2008
https://sci-hub.tw/10.1007/s11255-007-9319-2

A series of experiments in humans performed in American research institutions around the time of the Second World War violated ethical principles.

One experiment involved infecting prisoners at the Illinois State prison with malaria. Despite the fact that the Illinois prisoners had consented to this research, defense lawyers at the Nuremberg trial argued that this experiment and the Nazi experiments on the transmission of infectious diseases had similar ethical backgrounds, because both series of experiments were performed in vulnerable populations who could not provide their consent without coercion.

Another American experiment violating the Hippocratic code involved transmitting hepatitis B to mentally retarded children institutionalized in the Willowbrook State Hospital. The consent of the parents of these children for this research project, the aim of which was the development of a vaccine against hepatitis B, was obtained by coercion.

In another experiment, hospitalized elderly patients, most of whom were not aware of the nature of the experiment, received intravenous infusions of living cancer cells.

The most widely discussed American research experiment that violated the ethical code was the Tuskegee study. This study consisted of observing the natural course of syphilis exclusively in AfricanAmericans between 1932 and 1972, and continued even after penicillin was shown to be effective in treating this disease. The subjects of the study did not receive any treatment for their condition, were unaware of the nature of the experiment, and were misled about the nature and purpose of repeated painful and risky procedures, including lumbar punctures, for four decades [14, 22, 23]. Ironically, this research project was funded, in part, by the United States Public Health Service.

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1990 FDA Issued a Waiver from Consent; Covert CDC Experimental Vaccine Test on Black/Latino Babies
https://ahrp.org/1990-fda-issued-a-waiver-from-informed-consent-cdc-covertly-tested-experimental-vaccine-on-black-latino-babies/

1990: **FDA issued a waiver from informed consent for military use of experimental drugs** The FDA waiver from informed consent was to permit the DOD to use unapproved, experimental drugs and vaccines on enlisted soldiers—in violation of the foremost "absolutely essential" mandatory ethical principle defined by the Nuremberg Code.

1990: **CDC Inoculated Black and Latino Babies with an Unlicensed Measles Vaccine** A covert clinical trial by the Center for Disease Control (CDC) and Kaiser Permanente inoculated Black and Latino babies with an experimental measles vaccine without informing parents the vaccine was experimental. More than 1500 six-month old black and Hispanic babies in Los Angeles are given the deadly "experimental" measles vaccine that had never been licensed for use in the United States; a vaccine that had been tested in African and Mexican babies resulting in high death rates. The parents were never informed and they never gave their consent. The CDC harmed babies, violated federal law, and trampled on parental rights with impunity….

The high-titer measles vaccine apparently lowered children's overall immunity rendering them fatally susceptible to common childhood diseases from which they died. Officials in both the World Health Organization and the CDC knew that the evidence – demonstrated by the higher death rate – confirmed that the experimental EZ-HT vaccine was deadly; yet, the Los Angeles study, which was co-sponsored by Kaiser Permanente, proceeded in 1990….

CDC Director, Dr. David Satcher (who was not the director when the experiment began) defended the CDC in *The Los Angeles Times* (1996). He stated: "*There was no ill intent" on the part of the agency in not telling parents that the vaccine had not been licensed for use in the United States, which is why it is termed "experimental" in this country. "But things sometimes fall through the cracks…*"

'CHIM' method of vaccine testing is no shot in the arm for India (October 26, 2019)
https://www.thehindubusinessline.com/specials/pulse/chim-method-of-vaccine-testing-is-no-shot-in-the-arm-for-india/article29805631.ece#

India is reportedly poised to introduce controlled human infection model (CHIM) studies, a research method in which healthy people are infected with a selected strain of an infectious virus or bacteria in order to test a vaccine, and reduce vaccine development time and costs. Ethical concerns have been expressed about this technology and its

introduction in a country with a history of unethical and harmful research and poor regulation….

There is no standardized reporting of a “serious adverse event” in a CHIM study nor adequate laws for a new untried and risky model of vaccine trial. In fact, internationally, there are many unknowns about these studies, with no transparency on their conduct, nor public sharing of their data. Human infection studies internationally are operating outside all public scrutiny. India’s regulatory system is even more opaque.

Will people be induced to be harmed? Participants even in developed countries are known to join multiple trials for the high payments, despite the discomfort and the risks posed by repeated infections. Even the low payments in poor countries have motivated potential subjects in CHIM studies to withhold health information that would disqualify them from the trial, putting themselves in greater harm. The same is likely to be true in India where the poor are known to enter studies not for altruism but for healthcare, better healthcare services for themselves — or for money

…the government is moving with secrecy, to avoid public debate and opposition. We learn that guidance documents are being drafted and the government is meeting with international health regulators and the World Health Organization to discuss plans for CHIM studies in India.

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Equal opportunity for pregnant women and their fetuses

PREVENT (Pregnancy Research Ethics for Vaccines, Epidemics and New Technologies) encourages pregnant women to enroll in clinical trials for new vaccines.

https://static1.squarespace.com/static/574503059f72665be88193e9/t/5c0823f36d2a73e7a091098b/1544037364415/PREVENT-ES.pdf

...Pregnant women should have opportunities to enroll in vaccine studies conducted during outbreaks and epidemics whenever the prospect of benefit outweighs the risks to pregnant women, their offspring, or both. **This recommendation rests on two claims of justice about the importance of treating pregnant women and their offspring fairly**.The first of these justice claims pertains to pregnant women as a class: as a matter of equity, as well as public health, the evidence base for pregnant women should be as good as possible and generated as contemporaneously as possible to the evidence for the general population. The second, independent reason motivated by justice is that pregnant women, as the moral equals of others, should have fair access to the prospect of direct benefit that may ensue from receiving an experimental vaccine.

…**Having a plan to systematically generate evidence from participants who are unknowingly pregnant at the time of administration also enables capturing data from vaccine exposures earlier in pregnancy than would be likely in trials prospectively enrolling pregnant women**…. Women participating in vaccine trials who become aware of a pregnancy during the trial should be guaranteed the opportunity, through a robust re-consent process, to remain in the trial and complete the

vaccine schedule when the prospect of direct benefit from completing the schedule can reasonably be judged to outweigh the incremental risks of receiving subsequent doses.

Vaccines at all costs

Unintended Consequences of Invoking the "Natural" in Breastfeeding Promotion, *Pediatrics* (official journal of the American Academy of Pediatrics) (April 2016) https://pediatrics.aappublications.org/content/137/4/e20154154

…we are concerned about breastfeeding promotion that praises breastfeeding as the "natural" way to feed infants. This messaging plays into a powerful perspective that "natural" approaches to health are better, a view examined in a recent report by the Nuffield Council on Bioethics. Promoting breastfeeding as "natural" may be ethically problematic, and, even more troublingly, it may bolster this belief that "natural" approaches are presumptively healthier. This may ultimately challenge public health's aims in other contexts, particularly childhood vaccination….

Whatever the ethics of appealing to the natural in breastfeeding promotion, it raises practical concerns. The "natural" option does not align consistently with public health goals. If doing what is "natural" is "best" in the case of breastfeeding, how can we expect mothers to ignore that powerful and deeply persuasive worldview when making choices about vaccination? If breastfeeding promotion frames the "factory-made" option as risky or unhealthy, what should parents conclude when choosing between factory-made vaccines and boosting immunity "naturally"? We should think twice before referencing the "natural" in breastfeeding promotion, even if it motivates women to breastfeed.

Michelle Rowton of Nurses Against Mandatory Vaccines was asked her thoughts on the current medical practice of vaccinating infants too early following the Center for Disease Control's (CDC) schedule. She replied:

"I think what a lot of people don't realize in a closed space like NICU (Neonatal Intensive Care Unit) is that they've decided that we need to vaccinate these babies on-time. Two months after they're born…bam! — there it goes. This baby could be four months early and still supposed to be inside their mother, weighting three or four pounds and getting the ***same amount of vaccines as a 200-pound man."***

Rowton then went further to break bombshell news by saying:

"I've sat in a room with our on-call staff of physicians and practitioners (when they say) "Oh wow, this is so embarrassing this 25 weeker never actually required a breathing tube and going on the vent after he was born, he was so strong. ***But we gave him his two-month vaccinations and he got intubated last night ha ha, oops how***

embarrassing. *The step-down units are calling the NICU's and saying "hey we're going to go ahead and give these four babies their two-month shots today, make sure you have beds ready because we all know they're going to have increased breathing difficulties, feeding and digestion difficulties, apnea, and bradycardia. This is what goes on*."

VIDEO: https://www.youtube.com/watch?v=i-J8yuYMBnA