



THE CASE FOR VACCINE SAFETY IN THE UNITED STATES

A PROSPECTUS

VERSION 191102

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THE SHORT VERSION

“So they are saying that some people, ethically, can be sacrificed for the greater good. But what they never bothered to find out, even if you accept that as a moral rationale, was how many were being sacrificed. 500? 5,000? 500,000? How many are being sacrificed?”

- Barbara Loe Fisher, Co-Founder & President of the National Vaccine Information Center (NVIC)

Everyone has heard the claim that vaccines are “safe and effective.” This assertion is held out as scientific fact and anyone who disagrees is immediately labelled as anti-science or dismissed as an ill-informed conspiracy theorist. But what few people realize is that while it is true that vaccines can and do save lives, the science behind the current U.S. vaccine schedule is almost non-existent and that a significant number of people, mostly children, have been and will continue to be harmed by the very thing that is supposed to keep them healthy.

Like most people, you probably assume that any vaccine on the childhood immunization schedule has gone through the same kind of rigorous safety testing as any other drug. This is just not the case. Moreover, not only is the safety testing of vaccinations woefully inadequate, there has been effectively no scientific research into the safety of multiple vaccinations administered one after another over a short period of time.

Most of us, including parents and physicians, naively assume that vaccines and vaccination schedules have been through a process of extensive safety testing that has been:

- Conducted over a long term
- Tested on a large study group
- Tested against an inert placebo in a randomized double-blind study
- Tested both alone and in combination with other vaccines

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And you've most likely assumed that all of this would have been done before being recommended – and in a growing number of states, mandated – to be used on millions of American children. You may be surprised or even shocked to learn that none of this has actually been done. The consequences, we argue – based on real data – is real harm.

The problem is that without impartial scientific research we have no idea why some children respond so poorly to vaccination – yet it is absolutely clear that many do. There are theories as to why this is, including overloading the immature immune systems of children, the toxicity of ingredients used in vaccines, and allergic reactions or genetic predisposition. But to be clear, we have no definitive answer to what's going on because the science has not been done.

What we do know is that there is a problem. A real, serious problem. We can no longer pretend that the science is settled, and that vaccines are always safe and effective.

We ask that you spend a little time reading the information in this prospectus, take an unbiased look at the current state of vaccine science and safety in our country, and finally, consider supporting the creation of an independent vaccine safety commission that would oversee our country's vaccine recommendations and policies.

VACCINE DOSES for U.S. CHILDREN

1962	1983	2019	
5 Doses	24 Doses	69 Doses	
<p>Polio</p> <p>Smallpox</p> <p>DTP</p>	<p>DTP (2 months)</p> <p>OPV (2 months)</p> <p>DTP (4 months)</p> <p>OPV (4 months)</p> <p>DTP (6 months)</p> <p>MMR (15 months)</p> <p>DTP (18 months)</p> <p>OPV (18 months)</p> <p>DTP (4 years)</p> <p>OPV (4 years)</p> <p>Td (15 years)</p>	<p>Influenza (pregnancy)</p> <p>DTaP (pregnancy)</p> <p>Hep B (birth)</p> <p>Hep B (2 months)</p> <p>Rotavirus (2 months)</p> <p>DTaP (2 months)</p> <p>HIP B (2 months)</p> <p>PCV (2 months)</p> <p>IPV (2 months)</p> <p>Rotavirus (4 months)</p> <p>DTaP (4 months)</p> <p>HIB (4 months)</p> <p>PCV (4 months)</p> <p>IPV (4 months)</p> <p>Hep B (6 months)</p> <p>Rotavirus (6 months)</p> <p>DTaP (6 months)</p> <p>HIB (6 months)</p> <p>PCV (6 months)</p> <p>IPV (6 months)</p> <p>Influenza (6 months)</p> <p>Influenza (7 months)</p> <p>HIB (12 months)</p> <p>PCV (12 months)</p> <p>MMR (12 months)</p> <p>Varicella (12 months)</p> <p>Hep A (12 months)</p> <p>DTaP (18 months)</p>	<p>Influenza (18 months)</p> <p>Hep A (18 months)</p> <p>Influenza (30 months)</p> <p>Influenza (42 months)</p> <p>DTaP (4 years)</p> <p>IPV (4 years)</p> <p>MMR (4 years)</p> <p>Varicella (4 years)</p> <p>Influenza (5 years)</p> <p>Influenza (6 years)</p> <p>Influenza (7 years)</p> <p>Influenza (8 years)</p> <p>Influenza (9 years)</p> <p>HPV (9 years)</p> <p>Influenza (10 years)</p> <p>HPV (10 years)</p> <p>Influenza (11 years)</p> <p>HPV (11 years)</p> <p>DTaP (12 years)</p> <p>Influenza (12 years)</p> <p>Meningococcal (12 years)</p> <p>Influenza (13 years)</p> <p>Influenza (14 years)</p> <p>Influenza (15 years)</p> <p>Influenza (16 years)</p> <p>Meningococcal (16 years)</p> <p>Influenza (17 years)</p> <p>Influenza (18 years)</p>

THE LONG VERSION

INTRODUCTION

On November 14, 1986, President Ronald Reagan signed into law the National Childhood Vaccine Injury Act, removing all liability from vaccine manufacturers related to harm caused by their products, and transferring that burden to taxpayers through the National Vaccine Injury Compensation Program.

On the day of signing, according to the schedule from the [Centers for Disease Control and Prevention](#) (CDC), American children received 8 vaccines before the age of 2, and a total of 11 before the age of 18. Today, [the schedule](#) calls for a staggering number of vaccine doses: 30 by age 2, and 69 before adulthood. Among a myriad of other disorders and chronic illnesses, 1 in 59 American children has a diagnosis of autism.

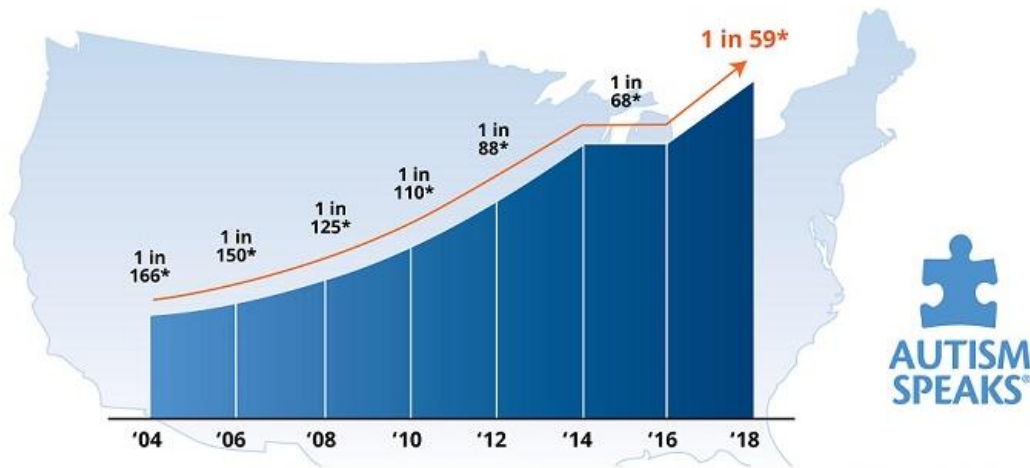


Figure 1. Estimated autism prevalence in the United States, 2018. Source: Autism Speaks.

The pejorative “anti-vaxx” label is applied to anyone who questions current vaccine policy and implies that they are uninformed and anti-science, and that they believe that nobody should ever get any vaccine. **This is simply not the case.**

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The vast majority of people who do not vaccinate are parents of vaccine-injured children. Due to the serious nature of this issue, parents do not come to that decision without doing extensive research.

[We are advocates for vaccine safety and champions for informed consent.](#)

The truth is, at this time we do not have enough information to accurately weigh the risk of vaccination against the benefits. While there may be great benefits from vaccines, there can also be great harm. Our regulatory agencies are failing us by simply rubber stamping products based on manufacturers' safety studies that are poorly designed, inadequate, or with findings that are blatantly misrepresented. Moreover, there is little to no follow-up done on health results after a new product is added to the childhood vaccination schedule.

The country's voluntary vaccine injury reporting system (VAERS) is woefully inadequate for capturing the extent of injuries resulting from vaccination. In fact, a study funded by Health and Human Services found that fewer than 1% of vaccine adverse events are reported. This information is critical not only for parents and medical professionals making these decisions for their children, but also for panels making wide-reaching public health decisions that impact all of our communities. **Without this information there can be no true informed consent.**

[The sad fact is that vaccines are not as safe as we are led to believe.](#)

How many hours has the average American spent reading vaccine inserts and other packaging? How many have scrutinized vaccine safety studies? How many have studied the VAERS database or reviewed the endless list of payouts from the [National Vaccine Injury Compensation Program](#) ("Vaccine Court")? **We have.**

We urge you to consider the following:

Part 1: Are Vaccines Really Safe and Effective?

Vaccine injury is real. It is more common than people realize, and the injuries can be severe.

Part 2: Have Vaccines Been Tested for Safety?

Safety studies regarding vaccines are woefully inadequate.

Part 3: Is the Science of Vaccines Settled?

Many rigorous, peer-reviewed studies support the link between vaccines and neuro-developmental disorders and other chronic illnesses.

Part 4: Does Everyone Agree?

Dissenting voices, even in our regulatory agencies, have been sidelined.

Part 5: Are Vaccine Injuries Really One in a Million?

First-hand accounts of vaccine injury can no longer be dismissed.

PART 1. ARE VACCINES REALLY SAFE AND EFFECTIVE?

Vaccine injury is real. It is more common than people realize, and the injuries can be severe.

When it comes to how members of the public think about vaccines, the phrase that gets repeated endlessly is that vaccines are “safe and effective”. For years, industry experts have told us that “adverse events” caused by vaccines are minor in nature (for example, just a slight fever or a little swelling at the injection site), and that they are rare (“one in a million”). Unfortunately, this simply isn’t true and it only takes a limited amount of digging into publicly available data to understand that the “adverse events” are neither trivial nor unusual. So, the obvious question that needs to be asked is ...

How many vaccine injuries occur in the United States every year?

You might think this would be an easy question to answer but due to shockingly poor reporting of patient outcomes, it is anything but simple.

Vaccine injuries are currently tracked through the Department of Health and Human Services’ voluntary [Vaccine Adverse Events Reporting System](#) (VAERS) which, while problematic on many levels, has two glaring major issues:

1. Medical professionals are not required to report a confirmed or suspected injury due to vaccines, which means that many injuries are simply not reported.
2. Because anyone (not just medical professionals) can submit a report, the quality of the data is extremely poor. The [VAERS website itself](#) notes “Reports vary in quality and completeness. They often lack details and sometimes can have information that contains errors.”

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If you search the VAERS database for vaccine adverse events, you will find 49,165 reports for all of 2018 which include:

- 166 deaths
- 862 permanent disabilities
- 12,008 hospitalizations
- 852 emergency room visits

Which leads us to another seriously concerning piece of information: In 2000, the congressional 6th Report by the Committee on Government Reform addressed the failings of VAERS, stating:

The quality of VAERS data has been questioned. Because reports are submitted from a variety of sources, some inexperienced in completing data forms for medical studies, many reports omit important data and contain obvious errors. Assessment is further complicated by the administration of multiple vaccines at the same time, following currently recommended vaccine schedules, because there may be no conclusive way to determine which vaccine or combination of vaccines caused the specific adverse event.

Additionally, the report identified **five severe limitations** to vaccine safety research:

- We don't understand the biology that causes adverse events
- Reporting of adverse events has been of poor quality and inconsistent
- Follow-up studies have been too small and/or too short to be useful
- Limitations of the existing tracking and reporting systems make it difficult to demonstrate causation
- There have been hardly any studies published regarding the incidence and distribution of vaccine adverse events

The study warns that:

If research capacity and accomplishments [are] not improved, future reviews of vaccine safety [will be] similarly handicapped.

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In an attempt to better understand the vaccine safety tracking problem, the U.S. Department of Health and Human Services gave a \$1 million grant to Harvard Medical School in 2006 called [Electronic Support for Public Health – Vaccine Adverse Events Reporting System](#) (ESP:VAERS). This project was intended to track VAERS reporting at [Harvard Pilgrim Healthcare](#) for three years and to “create a generalizable system to facilitate detection and clinician reporting of vaccine adverse events, in order to improve the safety of national vaccination programs.” At the end of the study the researchers determined that:

*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 [...and that...] new surveillance methods for drug and vaccine adverse events are needed.*

So, what did the CDC do after the new system was ready to be implemented? Nothing. **The project died.**

If the Harvard study is correct and just 1% of adverse events are reported, likely due to medical professionals’ failure to link adverse events to vaccinations, this would lead to some truly astonishing figures so that the 2018 numbers would look something more like **491,650** total adverse vaccine events, including:

- 1,660 deaths
- 8,620 permanent disabilities
- 120,080 hospitalizations
- 8,520 emergency room visits

Vaccine manufacturers’ own product inserts and other materials reveal the types of injuries that would be reported if there were a real tracking system. For example, Merck’s Gardasil insert lists encephalomyelitis, dizziness, Guillain-Barré syndrome as adverse events reported, and GlaxoSmithKline’s Engerix-B insert lists meningitis, Bell’s Palsy, and many more.

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If you doubt that there's already a serious public health problem with vaccine adverse events, [an October 2019 update](#) from the U.S. Health Resources and Services Administration reported that since its inception, **the total amount awarded through the federal Vaccine Injury Compensation Program (VICP) to individuals who have been injured or died after receiving federally recommended vaccines has surpassed \$4.2 billion.**

Although the VAERS data and VICP awards do not prove causation, their faults and scale raise red flags for anyone looking into the issue of vaccine safety.

Conclusion: Until we have a high-quality, federally-mandated reporting system for vaccine adverse events that can give a clear scientific understanding of the scope and severity of the vaccine injuries suffered by men, women, and children, the banner “safe and effective” cannot be trusted.

PART 2 – HAVE VACCINES BEEN TESTED FOR SAFETY?

Safety studies regarding vaccines are woefully insufficient

It is well established that the best and only true way to verify the safety of any medical product is by performing a randomized double-blind study against an inert placebo such as a saline solution or sugar pill. According to the National Institute of Health, it is the “gold standard” for intervention-based studies. The vast majority of vaccines administered today, however, have not been through any form of rigorous safety testing, despite repeated claims otherwise.

When questioned about the lack such testing, vaccine advocates claim that there are good reasons that these double blind studies are not conducted; they claim that (1) it’s not needed, and (2) that it would be unethical to withhold a vaccine from an individual because it leaves the individual at risk.

There are obvious flaws with these arguments.

- Any medical intervention that will be administered to millions should be rigorously and properly safety tested.
- In some cases, placebos are in fact used during safety testing, where the individuals receiving the placebos are known to be at risk of contracting the disease.
- Several vaccines on the schedule are for diseases that are not seriously dangerous and pose very low risk of disability or death (varicella/chicken pox being the most obvious), so there’s no good reason to not perform a double-blind study.
- The injuries reported in VAERS prove that the safety testing is inadequate.

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In addition, other serious problems with the so-called safety studies include:

- A number of studies used all ingredients EXCEPT the antigen as the placebo. This means that any potential issues with the non-antigen ingredients in the vaccine, such as aluminum-based adjuvants as well as other known neurotoxins and carcinogens, will be masked in the results. (Adjuvants amplify the immune response at the injection site.)
- A number of studies have used the antigen ALONE with no placebo – not based on the full combination of elements that is administered to patients (the antigen and adjuvant solution) – for their safety testing.
- A flu shot is now recommended annually starting at 6 months of age per the CDC schedule. Although removed from most other vaccines on the childhood schedule, **thimerosal, a compound that includes mercury (a known potent neurotoxin), is used as a preservative and remains in the majority of flu shots administered today.** Note that thimerosal is used to make vaccine manufacturing cheaper by allowing a vial to contain multiple doses; it is not used in the more expensive single-dose vials.
- Even if a double-blind study were conducted, **the manufacturers can hand-pick which groups get included in their official results submissions to regulators** (i.e. those with the lowest number of reported issues). They can also include exclusion criteria that do not match the recommendations for the general public. For example, the Gardasil clinical trials had numerous exclusion criteria. Merck excluded from their study people with severe allergies, prior abnormal Pap smear test results, over four lifetime sex partners, a history of immunological disorders and other chronic illnesses, or a history of drug or alcohol abuse. Nonetheless, their Gardasil product is recommended for use by all of these groups.
- A number of clinical trials have been conducted unethically, for example, girls given Gardasil in the UK as part of Merck's initial clinical trials [were told that the vaccine had already been tested and proven safe](#), when they were in fact subjects in the safety test.
- Manufacturers can provide misleading information in their package inserts to hide safety concerns. For example, Merck's Gardasil product circular combines the *control* and *saline control* groups into a single group, making it appear that

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the control group issues are half as serious as they are. In the first five pages three groups are listed but on page six the Systemic Adverse Events are suddenly combined for the control and saline groups, making it impossible to compare the results against the pure saline group.

- The language used is misleading. What used to be called “side effects” are now referred to as “new medical issues” as though the vaccine has nothing to do with the injury.
- There is an inherent problem with trusting pharmaceutical companies to evaluate and accurately report the risk of using their own products; consider [the Vioxx tragedy](#). A 2017 article in *Slate* titled [What the Gardasil Testing May Have Missed](#) exposes serious flaws in Merck’s clinical trials for its HPV vaccine, which made it considerably harder to adequately assess risk; it is a sobering picture of what happens when pharmaceutical giants are left unchecked.

Moreover, not only have the *individual* vaccines not been adequately tested for safety, the current practice of administering multiple vaccines *simultaneously* has never been tested in any way.

This transcript from the [CDC’s February 2018 Advisory Committee on Immunization Practices’ meeting](#) discussing and voting on whether to add the new Hepatitis B vaccine to the vaccine schedule, perfectly demonstrates how vaccines are rubber stamped for use in all American children:

Dr. Hunter: *Is there any comment on using this vaccine at the same time with other adjuvanted vaccines?*

CDC: *We have no data to make a recommendation one way or the other.*

CDC (2): *So, just to sort of put this in the context of other vaccines, while pre-clinical studies were not done using these vaccines simultaneously, our general approach to immunizations is that they can be given at the same time in different limbs.*

Dr. Hunter: *Are adjuvanted, multiple adjuvanted vaccines used in Europe or other markets?*

Dr. Ward: *Not to my knowledge.*

CDC: *Okay, I think unless there's any further discussion, we will take a vote on this recommendation [...] So the voting is completed and it is unanimous to support this recommendation. And does anyone around the table have any comments they wish to make about their vote?*

Note here that Dr. Stephens only voiced his reservations AFTER the recommendation had already been approved. How does this help American children? Where is the debate?

Dr. Stephens: *So, just a slight reservation. I think this is a huge advance and a step forward. I am concerned about that signal. That myocardial infarction signal. I am concerned about the user of this new adjuvant and certainly **urge us to continue to look at the post-marketing data carefully.***

Dr. Hunter: *Just a question about that. How soon would we be getting that post-marketing data update here?*

CDC: *There's two kinds of data. The vaccine safety datalink data will require people to be using the vaccine to develop substantive database, and Dr. Sun, do you want to comment on the post-marketing data that the FDA is requiring?*

Dr. Sun: *I think for the myocardial infarction study ... the date is likely for May 31, 2020. There will also be studies looking at autoimmune diseases as well as herpes zoster. And there will be a pregnancy registry as well. That's all included in the post-marketing surveillance.*

CDC: *Thank you.*

What is this post-marketing surveillance data that will tell them whether or not the vaccine is safe? It's the adverse events reported in VAERS after the vaccine is already widely used.

PART 3 – IS THE SCIENCE OF VACCINES SETTLED?

Many rigorous, peer-reviewed studies support the link between vaccines and neuro-developmental disorders and other chronic illnesses.

Many people believe that studies have proven that there is no connection between vaccines and autism and other disorders, while “pro-vaccine” advocates cite a handful of studies that supposedly exonerate vaccines. There are two key points that debunk these claims:

1. Randomized double-blind placebo studies are not done on childhood vaccines approved for use in the United States; they are flawed *by design*.
2. As described below, a staggering number of studies do show a connection between vaccines and negative health outcomes.

It is important to clarify that articles on the CDC, FDA, or other related websites are not actual studies; they are policy and marketing documents based on the priorities and programs of the agencies. Only peer-reviewed studies published by authoritative journals that are not industry-funded, such as PubMed, can be considered to be relevant sources.

In an effort to raise awareness, vaccine safety advocates have been compiling research for decades. For example:

- [A collection of 157 Research Papers Supporting the Vaccine-Autism Link](#)
- A [white paper](#) with nearly 100 references to studies that support the concern that aluminum adjuvants in vaccines can cause autism.
- [Abstracts from more than 240 peer-reviewed studies](#) that show adverse effects of mercury on brain cells.
- An [e-book](#) with excerpts from 1,200 studies that call into question the safety and effectiveness of vaccines.
- The 1,600 page (and growing) “[Vaccine Guide](#)” with highlighted research, vaccine product inserts, and other materials concerning vaccine safety.

We unequivocally reject the claim that our position is somehow “unscientific” and fueled by misinformation when there is, in fact, an enormous body of scientific research that shows incontrovertible evidence of real harm from vaccines.

Many people are very surprised to learn that the concerns raised are much greater than just autism. The Institutes of Medicine as well as vaccine safety advocates have long clamored for the CDC to perform a study of overall health outcomes of vaccinated versus unvaccinated populations. Despite the CDC’s reluctance, compelling studies have been completed that give important insights. The peer-reviewed research cited at the end of this prospectus provides a short list of studies that draw a clear connection between vaccines and negative health outcomes. This, of course is a partial list.

The bottom line is that it doesn’t take a lot of research to realize that science clearly supports our position.

A handful of excerpts from the research are below.

ENCEPHALOPATHY

- *“This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunization.”*

SIDS

- *“over one-fifth of neonatal hepatitis B vaccine injuries reported to VAERS from 1992 to 2002 were deaths that, in nearly all cases, occurred within hours or days of vaccination. Although most of the deaths were officially classified as sudden infant death syndrome (SIDS) or “unexplained” rather than as vaccine-related deaths, the authors noted “a statistically significant increase in [the] proportion of neonatal SIDS since implementation of universal vaccination of newborns against hepatitis B.”*

MISCARRIAGE

- The goal was “to determine if receipt of a vaccine containing pH1N1 was associated with spontaneous abortion (SAB)”, and the study showed a 7.7X increased risk of miscarriage when that particular flu shot was given.

ECZEMA

- Shows how an allergic response to common ingredients in vaccines often manifests as hand eczema. “The most frequent allergens detected were thimerosal [...], nickel [...], mercury [...], and cobalt...”

VAXXED VS. UNVAXXED, GENERAL HEALTH OUTCOMES

- “Reduced “odds of chickenpox and whooping cough were found among the vaccinated, as expected, but unexpectedly increased odds were found for many other physician-diagnosed conditions. Although the cross-sectional design of the study limits causal interpretation, the strength and consistency of the findings, the apparent “dose-response” relationship between vaccination status and several forms of chronic illness, and the significant association between vaccination and neuro-developmental disorders all support the possibility that some aspect of the current vaccination program could be contributing to risks of childhood morbidity.”
- “A counter-intuitive relationship occurs between the number of vaccines given to infants and infant mortality rates: nations with higher (worse) infant mortality rates give their infants, on average, more vaccine doses.”

PART 4 – DOES EVERYONE AGREE?

Dissenting voices, even in our regulatory agencies, have been sidelined.

Real science cannot be biased and must not look for a particular result. Unfortunately, when it comes to research related to vaccines, any results that don't conform to the “settled science” have been routinely and summarily dismissed. In many cases, researchers discovered problems with vaccines when they hadn't initially intended to study them at all; their research led them to identify vaccines as a concern only after ruling out other theories. While you would have thought these findings would be taken seriously by the medical and regulatory establishment and led to further research, the researchers' conclusions were most often dismissed or falsely debunked, then written off without further investigation or explanation. This is obviously a travesty not only for those researchers whose careers have suffered as a result, but for the scientific method itself.

Below are a handful of scientists – some vilified, others simply ignored – who have raised the alarm about vaccines.

Dr. Andrew Wakefield: *From Rising Star to Fall Guy*

There is no more polarizing figure in the vaccine debate than Dr. Andrew Wakefield, who in the early 1990's was a prominent gastrointestinal surgeon in the U.K. with a specialty in inflammatory bowel disease.

During his career, Dr. Wakefield was also emerging as world expert on measles, performing cutting edge research on the possible connection between autism and gastrointestinal disease. In 1993, he published a study, “Evidence of persistent measles virus infection in Crohn's disease” and coauthored a 1995 article published in the U.K. medical journal *The Lancet*, [Is measles vaccine a risk factor for inflammatory bowel disease?](#) which caught the attention of several families who believed their children's medical conditions were caused by the measles vaccine, and reached out to him requesting additional information and studies be performed.

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Subsequently, along with his colleague, Professor John Walker-Smith, one of the world's leading pediatric gastroenterologists, Dr. Wakefield began studying the group of patients known as the "Lancet 12", who had been diagnosed with both autism and gastrointestinal disease.

In 1998, shortly before the results of the follow-up study were to be published in *The Lancet* (this paper had 12 other scientists as co-authors), St. Mary's Medical School held a press conference to discuss the study. The article stated that the study "did not prove an association between measles, mumps and rubella vaccine and the syndrome described" but that "Virological studies are underway that may help to resolve this issue." During the press conference, when asked directly about his opinion on the safety of the MMR vaccine, Dr. Wakefield gave an honest answer; that he had concerns about the safety of the "triple jab" MMR, and recommended that until further safety studies could be conducted, that patients receive each of the three vaccines individually, which he believed had fewer negative outcomes.

To be clear; Dr. Wakefield never suggested that parents not vaccinate their children. He merely recommended the safer "three separate shots" option.

The press conference immediately caught the attention of vaccine policymakers, who moved to actually remove the single-component Measles, Mumps, and Rubella vaccines from the U.K. market altogether, forcing the hands of parents toward the single-dose MMR vaccine that he was so concerned about.

Dr. Wakefield's audacity to publicly question the safety of vaccines destroyed his professional reputation and livelihood. He has been accused of scientific and medical misconduct, following unethical practices, and fraud. But a reasoned and unbiased look at the accusations show that they simply do not stand. An article by Mary Holland, [Who is Dr. Andrew Wakefield?](#), provides a clear and thorough debunking of the accusations against him.

To this day, Dr. Wakefield remains a tireless advocate for children with autism and their families.

A related article, [THE EXONERATION OF PROFESSOR JOHN WALKER-SMITH A Great Wrong Partly Righted](#), about the treatment of his colleague Professor Walker-Smith is also worth reading.

Dr. William Thompson: *CDC Whistleblower*

In 2001, Dr. William Thompson, a senior scientist at the Centers for Disease Control, began working on a study that would investigate a possible relationship between the MMR vaccine and autism, called [Age at First Measles-Mumps-Rubella Vaccination in Children with Autism and School-matched Control Subjects: A Population-Based Study in Metropolitan Atlanta](#). The study protocol called for a short, straight-forward data analysis.

However, when a causal relationship was uncovered between the MMR and autism while following the protocol's original design, rather than pursuing further studies, the CDC deviated from the plan, and continued to re-work and manipulate the data – removing from its dataset many of the problematic cases – until a satisfactory result was reached. In other words, they cooked the results to make the vaccine appear safe.

In 2004, the study was published by the American Academy of Pediatrics (AAP).

Fast forward to 2013, when Dr. Thompson's conscience pushed him to make a phone call to epidemiologist and bioengineer Dr. Brian Hooker. Between 2013 and 2014, the two men spoke over the phone more than 40 times, with Dr. Thompson divulging the malfeasance of the CDC and walking Dr. Hooker through the complex process to request and acquire the original data set included in the CDC study so it could be analyzed independently and his claims could be verified.

Dr. Hooker reanalyzed the CDC's data and uncovered two key findings:

1. A **statistically significant increase in the risk of autism** for children who received the MMR vaccine before 36 months of age.
2. The increased risk was strongest for **African-American males**, who were 3.4 times more likely to develop autism when vaccinated with MMR prior to 36 months, compared to matched controls.

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The CDC had clearly reached the same conclusion before the study was released, because it was included in a presentation given to the Institute of Medicine (IOM) in 2004 by one of the study's leads, Frank DeStefano. The presentation states "Children with autism were more likely to be vaccinated before 36 months of age compared to matched controls." However, when the final paper was published in *Pediatrics*, that information was conveniently omitted (see slides [35 and 39 of the IOM presentation online](#)). In taped conversations, Thompson expressed great remorse for his part in the fraud:

"Oh my God, I did not believe that we did what we did, but we did. It's all there... This is the lowest point in my career, that I went along with that paper. I have great shame now when I meet families of kids with autism, because I have been part of the problem.

We've missed ten 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."

When the audio recordings of their conversations were put on the internet, Dr. Thompson released a [public statement](#), through his lawyer, that did not deny the nature of the conversations, and reaffirmed the concerns he had raised to Dr. Hooker:

*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.*

I want to be absolutely clear that I believe vaccines have saved and continue to save countless lives. [...]

My concern has been the decision to omit relevant findings in a particular study for a particular sub group for a particular vaccine. There have always been recognized risks for vaccination and I believe it is the responsibility of the CDC to properly convey the risks associated with receipt of those vaccines.

Dr. Hooker released [his own statement](#), reiterating many key points, including the following:

CDC scientists colluded to cover up a relationship between the timing of the MMR vaccine and autism in African Americans that was first discovered in November of 2001. Rather than reporting the results to the public, all data regarding this relationship were destroyed at a secret meeting held some time in August/September of 2002. This fact has been affirmed via an affidavit given by Dr. Thompson to Rep. Bill Posey in September, 2014.

Dr. Thompson attempted to warn the CDC Director at the time, Dr. Julie Gerberding, regarding this relationship, prior to the February 2004 Institute of Medicine meeting on vaccines and autism. Rather than allowing Dr. Thompson to present the information at this meeting, Dr. Gerberding replaced him as a speaker with Dr. Frank Destefano, current director of the CDC's Immunization Safety Office, where he presented fraudulent results regarding the MMR vaccine and autism. Dr. Thompson was put on administrative leave and was threatened that he would be fired due to "insubordination."

Dr. Thompson has been granted official Whistleblower status and protection.

Dr. Hooker's Reanalysis of CDC Data on Autism Incidence and Time of First MMR Vaccination was published in [December 2018 in the Journal of American Physicians and Surgeons](#).

- **Note 1: The original "raw" data set used by the CDC in the MMR study can be made available for reanalysis and further examination.**
 - Anyone can download a partial data set on the [Vaxxed movie website](#).
 - Because the complete, official data sets contain information that could compromise the confidentiality of survey respondents or institutions, they have been designated as "restricted access". To request them, a research proposal must be submitted for approval, as explained on the [CDC website](#).
- **Note 2: This is not the only study that has shown that African American children have a greater risk of harm from vaccines. Notably:**

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- A [2014 study by the Mayo Clinic](#) revealed “consistent evidence for racial/ethnic differences in humoral immune response following rubella vaccination.”
- In 2017, a [study by a prestigious team of Scandinavian scientists](#) found that the DTP vaccine, while protecting African children from Diphtheria, Tetanus and Pertussis, was wreaking havoc with their immune systems. Vaccinated children were dying at up to 10 times the rate of unvaccinated children.
- A [2010 study in the Journal of Toxicology and Environmental Health](#) showed that African American boys were at significantly greater risk of regressing into autism after receiving the thimerosal-containing Hepatitis B vaccination series as infants.

Dr. Andrew Zimmerman: *Expert Witness No More*

In 2007, Dr. Zimmerman (a Pediatric Neurologist at Massachusetts General Hospital) was hired as an expert witness on the side of the government in a case in the “Vaccine Court”. Because of the large number of cases submitted to the court claiming the MMR caused their child’s autism, the cases had been combined in a sort of class action “Omnibus” proceeding. Dr. Zimmerman was to testify that the MMR could not cause autism. However, according to [an affidavit signed by Dr. Zimmerman on September 7, 2018](#), what actually unfolded was the following:

Three days before I was scheduled to testify, I spoke with DOJ attorneys about my revised opinion, that there may be a subset of children who are at risk for regression if they have underlying mitochondrial dysfunction and are simultaneously exposed to factors that stress their mitochondrial reserve (which is critical for the developing brain). Such factors might include infections, as well as metabolic and immune factors, and vaccines. I was subsequently asked by the DOJ not to testify.

The attorneys dismissed Dr. Zimmerman, misrepresented his expert position in the trial, and won the case.

As a result of losing the omnibus proceeding, families can no longer present a case to vaccine court for autism resulting from the MMR.

Peter Gøtzsche: *First Lauded, Later Sacked*

In 1993, Danish physician Peter Gøtzsche co-founded The Cochrane Collaboration, a British charity whose goal was to review medical research findings in order to make recommendations regarding healthcare practices for professionals, patients, and policy makers. Part of its core foundation was a focus on independence, both in terms of autonomy of the partner centers that were part of the group, and of the research itself.

Over time Gøtzsche became troubled by the changing culture and focus of the group's leadership which he felt was emphasizing brand and business results over good science. He was most alarmed by their lack of concern over conflicts of interest of its reviewers, and drafted a policy that would prevent Cochrane authors from having a commercial interest in the interventions they were assessing.

In 2016, well known for his dedication to unbiased reviews, he was voted onto Cochrane's governing board with the most votes of all candidates, despite having explicitly raised concerns about the administration and management of the group in his election statement.

While at Cochrane, Gøtzsche succeeded in receiving randomized trial data from the European Medicine Agency, and concluded that HPV vaccines could cause serious neurological damage. He presented his findings in October 2018 and gave an unflattering review of the findings of another Cochrane reviewer.

Instead of protecting Gøtzsche and upholding the integrity of his work, he was expelled from Cochrane and fired from Denmark's Rigshospitalet Hospital, where he had served as the well-respected chief physician for many years.

His firing was so upsetting and against the spirit of the guiding principles of Cochrane, four Board members resigned and over 8,000 people signed a petition to the Danish health ministry objecting to his treatment, including such prominent figures as Sir Iain Chalmers (Cochrane co-founder), Fiona Godlee (The British Medical Journal's editor-in-chief), Margrete Auken (a Member of the European Parliament who has worked to make the data available to researchers), David Healy (a highly respected psychiatrist and one of the world's leading experts on psychiatric drugs), and John Ioannidis (a much-cited and well-respected health researcher from Stanford University).

Gøtzsche describes his dismissal as “scientific judicial murder”.

In [the public letter](#) objecting to his dismissal, Gøtzsche states clearly:

The case is one of principles because it is about one of the heaviest areas in healthcare: beneficial and harmful effects of medicines and other medical technologies. If you can easily get rid of inconvenient people and thus their research and participation in the academic debate, it can have serious consequences both for community health and economics.

In 2019 Gøtzsche founded the Institute for Scientific Freedom, which has three visions:

1. All science should strive to be free from financial conflicts of interest.
2. All science should be published as soon as possible, and made freely accessible.
3. All scientific data, including study protocols, should be freely accessible, allowing others to do their own analyses.

Two videos from the March 2019 Symposium about Scientific Freedom (and the inauguration of the Institute for Scientific Freedom) are truly enlightening:

- Gøtzsche’s presentation, [Death of a whistleblower: scientific censorship in action](#).
- Dr. Peter Aaby’s presentation, “WHO is the brain in the system” (subtitled “The sound of silence? A case study of how public health vaccinology deals with fundamental contradictions of current policy.”) Also referred to as [Most of you think we know what our vaccines are doing – we don’t](#).

Dr. Bernadine Healy: *An Authoritative Voice Falls on Deaf Ears*

An important “insider” voice for rational vaccine policy has been Dr. Bernadine Healy, former head of the National Institutes of Health.

In a [2008 interview](#) with CBS's Sharyl Attkisson, Dr. Healy summed up the problem of the willful ignorance of our regulatory bodies perfectly:

“When I first heard that there was a link between autism and vaccines, I thought “Well, that's silly.” Really, I mean I tended to dismiss it just on the superficial kind of reading, or you know, just reading what was in the papers - no offense to the media - so when I first heard about it I thought “Well, that doesn't make sense to me.” The more you delve into it - if you look at the basic science - if you look at the research that's been done, in animals- if you also look at some of these individual cases - and, if you look at the evidence that there is no link - what I come away with is: The question has not been answered.

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 vaccines, like mercury. So we now, in these times, have to take another look at that hypothesis - not deny it. I think we have the tools today that we didn't have 10 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 vaccines 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 [...]

It is the job of the public health community - and of physicians - to be out there and to say, “Yes, we can make it safer, because we are able to say, this is a subset, we're going to deliver it in a way that we think is safer.” [...]

I think the government or certain public health officials in the government 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 [perhaps] 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 they have often 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 [...] in a report in 2004, it 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 were afraid that if they found them, however big or small they were, that that would scare the public away. First of all, I think the public's smarter than that, the public values vaccines, but more importantly **I don't think you should ever turn your back on any scientific hypothesis because you're afraid of what it might show.**"*

This is a truly shocking admission from a well-respected expert on public health.

Read the [CBS News article](#) and watch the accompanying [video](#).

PART 5 – ARE VACCINE INJURIES REALLY ONE IN A MILLION?

First-hand accounts of vaccine injury can no longer be dismissed.

For decades, mothers of vaccine-injured children have been begging their doctors and other health professionals to recognize what they saw with their own eyes. The most powerful force in the so-called “anti-vaxx” movement are the “**EX-VAXX**” families who only became concerned about vaccine safety after their child or loved one was injured by a vaccine that they were told and believed was “safe and effective.” These parents can clearly articulate what they saw (often with before and after video evidence that you won’t ever see on the nightly news), and can describe the pain and frustration of living with an injured child. They are now fighting to prevent other families from enduring the same avoidable fate.

Let us not forget: Parents know their children best.

We watch our babies with great care and awe, and we know their personalities and behaviors intimately from the moment they are born. So, when a doctor tells a reporting mother that she simply didn’t notice her child’s odd behavior before, or that it’s just a coincidence, or that the massive increase in autism cases is due to better reporting methods, the doctors are ignoring real evidence and failing to look at the actual science behind vaccines. The tragedy here is that we know our kids.

And it’s not just mothers of children who “regress into autism” following vaccination (or more specifically, suffer brain damage due to encephalopathy) who are dismissed; mothers whose babies die following vaccination are vilified if they dare to call into question whether the cause was the vaccines.

Consider the 2019 news story [How anti-vaxxers target grieving moms and turn them into crusaders against vaccines](#) which goes to great lengths to assert that the death of Catie

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Clobes' daughter Eevee was clearly due to suffocation from co-sleeping. There are a number of inconvenient facts that the story fails to mention:

- Eevee received six vaccines at her six month "well visit".
- In hindsight, Catie realized she had missed warning signs that Eevee was not handling her vaccinations well.
 - As a newborn, after receiving her Vitamin K and Hepatitis B shot, her hematocrit increased, her blood sugar dropped, and she required oxygen.
 - After her 2-month shots, she began shaking her head regularly.
 - After her 4-month shots, the head shaking increased, she developed rashes on her legs, her eyes and smile became asymmetrical (a sign of cranial nerve damage)
 - The day after her 6-month shots (the day before she died), she developed a bright rash on her cheeks and she shook her head constantly.
- Eevee's brain was not studied in the autopsy, just weighed and externally examined. In addition, several strands of streptococcus and e. coli were found in Eevee's heart blood, her spleen was four times its normal size, the cerebellum had a "hypoxic ischemic change", and the lividity described in the autopsy report contradicts the autopsy photographs and investigative report.
- The medical examiner changed the cause of death from *natural causes* to *asphyxiation from co-sleeping* on the public report **six months** after Eevee's death, based on no new evidence, and just **two days** after Catie requested the brain's medulla for additional testing. (A cellular infiltration triggered by an immune response was found on a slide from one of the brain samples, and Catie wanted it to be studied thoroughly to determine how badly it was damaged.)
- The Medical Examiner has refused to release Eevee's tissues to Catie for further study, essentially holding the evidence hostage.

Sadly, this story is so common for vaccine-induced deaths that several groups have published autopsy guidelines for grieving parents, such as SaneVax's "[A Parent's Guide: What to do if your child dies after vaccination](#)" and Circle of Mamas "[Death After Vaccines Autopsy Protocol](#)".

There are thousands of similar heartbreaking accounts like those we are sharing here. Do not assume that the following collection of stories is small because they only happen in “one in a million” cases as we are told. There are, literally, tens of thousands of documented cases of vaccine injury.

The McDowell Triplets: *Three thriving babies lost*

This is arguably the single-most unquestionable example of harm by vaccines. At 9 months old, the triplets went in for their pneumococcal shots, and all three of them immediately regressed into severe autism. The photographic and video evidence of the children before and after the vaccinations is undeniable and heartbreaking. The only scientific explanation for what happened to them is that an environmental cause *triggered* their autism. This was the case that made [Dr. Rachel Ross from the TV show “The Doctors” start questioning vaccines.](#)

Watch their parent’s account of what happened [on YouTube.](#)

Billy Tommey: *One jab and a life changed forever*

Polly Tommey’s son Billy was a happy, outgoing child before getting his MMR. He went in for his appointment as one boy, and came out a completely different child. One of the upsetting parts of her story – one that many “ex-vaxx” moms share – is how she reacted when a friend called to tell her that she heard there may be a problem with the MMR vaccine that her son was about to get. She replied:

“You are crazy, what is the matter with you?! If there was a problem with vaccination it would be headline news, the doctor would be calling me up saying ‘do not bother coming in, this is not a safe vaccine’. None of that is happening, you are being negative, you’re being careless and you’re listening to, what? Some rumor that you heard somewhere?”

Polly’s account can be seen in the film [Vaxxed.](#)

Christina Tarsell: *Tragic death of a star athlete*

Christina was a 21-year-old college student majoring in studio arts at Bard College when she received a series of three Gardasil shots. The talented athlete, artist, and honor roll student was lost. She died suddenly and without explanation shortly after the third shot in June 2008. Ten years later, in 2018, the government conceded the case and awarded compensation to her mother for Christina's vaccine-related death.

Learn more at [the website Christina's mother created in her memory](#).

Ruby Shallom and Chloe Leanne Brooks: *Active teens left paralyzed*

Ruby and Chloe were thriving teenagers before receiving the HPV vaccine. Ruby became almost entirely paralyzed after receiving her first HPV vaccine injection. Chloe, after her second injection, became extremely ill, and has suffered a form of paralysis ever since. She is unable to eat and is wholly dependent on intravenous fluids, medications, and her mother's constant care.

Their stories are told in **Part 2: Pain and Suffering** in the short documentary film [Sacrificial Virgins](#) which reveals that HPV injuries are a global problem. The documentary is British but it touches on class-action lawsuits that are being filed in Spain and Colombia against Merck, and discusses how Japan's government suspended its HPV program in 2013 because of the high number of adverse reactions reported in that country.

All three parts can be seen [online](#).

Hannah Poling: *Case won; documents sealed*

Hannah's story is one of the most cited stories in the vaccine safety debate. Hannah was a thriving, happy 19-month-old when she went in for her scheduled vaccinations. After her shots, her health declined rapidly and severely, she began having screaming fits, and she started showing signs of severe autism. Her parents, Jon (a neurologist) and Terry (a nurse and attorney), filed a petition in the vaccine court maintaining that her medical conditions were caused by the vaccines. Several years later, the government conceded that vaccines had aggravated a mitochondrial disorder that nobody knew Hannah had, leaving her with permanent brain damage and symptoms of autism. The medical diagnosis was that she had "autistic encephalopathy" (brain damage). To the great frustration of families looking for answers (and financial support) for their vaccine-injured children, the court documents were sealed.

Much has been written to diminish the importance of Hannah's settlement, but the undisputed facts are clear: The government acknowledged that her parents' claim was legitimate and that Hannah's condition was caused by the vaccines, and her family was awarded her more than \$1.5 million for her life care, lost earnings, and pain and suffering for the first year alone. The total compensation over her lifetime could easily exceed \$20 million.

When asked to comment on California Senate Bill 276, which was signed into law in September 2019 and revoked doctors' ability to write (legitimate) medical exemptions from vaccinations for their patients, instead only allowing public health boards to do so, the bill's author Senator Richard Pan unironically stated

"You don't have the right, you don't have the privilege of injuring someone else's child."

...failing to recognize that this is the exact same argument we are making.

SO WHERE DO WE GO FROM HERE?

With the recent push to implement mandatory vaccination laws across the country, there is an urgent need to revisit the policies and practices around immunization in the United States. But above and beyond improving the science behind vaccine policy, we must also revisit those individuals and organizations that define and promote these policies. Unfortunately, conflicts of interest are rampant, making it difficult for our agencies to be truly objective.

- There is a “[web of close ties](#)” and financial entanglements that exists between members of the CDC’s Advisory Committee on Immunizations Practices and vaccine companies, including sharing vaccine patents, owning vaccine company stock, getting research funding or money to monitor vaccine testing, receiving funding for academic departments or appointments, etc.
- Pharmaceutical companies are allowed to make payments to the FDA (called “[user fees](#)”) in exchange for expedited approval of their products. In return for paying heavily to speed up FDA approval, they gain extraordinary leverage over regulatory decision-making.
- The CDC and the National Institutes of Health make significant profits from their ownership (or co-ownership) with private sector partners of vaccine-related patents. This leads to a disturbing amount of “self-dealing”, where HHS can transfer technology to pharmaceutical partners and simultaneously both approve and protect their partners’ technology licenses, while also taking a cut of the profits.
- The FDA now receives 45% of its annual budget from industry (it was publicly funded prior to 1992). Moreover, in fiscal year 2017, three-fourths of FDA’s [annual budget increase](#) came from user fees. **The pharmaceutical industry is essentially paying regulators’ salaries.**

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Given what we now know, it is increasingly difficult to make a convincing case that vaccine licensing decisions remain uncontaminated by pharmaceutical industry interests.

American families deserve a vaccine policy that is based on **real science** and that provides the **most benefit with the least harm**. True, rigorous, randomized double-blind safety testing of vaccines must be completed before they are licensed, thorough post-marketing surveillance must be conducted to detect unintended consequences of vaccination, and conflicts of interest must be removed from our regulating bodies.

For the sake of America's children, and to right these wrongs, we appeal to Congress to put in place an independent vaccine safety commission immediately.

Accurate data can only do good when attempting to weigh the risks against the benefits of vaccination. It should guide public health officials to make better decisions about what is included in the CDC's recommended vaccine schedule, lead doctors to consider their individual patient's history and needs instead of following the current "one size fits all" policy and, most importantly, give parents the information they need to make crucial health decisions for their children.

Without accurate data to understand the benefits and the risks of vaccination, there is no true informed consent.

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ADDENDUM

This document does not address another question that should be considered in the vaccine debate: *Do vaccines work as well as we are led to believe?* The reality of vaccine-derived immunity waning over time is becoming ever-more apparent with fully-vaccinated children and adults contracting and spreading the same diseases they thought they were protected against. For example:

1. The months-long [quarantining of the Navy ship USS Fort McHenry](#) due to a mumps outbreak, despite all sailors being “fully vaccinated”.
2. The recent [whooping cough outbreak at Harvard-Westlake school in Southern California](#), where all those (and only those) infected were also “fully vaccinated”.
3. The [2017 measles outbreak in Israel](#), where all but one of those infected had been fully vaccinated against measles, and “patient zero” had received **three doses** of the vaccine.
4. The [recent polio outbreak in the Philippines](#), which according to a joint statement by WHO and UNICEF, is particularly concerning because it is caused by **vaccine-derived** poliovirus type 2.

If adults actually need regular booster shots to maintain immunity, and we know that each inoculation includes toxins, then we must wonder if we are simply trading acute illness for chronic disorders or death.

FURTHER READING AND RESOURCES

White Papers

VACCINE SAFETY: Introduction to Vaccine Safety Science & Policy in the United States

Informed Consent Action Network

A thorough look at how vaccines are developed, approved for use, and tracked for safety in the United States

Open Letters

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

Various

Calls on the World Health Organization to modify its current vaccine policy to improve safety and reduce negative health outcomes resulting from vaccination.

OPEN LETTER TO LEGISLATORS REGARDING FETAL CELL DNA IN VACCINES

Dr. Theresa Deisher

Explains how injecting our children with human fetal DNA contaminants bears the risk of causing two well-established pathologies: 1) Insertional mutagenesis (DNA mutations) 2) Autoimmune disease.

Statement on Federal Vaccine Mandates

Association of American Physicians and Surgeons

The letter to the U.S. Senate Committee on Health, Education, Labor and Pension, explains that “AAPS believes that liberty rights are unalienable. Patients and parents have the right to refuse vaccination, although potentially contagious persons can be restricted in their movements (e.g. as with Ebola), as needed to protect others against a clear and present danger. Unvaccinated persons with no exposure to a disease and no evidence of a disease are not a clear or present danger.”

Joint Statement 2018 for the Victims of HPV Vaccines

Various

A call to action following a March 2018 international symposium to review HPV vaccine damage cases in the UK, Spain, Ireland, Colombia, and Japan. The statement calls for international organizations to “clarify the actual conditions of HPV vaccine damage, explore ways to relieve symptoms and promote recovery and discuss measures to support the daily activity of victims.”

Books

How to End the Autism Epidemic

J.B. Handley

Explains what is causing the autism epidemic and the steps we must take in order to end it.

Evidence of Harm: Mercury in Vaccines and the Autism Epidemic: A Medical Controversy

David Kirby

Follows the story of several families whose once-healthy children rapidly descended into silence or disturbed behavior, presumably resulting from exposure to the toxic levels of mercury in their childhood vaccines.

Articles, Blogs, and other Reads

[Paradoxical Effect of Anti-HPV Vaccine Gardasil on Cervical Cancer Rate](#)

Dr. Gerard Delépine, Dr. Nicole Delépine

Demonstrates how in all the countries that have implemented a large HPV vaccination program, a significant increase in the frequency of invasive cancers has occurred in the most vaccinated groups. Official statistics are cited from Great Britain, Australia, Sweden, Norway, France, and the United States.

[HPV-related cancer rates affect vaccine uptake in Alabama, USA Health study says](#)

University of South Alabama

Reveals how researchers studying HPV vaccination rates in Alabama made a surprising discovery: that counties with higher rates of HPV-related cancers also showed higher HPV vaccination rates. "It was exactly the opposite of what we expected...We found that the higher the rate of cancer in the county, the higher the rate of vaccination."

[Merck Has Some Explaining To Do Over Its MMR Vaccine Claims](#)

Huffington Post Canada

Tells the story of Merck scientists (and one scientist at the CDC) who claim, according to court documents, that Merck's misconduct was far-ranging, and that the company ""failed to disclose that its mumps vaccine was not as effective as Merck represented, (ii) used improper testing techniques, (iii) manipulated testing methodology, (iv) abandoned undesirable test results, (v) falsified test data, (vi) failed to adequately investigate and report the diminished efficacy of its mumps vaccine, (vii) falsely verified that each manufacturing lot of mumps vaccine would be as effective as identified in the labeling, (viii) falsely certified the accuracy of applications filed with the FDA, (ix) falsely certified compliance with the terms of the CDC purchase contract, (x) engaged in the fraud and concealment described herein for the purpose of illegally monopolizing the U.S. market for mumps vaccine, (xi) mislabeled, misbranded, and falsely certified its mumps vaccine, and (xii) engaged in the other acts described herein to conceal the diminished efficacy of the vaccine the government was purchasing."

[Musings on malaria morbidity and mortality after the new Mosquirix® vaccine](#)

Ghana Medical Journal

The abstract explains, "Contrary to expectations based on mathematical modelling and on the vaccine's effect on clinical malaria and severe malaria, mortality was not reduced in children receiving the Mosquirix® vaccine in the phase 3 trial" and "This (surprising) result has been attributed to the fact that mortality was reduced in both the vaccinated and unvaccinated children due to better implementation of malaria control measures such as use of bed nets and prompt treatment of malaria. [...] This means that if there were a willingness to implement malaria control measures intensively, there would be no need to expose our children to the unknown effects of a new vaccine."

[New unsafe vaccines will only add to vaccine hesitancy](#)

The British Medical Journal

Addresses a concern about recently approved adjuvants in the United States, explaining "it seems easily possible that this yeast containing vaccine with a powerful new adjuvant is creating autoantibodies that affect copper transport to the heart, due to molecular mimicry between yeast

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and human proteins. This can explain the huge increase in myocardial infarction occurrence following the administration of this vaccine. Yet the vaccine has been approved.”

[Anatomy of a science study censorship](#)

Ghost Ship Media

Starting in 2007, Lluís Luján, professor of veterinary pathology at Spain’s University of Zaragoza, began looking into a mysterious illness that was sweeping across Spain and wreaking havoc on its sheep population. The sheep “were wool biting. Some clenched their teeth. Some became lethargic and reluctant to move. It was easy to see involuntary tremors of their great brown eyeballs. A few were transiently blind. They were disoriented and unresponsive. After a few days, most of the animals recovered but the most severely affected of the flock collapsed in seizures and died. [...]” After ruling out other causes, Lujan was stunned when presented with the question – could it be caused by the bluetongue vaccine the sheep had been receiving? “Oh, my God. It can’t be the vaccine,” he recalls thinking. “I couldn’t believe it. But it was just too much coincidence.” The article provides a deep dive into the study, and how its publisher’s withdrawal broke “all the rules of scientific publishing.”

[The Emerging Risks of Live Virus & Virus Vectored Vaccines: Vaccine Strain Virus Infection, Shedding & Transmission](#)

National Vaccine Information Center

Demonstrates how someone who has recently been vaccinated can transmit the disease for which they were immunized. “Although public health officials maintain that live attenuated virus vaccines rarely cause complications in the vaccinated person and that vaccine strain viral shedding rarely causes disease in close contacts of the recently vaccinated, it is important to be aware that vaccine strain live virus infection can sometimes cause serious complications in vaccinated persons and vaccine strain live viruses can be shed and transmitted to others with serious or even fatal consequences.” The [Rapid Identification of Measles Virus Vaccine Genotype by Real-Time PCR](#) study, originally published in 2016 in the Journal of Clinical Microbiology, demonstrates how this shedding can impact the public: “During the measles outbreak in California in 2015, a large number of suspected cases occurred in recent vaccinees. of the 194 measles virus sequences obtained in the United States in 2015, 73 were identified as vaccine sequences...”

[FDA Admits That Government Is Recommending Untested, Unlicensed Vaccines for Pregnant Women](#)

Children’s Health Defense

In February 2019, in response to a Freedom of Information Act (FOIA) lawsuit, the FDA has admitted, for the first time, that government agencies, including the CDC, are recommending flu and Tdap vaccines for pregnant women that have neither been licensed for pregnant mothers by the FDA nor tested for safety in clinical trials. See the [voluntary dismissal letter](#) for additional details.

[Conflicts of Interest Undermine Children’s Health](#)

Children’s Health Defense

Shows the urgent need for parents, health care professionals, and legislators to demand that conflicts of interest be abolished when it comes to vaccine policy-making in the United States.

Six Steps to Vaccine Safety *Children's Health Defense*

Outlines six step that would improve vaccine safety significantly. Step one: Subject vaccines to same rigorous approval process as other drugs.

Conference Presentations

Misadventures with the Chickenpox Vaccine – A Whistleblower Story *Gary Goldman, Ph. D.*

From the 2017 Inaugural Conference of Physicians for Informed Consent (PIC), Dr. Goldman presents his varicella vaccine findings and whistleblower experience as a lead research analyst in the Antelope Valley Varicella Active Surveillance Project. He describes how a national chickenpox vaccine program altered the epidemiology of shingles (those vaccinated against chickenpox are more likely to develop singles as an adult), and ways in which the CDC manipulated data to conceal the unwanted outcomes.

Systemic Toxicity of Aluminium Adjuvants *Professor Christopher Exley*

Demonstrates that it is highly likely that it is the number of shots that children receive that is causing the epidemic of childhood disorders, because the greater the number of vaccines they get, the more toxic aluminum enters into the bloodstream and passes to the brain.

“Science of Vaccine Forum” Presentations *Children's Health Defense*

Robert F. Kennedy, Jr. was to be a panelist at the “Science of Vaccine Forum” in Connecticut in response to proposed vaccine mandate legislation in the state. Mr. Kennedy was the only one of the five-member panel to show up, as the three Yale professors and one pediatrician scheduled to appear cancelled their appearance the night before the event. The presentation Mr. Kennedy gave to the media, vaccine safety advocates and Connecticut legislators contains compelling information, as does the [press conference that followed](#).

Robert F. Kennedy Jr.—Science Day Presentation for Gardasil *Children's Health Defense*

Details the many problems with the development and safety of Merck's third-highest grossing product, Gardasil, and attempts to help people understand how the vaccine, which is causing serious health problems in young people (such as auto-immune disorders) could have been approved by the FDA and then recommended by the CDC.

Films

The Greater Good

Leslie Manookian, Kendal Nelson

If you want to start your research journey with a movie, start here. The Greater Good gives an excellent overview of the problems with vaccine safety science, and many of the lives that have been harmed from vaccine injury.

Deadly Immunity

Robert F. Kennedy, Jr.

Reveals what happened in a secretive June 2000 meeting in Norcross, Georgia, that included a wide range of top government scientists and health officials to discuss the findings of a recent study that found a “statistically significant” link between the mercury-based preservative thimerosal, used in many childhood vaccines, and autism. The transcript (<https://childrenshealthdefense.org/wp-content/uploads/2016/10/The-Simpsonwood-Documents.pdf> - received through a Freedom of Information Act request) reveals that instead of taking immediate steps to alert the public and ridding the vaccine supply of thimerosal, the group instead spent the majority of the time discussing how to cover up the damaging data. Many at the meeting were concerned about how the damaging revelations about thimerosal would affect the vaccine industry's bottom line. “We are in a bad position from the standpoint of defending any lawsuits” said Dr. Robert Brent, a pediatrician at the Alfred I. duPont Hospital for Children in Delaware. “This will be a resource to our very busy plaintiff attorneys in this country.” Dr. Bob Chen, head of vaccine safety for the CDC, expressed relief that “given the sensitivity of the information, we have been able to keep it out of the hands of, let's say, less responsible hands.” Dr. John Clements, vaccine advisor at the World Health Organization, declared that “perhaps this study should not have been done at all.” He added that “the research results have to be handled,” warning that the study “will be taken by others and will be used in other ways beyond the control of this group.”

Trace Amounts

Eric Gladen, World Mercury Project

Tells the story of Eric Gladen, who developed autism-like symptoms as an adult after getting a tetanus shot. His experience led him to investigate what could be the root cause of such a severe reaction, and finally to the conclusion that the thimerosal preservative in the tetanus shot was the culprit. Eric raises the alarming concern that thimerosal is particularly damaging to babies in utero, who are exposed to the mercury when their mothers are given a flu shot that contains the preservative.

Injecting Aluminum

Cinema Libre Studios

(Originally in French, dubbed into English) Tells the story from the early 1990s, when a mysterious muscular disease began to surface among multiple patients in France. A team of doctors in Paris discovered that these patients had developed a new disease called Macrophagic Myofasciitis, or MMF, which occurs when the aluminum hydroxide adjuvant from a vaccine remains embedded in the muscle tissue.

VAXXED: From Coverup to Catastrophe

Vaxxed team

Includes interviews with pharmaceutical insiders, doctors, politicians, and parents of vaccine-injured children, and reveals the alarming deception that has contributed to the skyrocketing increase of autism, and potentially the most catastrophic epidemic of our lifetime.

More Stories of Vaccine Injury

Samoa pulls MMR vaccine after two babies die

CNN

Two babies died within minutes of the receiving the MMR vaccine. Two experienced nurses were found guilty of improperly preparing the vaccine. (Sadly, nurses are often blamed when these tragedies occur.) This article explains the story, with another revelation: “There have also been media reports of two other deaths of Samoan siblings on separate occasions more than a week after MMR vaccination – these deaths occurred in 2017 and April 2018. A very rare genetic immune disorder is expected to have contributed to the death of the second sibling, who died in New Zealand. It is suspected that the first sibling had the same disorder. The family are undergoing genetic testing.” <https://www.immune.org.nz/hot-topic/infant-deaths-samoa-tragic-outcome-error-preparing-mmr-vaccine>.

Hope From Holly

Robin Stavola

The tragic story of Holly Stavola, who died tragically and unnecessarily from encephalopathy due to her 2nd MMR vaccination on February 4th, 2000. Her mother, Robin, explains on the site “Holly was a completely healthy, bright, kind and beautiful 5-year-old child. The day she received her vaccinations at her 5 year well check-up Holly was not sick nor immunocompromised in any way. She received the MMR, the oral polio (which was no longer recommended as of Jan. 2000), the DTaP, the Mantoux test, and my son received the Chickenpox Vaccine (he was 9 years old). She became very ill a week following the shots, which is within the expected time period, a vaccine table injury of encephalopathy. Encephalopathy is one of the potential reactions of the MMR as stated in the Merck Package Insert and the [vaccinatable.html](#) on the U.S. Department of Health and Human Services. It can occur between 5-15 days after the vaccine. She suffered 65 hours before becoming brain dead.”

Former Mooresville child compensated by federal ‘vaccine court’

The Charlotte Observer

The article explains, “As they started their family, Mooresville residents Theresa and Lucas Black dutifully got their children immunized, never doubting their doctor’s word that vaccines are safe and necessary. But their faith in those promises was shaken in 2001, when their 3-month-old daughter, Angelica, developed life-threatening seizures and brain damage just three days after getting several vaccinations.”

Vaccine Injury Claims Face Grueling Fight

Los Angeles Times

The article starts, “Like good moms everywhere, Janet Zuhlke made sure her kids got their shots. This proved disastrous for her daughter, Rachel. She was a healthy 5-year-old until a brain injury triggered by a routine vaccination left her mentally retarded, physically handicapped and legally blind.”

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Christopher Bunch

Destiny Maynard

His mother explains how her 14-year-old son died following HPV vaccination: “Christopher excelled in athletics, playing baseball and football, and was an exceptional student with a 3.9 GPA. He was an incredible son, the best brother you could ever ask for, and a supportive friend and boyfriend. Everyone loved Christopher. [...] Sadly, Christopher passed on August 14, 2018 from a severe form of Acute Disseminated Encephalomyelitis (ADEM), a rare inflammatory demyelinating disease of the central nervous system which his doctors confirmed was caused by the HPV vaccination he had received earlier that summer.”

Nicholas Scott Catone

Nick Catone

MMA fighter Nick Catone tragically lost his 20-month-old son, Nicholas, shortly after receiving his DTaP vaccine. [Watch the heartbreaking interview](#) with Nick and his wife, Marjorie.

Many more sites documenting vaccine injury stories

Various

Many sites list thousands of injury stories. Here are a few:

<http://www.vaxxed.com/home> (with more than 7,000 vaccine injuries submitted)

<http://vaccine-injury.info>

<https://www.learntherisk.org/stories/>

<http://circleofmamas.com/vaccine-injury-stories/>

<https://www.vaccinationnews.org>

<http://autismcoach.com>

<http://www.stopmandatoryvaccination.com>

<http://avoiceforchoiceadvocacy.org>

<https://www.amazon.com/Thinking-Moms-Revolution-Spectrum-Inspiring/dp/B00BYB0KE0>

<https://www.facebook.com/groups/VaccineInjuryStories/>

Studies, Analyses, and Peer-Reviewed Research

AUTISM & ALUMINUM ADJUVANTS IN VACCINES: How Aluminum Adjuvants in Vaccines Can Cause Autism

Informed Consent Action Network

A review of numerous scientific studies that show how aluminum harms the brain.

Aluminum adjuvant linked to Gulf War illness induces motor neuron death in mice

Petrik MS, Wong MC, Tabata RC, Garry RF, Shaw CA

Calls into question the role of the anthrax vaccine in Gulf War Illness, in particular the adjuvants aluminum hydroxide and squalene. Male mice were given the vaccine, and the results showed motor deficits that “expressed as a progressive decrease in strength” and significant cognitive deficits, which were the same debilitating conditions experienced by our brave soldiers.

[An aluminium adjuvant in a vaccine is an acute exposure to aluminium](#)

Christopher Exley

Professor Exley sounds the alarm on the potential harm caused by aluminum in vaccines. His introduction starts, "Aluminium salts are common adjuvants in vaccines given to children. Their physical, chemical and biological properties have recently been reviewed. However, a debate continues as to whether neonate and infant exposure to aluminium through vaccination is biologically significant with respect to their exposure to aluminium through other routes and especially diet. For example, paediatricians, responsible for administering the vaccine schedule for children, seem in particular, to be uninformed about the properties of aluminium adjuvants and their mode of action in vaccines. This apparent ignorance of the published scientific literature is unexpected in those charged with the wellbeing of neonates and infants and especially in the light of Janeway's description of alum adjuvant as 'the immunologist's dirty little secret'." In his conclusion, Exley states "is the amount of aluminium in a vaccine 'minuscule'? Simply by looking at just one dose of a vaccine given at 8 weeks of age it is abundantly clear that science does not support this contention, as espoused regularly by many infant paediatricians."

[Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?](#)

Neil Z Miller, Gary S Goldman

Reveals how "at a certain stage in nations' movement up the socio-economic scale—after the basic necessities for infant survival (proper nutrition, sanitation, clean water, and access to health care) have been met—a counter-intuitive relationship occurs between the number of vaccines given to infants and infant mortality rates: nations with higher (worse) infant mortality rates give their infants, on average, more vaccine doses."

[Acute encephalopathy followed by permanent brain injury or death associated with further attenuated measles vaccines: a review of claims submitted to the National Vaccine Injury Compensation Program.](#)

Weibel RE, Caserta V, Benor DE, Evans G.

The study states in its results that "Eight children died, and the remainder had mental regression and retardation, chronic seizures, motor and sensory deficits, and movement disorders. The onset of neurologic signs or symptoms occurred with a nonrandom, statistically significant distribution of cases on days 8 and 9" and concludes, "This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunization."

[An investigation of infant deaths following initial hepatitis B vaccination based on the Vaccine Adverse Event Reporting System \(VAERS\), 1992-2002](#)

Soldatenkova VA, Yazbak FE

This study asserts that neonatal deaths following hepatitis B vaccination should be investigated as possible vaccine-related deaths. It explains that over one-fifth of neonatal hepatitis B vaccine injuries reported to VAERS from 1992 to 2002 were deaths that, in nearly all cases, occurred within hours or days of vaccination. Although most of the deaths were officially classified as sudden infant death syndrome (SIDS) or "unexplained" rather than as vaccine-related deaths, the authors noted "a statistically significant increase in [the] proportion of neonatal SIDS since implementation of universal vaccination of newborns against hepatitis B."

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[Comparison of VAERS fetal-loss reports during three consecutive influenza seasons. Was there a synergistic fetal toxicity associated with the two-vaccine 2009/2010 season?](#)

GS Goldman

For study years 2009-2010, shows how the H1N1 and Seasonal Influenza vaccines both given during pregnancy increased fetal loss by 11.4% compared to the seasonal influenza vaccine only. The conclusion states: “the concomitant administration of the seasonal influenza and pandemic A-H1N1 vaccines during 2009/2010 suggests a synergistic toxicity and a statistically significant higher rate of fetal loss reporting relative to the single-dose seasons” and “The VAERS rates of 6.8 and 12.6 fetal-loss reports per million women vaccinated for those single-vaccine seasons may provide health care professionals with a sense that influenza vaccines administered during pregnancy are relatively safe, when, in reality, these rates merely reflect the low level of case ascertainment associated with VAERS and thus, grossly underestimate the true rates encountered in the US population. Just because a single vaccine has been tested and considered safe does not imply there will not be a synergistic fetal toxicity effect associated with the administration of two or more Thimerosal-containing vaccines to a pregnant women [sic] and/or a synergistic toxicity effect from the combination of the biologically active components contained in concomitantly administered vaccines.”

[Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010-11 and 2011-12](#)

Donahue JG, Kieke BA, King JP, DeStefano F, Mascola MA, Irving SA, Cheetham TC, Glanz JM, Jackson LA, Klein NP, Naleway AL, Weintraub E, Belongia EA.

For study years 2010-2011 and 2011-2012, shows how two H1N1-Containing flu vaccines prior to and during pregnancy increased miscarriage odds by 7.7X.

[Cognition and behavior in sheep repetitively inoculated with aluminum adjuvant-containing vaccines or aluminum adjuvant only](#)

Javier Asín, María Pascual-Alonso, Pedro Pinczowski, Marina Gimeno, Marta Pérez, Ana Muniesa, Lorena de Pablo-Maiso, Ignacio de Blasa, Delia Lacasta, Antonio Fernández, Damián de Andrés, Gustavo María, Ramsés Reinae, Lluís Luján

The study reveals how sheep in Spain underwent significant behavioral changes “after repetitive inoculation with commercial [bluetongue] vaccines that contain Al hydroxide or the equivalent amount in Al only.”

See “Anatomy of a science study censorship” from Ghost Ship Media for more about this study.

[Hand eczema in children. Clinical and epidemiological study of the population referred to a tertiary hospital](#)

Ortiz-Salvador JM, Subiabre-Ferrer D, Rabasco AG, Esteve-Martínez A, Zaragoza-Ninet V, de Miquel V.

Shows how an allergic response to thimerosal, nickel, mercury and cobalt (common ingredients in vaccines) often manifests as hand eczema. Also see <https://childrenshealthdefense.org/wp-content/uploads/Hand-Eczema-in-Children.pdf>.

[Possible Triggering Effect of Influenza Vaccination on Psoriasis](#)

Gunes AT, Fetil E, Akarsu S, Ozbacivan O, Babayeva L.

The study reports the findings “from 43 patients suffering from psoriasis whose diseases had been triggered after influenza vaccination applied in the 2009-2010 season. The short time intervals between vaccination and psoriasis flares in our patients and the lack of other possible triggers suggest that influenza vaccinations may have provocative effects on psoriasis.”

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Effects of Diphtheria-Tetanus-Pertussis or Tetanus Vaccination on Allergies and Allergy-Related Respiratory Symptoms Among Children and Adolescents in the United States

Hurwitz EL, Morgenstern H.

The UCLA researchers found that the DTP vaccine is causing asthma, stating: “Asthma and other allergic hypersensitivity reactions and related symptoms may be caused, in part, by the delayed effects of DTP or tetanus vaccination. Because the proportion of US children who have received at least 1 dose of DTP vaccine approaches 100%, the number of allergies and allergy-related conditions attributable to DTP or tetanus vaccination in the United States may be very high. For example, assuming that the estimated vaccination effect is unbiased, 50% of diagnosed asthma cases (2.93 million) in US children and adolescents would be prevented if the DTP or tetanus vaccination was not administered.”

Evolution of multiple sclerosis in France since the beginning of hepatitis B vaccination

Dominique Le Houézec

In 2014, this French paper described how a national vaccination campaign against Hepatitis B in 1994 resulted in an “unprecedented ‘wave’ of immunization in adults, with 20 million French individuals vaccinated against HB, concentrated in 4 years” and how, unexpectedly, there was a significant spike in MS cases reported to the French national pharmacovigilance system (ANSM). France abruptly terminated routine school-based vaccination of preteens, and adult HB vaccination dropped as well, which made it possible to track the vaccine injuries reported for a specific period of time (when vaccination rates were high, while the vaccine was being pushed by authorities). The study concludes “The figures available in France thus show a definite statistical signal in favor of a causal link between the HB vaccine event and the apparition of MS with a maximum correlation in the 2 years following immunization.”

Annual summary of vital statistics: trends in the health of Americans during the 20th century.

Guyer B, Freedman MA, Strobino DM, Sondik EJ

The paper studied the overall trends in the health of Americans in the last century. The abstract begins, “The overall improvement in the health of Americans over the 20th century is best exemplified by dramatic changes in 2 trends: 1) the age-adjusted death rate declined by about 74%, while 2) life expectancy increased 56%.” Notably, the paper reveals that Diphtheria, whooping cough, and measles were largely eliminated before the introduction of those vaccines, and “Thus vaccination does not account for the impressive declines in mortality seen in the first half of the century.”

The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment.

Mogensen SW, Andersen A, Rodrigues A, Benn CS, Aaby P

Through a fluke in how Guinea-Bissau administered its vaccines, scientists were able to study the health outcomes of those in the country who had received the DTP vaccine and those who hadn't. The study simply and starkly concluded that “DTP was associated with increased mortality.”

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[Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children](#)

Anthony R Mawson, Brian D Ray, Azad R Bhuiyan, Binu Jacob

The study found that vaccination increases risk of several negative health outcomes: Allergic Rhinitis (30X), Allergy (3.1X), ADHD (4.2X), Autism (4.2X), Eczema (2.9X), Learning Disability (5.2X) and Neurodevelopmental Disorders (3.7X). The conclusion states “In this pilot study of vaccinated and unvaccinated homeschool children, reduced odds of chickenpox and whooping cough were found among the vaccinated, as expected, but unexpectedly increased odds were found for many other physician-diagnosed conditions. Although the cross-sectional design of the study limits causal interpretation, the strength and consistency of the findings, the apparent “dose-response” relationship between vaccination status and several forms of chronic illness, and the significant association between vaccination and neuro-developmental disorders all support the possibility that some aspect of the current vaccination program could be contributing to risks of childhood morbidity.”

[Vaccinated vs. Unvaccinated: The Science](#)

Children’s Health Defense

An in-depth, three-part series examining the research that has been published on the health of fully vaccinated versus unvaccinated populations.

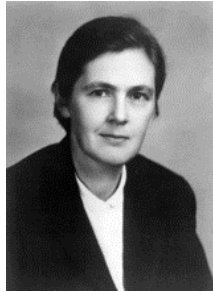
About the Prospectus

This prospectus was written by a group of vaccine advocates who saw the need for a high-level overview of the issues of vaccine safety that would be:

1. Well organized and easy to understand
2. Short enough that people would read it
3. Long enough to provide compelling evidence
4. Supported by recognized authoritative sources
5. Easy to share

To learn more, we recommend you visit the [Children's Health Defense](#) and the [National Vaccine Information Center](#) websites.

In Recognition of Frances Oldham Kelsey



As a reviewer for the U.S. Food and Drug Administration, Kelsey refused to authorize thalidomide for market because she had concerns about the drug's safety, despite assurances from the manufacturer that it was completely safe. Her concerns proved to be justified when it was shown that thalidomide caused serious birth defects, sadly, only after it had already harmed thousands of babies across Europe.

The story of Kelsey's persistence was used to help pass rigorous drug approval regulation. In 1962, she received the President's Award for Distinguished Federal Civilian Service from President John F. Kennedy.