In a published paper, the medical journal Vaccine dangerously equates advocating the right to informed consent with spreading “misinformation,” and Children’s Health Defense is the target.
Contents

How the Study Was Reported by the Media ................................................................. 1

What the Study Actually Shows and How the Media Got It Totally Wrong........ 4

Failing to Consider Truthfulness as a Criteria for Categorizing Ads ............... 5

Libeling Children’s Health Defense ................................................................. 7

Rejecting Informed Consent and Advocating Censorship ................................ 9


Conflicts of Interest of the study vs “The Conflicting Interests” .................. 13

Grassroots Organizations Have ‘More Resources’ to Influence the Public Than the Government and Big Pharma? .............................................................. 15

A Glimpse into Big Pharma

Ad Spending in the US .................................................................................. 17

The Growing Threat of Censorship .................................................................... 22

References ........................................................................................................ 24
By Jeremy R. Hammond

In November 2019, the media was abuzz about a new study published in the journal Vaccine reportedly showing that “anti-vaccine” groups are using Facebook advertisements to spread “misinformation”. Accused of being the leading promotor of such ads was Robert F. Kennedy, Jr’s organization Children’s Health Defense (CHD). However, what media reports declined to inform the public is that the study’s authors didn’t provide any evidence to support the accusation.

Instead, the study’s authors simply defined any information that doesn’t serve the government’s policy goal of maintaining or increasing vaccination rates as “anti-vaccine” and then equated anything “anti-vaccine” with “misinformation”—regardless of truthfulness and scientific accuracy. Through this euphemistic use of language, even simply expressing the view that we have a right to informed consent—one of the most fundamental ethics in medicine—was equated with “misinformation”.

Furthermore, serving as context for the authors’ implicit rejection of this fundamental human right was their transparent political agenda. The goal is to ensure high vaccine uptake, and the authors were candid about their view that any information that doesn’t serve that goal should be censored so that the general public is not exposed to it.

Hence, the real story about this study is the one the mainstream media refused to tell. The study’s true relevance is how it illuminates the assault on our right to informed consent by public vaccine policy apologists who advocate censorship and mandatory use of these risk-carrying pharmaceutical products.

The role of the news media in propagandizing for the state is also illuminating. What the mainstream media are doing is not journalism but public policy advocacy. Rather than serving the public’s interests by properly informing about the real issues, the media manufacture controversy by leveling false accusations at dissenters who express legitimate criticisms of public vaccine policy while themselves hypocritically propagating misinformation in service to the state and the pharmaceutical industry.
The study cited by the media to support the accusation against Children’s Health Defense was conducted by a team of researchers from the University of Maryland, George Washington University, and Johns Hopkins University. The University of Maryland announced the study’s publication in a press release titled “Inoculating Against the Spread of Viral Misinformation”. The study “calls attention to the threat of social media misinformation”, the release said, while reminding that the World Health Organization (WHO) last year labeled “vaccine hesitancy” among the top threats to global health.

The highlighted finding from the study was that 54 percent of “anti-vaccine” ads archived in Facebook’s Ad Library during the observed period of time were posted by just two groups, the World Mercury Project and a group founded by activist Larry Cook called Stop Mandatory Vaccination.¹

World Mercury Project is the former name of Children’s Health Defense, which was renamed in 2018 to reflect the group’s expanded mission to address not only the health threat posed by exposure to mercury, which is polluted into the environment by coal plants and has been used as a preservative in vaccines, but also other environmental factors that are negatively impacting children’s health and contributing to epidemic rates of chronic illnesses.²

The University’s press release quoted the study’s lead author, Amelia Jamison, saying, “The average person might think that this anti-vaccine movement is a grassroots effort led by parents, but what we see on Facebook is that there are a handful of well-connected, The goal is to ensure high vaccine uptake, and the authors were candid about their view that any information that doesn’t serve that goal should be censored so that the general public is not exposed to it.
powerful people who are responsible for the majority of advertisements."

Another of the study’s authors, David Broniatowski, expressed the view that public vaccine policy is essentially infallible by criticizing Facebook for categorizing ads about vaccines as a “political” topic, which, he said, “perpetuates the false idea that there is even a debate to be had”.

He further criticized Facebook for having ad policies that “penalize pro-vaccine content” by requiring “disclosure of funding sources for ‘political’ ads”. He asserted that “vaccine opponents are more organized and more able to make sure that their ads meet these requirements.”

Another of the study’s authors, Sandra Crouse Quinn, similarly criticized Facebook for having ad policies that ostensibly put public health officials “at a true disadvantage”.3

The University’s press release was republished by sources including Science Daily and the American Association of the Advancement of Science’s publication EurekAlert!4

Media reports about the study stuck to the same script. The lead paragraph of a Washington Post article by Lena H. Sun accused, “The majority of Facebook advertisements spreading misinformation about vaccines were funded by two anti-vaccine groups, including one led by Robert F. Kennedy Jr., according to a study published this week.”5

The lead paragraph of a Guardian article similarly claimed, “The majority of Facebook ads spreading misinformation about vaccines are funded by two organizations run by well-known anti-vaccination activists, a new study in the journal Vaccine has found.” The second paragraph identified World Mercury Project and Stop Mandatory Vaccinations as the groups allegedly spreading “misinformation” via Facebook ads.6

A Fortune article about the study likewise began, “A new report finds that just two groups are responsible for the majority of anti-vaccine misinformation spread on Facebook.”7

Newsweek reported the finding that just two groups were responsible for most “anti-vaccine” ads on Facebook and then followed the lead of the study’s authors by equating such ads with the spread of “misinformation”.8

The alleged “misinformation” spread by these two groups via Facebook ads, according to Vice, included “concocted tales of ‘medical malfeasance, cover-ups, and corruption’”.9

The data from the Vaccine study, claimed Ars Technica, “clearly shows that anti-vaccine propaganda was unified in promoting perceived harms of vaccines, conspiracy theories, and the idea of vaccine choice.”10

Instructively, none of these representative media reports accusing Children’s Health Defense of being the leading source of misinformation about vaccines on Facebook produced any evidence to support that claim.

The reason for the substanceless nature of these accusations should be immediately obvious to anyone who bothers to actually read the study. This is because the study itself did not produce even a single example of an ad from CHD containing false or misleading information.

One would think that this fact would be considered relevant and important...
for the public to know by mainstream journalists, and yet every one of these media reports instead withheld that important truth from readers and falsely characterized the study as though it provided proof of the accusation being leveled.

In other words, it is the media reports accusing CHD of spreading untruths that are demonstrably propagating misinformation. Apart from the rank hypocrisy, by choosing to instead propagate a lie, the media have failed to properly inform the public about the true relevance of the study, which is that it illuminates how public vaccine policy apologists are dangerously assaulting the right to informed consent when it comes to the use of this particular pharmaceutical product, as well as how they are trying to pressure social media companies like Facebook to censor truthful information about vaccines that they don’t want the general public to know.

...public vaccine policy apologists are dangerously assaulting the right to informed consent...
The study by Amelia Jamison, David Broniatowski, Mark Dredze, Zach Wood-Doughty, DureAden Khan, and Sandra Crouse Quinn is titled “Vaccine-related advertising in the Facebook Ad Archive”. It was published online by the journal Vaccine on November 13, 2019 (and in print on January 16, 2020). The researchers purported to investigate the role of Facebook advertising “in the spread of vaccine-related misinformation” due to the WHO having “listed vaccine hesitancy—due, in part, to online misinformation—among the top ten global health threats of 2019.”

In 2018, Facebook introduced its Ad Archive, now called the Ad Library, as a result of pressure from Congress to increase transparency with ads “related to politics and ‘issues of national importance’.” For such ads, Facebook also required a disclaimer indicating the identity of the buyer. In March of 2019, Facebook implemented changes to its ad policies that included the prohibition of information about vaccines dubbed “misinformation” by the WHO or the US Centers for Disease Control and Prevention (CDC). The ads the researchers analyzed were posted on or before February 22, 2019, and therefore reflected “the advertising landscape prior to the implementation of new policies.”

The researchers searched the archive using the keyword “vaccine” and analyzed the results. They observed that political ads failing to include the “paid for by” disclaimer or otherwise violated Facebook’s ad policies were eventually taken down by Facebook.

Their initial searches turned up 505 results, which they then categorized as “pro-vaccine”, “anti-vaccine”, or “not relevant”. Importantly, ads were categorized as “anti-vaccine” if they “questioned vaccine safety or promoted vaccine choice.”

The researchers purported to investigate the role of Facebook advertising “in the spread of vaccine-related misinformation”...
Failing to Consider Truthfulness as a Criteria for Categorizing Ads

Ironically, an example they provide of an ad that met their criteria for being “anti-vaccine” featured an image stating in bold text: “I AM NOT ANTI-VACCINE”. This policy-compliant ad was posted by the grassroots organization Michigan for Vaccine Choice. It contained no misinformation but merely expressed thanks to their “growing community of citizen activists that are on the right side of this issue” and who had united “to protect the right of EVERY individual to make vaccine decisions”. The central message of the ad was that the group is not against vaccines but simply in favor the right to informed consent. The remainder of the text in the accompanying image read, “I am pro-child, pro-family, pro-community. I am pro-science. I am pro-research. I am pro-health, pro-well being, pro-safety. I am pro-government transparency. I am pro-pharmaceutical company accountability. I am pro-honesty. I am pro-critical thinking. I AM PRO-FREEDOM.”

Heightening the irony, the researchers included a screenshot of an obviously “pro-vaccine” ad that was removed by Facebook for failing to disclose the buyer and that did contain misinformation. Linking to the website CancerUtah.org, the site of the Utah Department of Health Cancer Control Program, the ad instructed Facebook users to “Prevent six types of cancer with the HPV vaccine.” The ad was evidently targeted at children as the text was accompanied by a video featuring an image of teenage boy overlaid with the words “SO TALK TO YOUR DOCTOR” and further instructing viewers to visit the website.

The ad’s implicit claim that the HPV vaccine has been scientifically proven to prevent six types of cancer is false because, while public health officials indeed make that claim and the Food and Drug Administration (FDA) permits the manufacturers to market the product as a way to prevent cervical cancer, none of the clinical trials used to obtain licensure actually showed that the vaccine is effective at reducing the rate of cancer among a group of subjects who received the vaccine compared with a group who didn’t. Instead, a surrogate measure was used to determine the vaccine’s efficacy.11

This shortcoming was highlighted in a recent review published in the *Journal of the Royal Society of Medicine*, the title of which asked, “Will HPV vaccination prevent cervical cancer?” Its authors pointed out numerous problems with the clinical trials, including the observation that just because the vaccine might be effective at preventing various types of pre-cancerous lesions doesn’t necessarily mean that it will be effective at preventing cervical cancer. (They also raised questions about the means by which the manufacturers chose to measure efficacy against the chosen surrogate measures in the first place.) As the reviewers pointed out, “None of the trials were designed to determine efficacy or effectiveness against cervical cancer.”12

In the absence of randomized placebo-controlled trials showing that the vaccine is effective at reducing the risk of cancer, researchers must rely on post-marketing observational studies, which do not enable scientists to control as well for the innumerable

> *In the words of George R.R. Martin, A Clash of Kings: “When you tear out a man’s tongue, you are not proving him a liar, you’re only telling the world that you fear what he might say.”*
potentially confounding factors. This type of study design is hence prone to selection biases that can invalidate findings. The finding of an association between a vaccine and a given outcome does not necessarily mean that the outcome was caused by the vaccine—as we are obligatorily reminded by public health officials only when an association with harm is found.\textsuperscript{13}

As the review authors concluded, contrary to the claims made by the manufacturers in their advertising and by government health officials in their public messaging, “It is uncertain whether HPV vaccination prevents cervical cancer.”\textsuperscript{14}

The authors of the Vaccine study failed to identify this “pro-vaccine” ad as being deceptive. Importantly, they also did not present even a single example of an “anti-vaccine” ad that contained any misinformation.

Among the 309 ads deemed relevant for inclusion in their analysis, more than half were “pro-vaccine” (53 percent), but “the median number of ads per buyer was significantly higher for anti-vaccine ads.”

They categorized ads as “anti-vaccine” for “describing perceived harms of vaccination”, “promoting vaccine choice”, or “revealing purported institutional fraud”.

This latter category (revealing purported institutional fraud) included ads “alleging medical, governmental, and pharmaceutical corruption related to vaccines” and describing “medical malfeasance, coverups, and corruption, often linked to purported evidence of vaccine harms.”

Instructively, they described information about potential harms of vaccination as merely “perceived” without bothering to determine whether the claimed harm is supported by scientific research.

Any information related to the risks of vaccination, no matter how well grounded in science, were dismissed as “anti-vaccine”.

The authors were equally uninterested in the question of whether claims of institutional fraud were merely “purported” or demonstrably true.

Additionally, as we’ve already seen, the simple act of advocating the right to informed consent was dubbed to be “anti-vaccine” activity.
Ads falling under this category were guilty of having “focused on parental rights and vaccine choice” or having “opposed mandatory vaccination, informed parents about vaccine exemptions, and/or extolled the benefits of ‘natural’ immunity.”

**Libeling Children’s Health Defense**

Coming to the key finding highlighted by the media, the authors noted that the World Mercury Project had run 47 ads and that Stop Mandatory Vaccination had run 36 ads, which together amounted to 54 percent of the ads dubbed “anti-vaccine” according to their adopted criteria, which, again, had nothing to do with whether the information contained within the ads was accurate or not.

Further indicating the laziness of their research, the authors mistakenly described World Mercury Project as “closely aligned” with Children’s Health Defense (rather than recognizing the latter as the same organization renamed), which mistake was just as lazily repeated by some reporters, including Lena Sun of the Washington Post.

The study authors described the organization as “an advocacy group chaired by a political celebrity spokesperson, largely centered on the belief that vaccines are harmful and are contributing to an ‘epidemic of childhood chronic illness’.”

The person they were referring to as a “political celebrity” is Robert F. Kennedy, Jr., an environmental attorney and activist who has successfully litigated against polluting industries and was once named by TIME magazine among a list of “Heroes for the Planet.”

Mr. Kennedy’s work eventually came to focus heavily on the health risks of exposure to mercury polluted into the environment by coal plants. Due to his activism in this area, he was approached by mothers of children who had suffered severe adverse events after vaccination and who informed him that mercury was also used as a preservative in numerous childhood vaccines. Once made aware of their concerns and reading the research on the lack of vaccine safety science, he felt compelled to also become active in alerting the public to health risks posed by these pharmaceutical products.

In this context, it’s worth pointing out that the ethylmercury-based preservative, thimerosal, was phased out of use in most childhood vaccines at the turn of the century after it became publicly known that the CDC’s routine childhood vaccine schedule was exposing infants to cumulative levels of mercury that exceeded the safety guidelines established by the Environmental Protection Agency (EPA). Thimerosal is still used in multi-dose vials of inactivated influenza vaccine, which is recommended by the CDC for...
universal routine annual use, including in infants as young as six months and pregnant women.\textsuperscript{17}

That’s a good example of proven governmental malfeasance placing children at risk of harm that the Vaccine study’s authors would mindlessly categorize as “anti-vaccine” information merely “alleging” that agencies like the FDA and CDC are untrustworthy.

As Mr. Kennedy explained in a video announcing the launch of World Mercury Project in November 2016,

\textit{I had a choice of either putting my head down and walking away from it and pretending I didn’t see it or getting involved and taking all the risks of doing that. . . And I feel like I didn’t have any choice but to get involved in this fight, and once I got involved with it, I’m going to fight it to the end; and I am not going to stand down, and I am not going to give up. And I’m going to fight for you, and I’m going to fight for your children, and I need your support because the forces I’m up against are forces that have compromised every major institution in our democracy. And the people who stand up against them get crushed. But I know how to fight them because I’ve spent a lifetime fighting big-shots and fighting bullies.}\textsuperscript{18}

The organization is run by Mr. Kennedy and a team comprised\textsuperscript{largely of mothers} whose children suffered serious adverse events after vaccination.\textsuperscript{19} As President Lyn Redwood explains on a page of the website stating the purpose of her involvement, parents of vaccine-injured children are dismissively being told by their doctors that vaccination wasn’t the cause and that the temporal relationship to vaccination was merely a “coincidence”.

Furthermore, “If you speak out and tell others about what happened to your child you will be labeled ‘anti-vaccine’[,] and if you tell your story publicly, you may receive death threats, as I have.”\textsuperscript{20}

As already noted, because the organization’s mission broadened from a focus on the harms from mercury toxicity to how a wider range of environmental factors are potentially contributing to the epidemic of childhood illnesses and disorders, its name was changed in 2018 to Children’s Health Defense. The organization’s activism includes not only raising awareness about how environmental factors including toxic exposures are negatively affecting children’s health, but also bringing litigation against parties placing children at risk or prejudicing the right of individuals to make their own health choices.

While the study’s lead author would deceitfully have the public believe that Children’s Health Defense is some shadowy organization run by “a handful of well-connected, powerful people”, it is in fact a non-profit grassroots effort that’s led predominantly by parents, funded by\textsuperscript{reader donations}, and is standing up against well-connected, powerful people.\textsuperscript{21}

Indeed, CHD is standing up against the trillion-dollar global pharmaceutical industry and a government that serves the industry rather than the public, including by granting broad legal immunity to vaccine manufacturers against injury lawsuits and\textsuperscript{shifting the financial burden for vaccine injuries} onto the taxpaying consumers.\textsuperscript{22}

Vaccines are among the pharmaceutical industry’s\textsuperscript{best-selling products}.\textsuperscript{23} According to a recent market research\textsuperscript{report} by MarketsandMarkets, the global vaccine market was over
$41 billion in 2019 and is projected to reach over $58 billion by 2024.\textsuperscript{24} According to another recent report by Fortune Business Insights, the global vaccine market is projected to reach over $93 billion by 2026.\textsuperscript{25}

The partial quote from CHD provided by the study’s authors about the “epidemic of childhood chronic illness” was taken from the homepage of ChildrensHealthDefense.org, which states, “Our mission is to end the epidemic of children’s chronic health conditions by working aggressively to eliminate harmful exposures, hold those responsible accountable, and establish safeguards so this never happens again.”\textsuperscript{26}

Further illustrating the deceptive nature of media coverage of the study, Lena Sun elaborated slightly on the study’s statements about CHD in her Washington Post article by lazily parroting, “The attorney and nephew of president John F. Kennedy runs the Children’s Health Defense, which is closely aligned with the World Mercury Project. The group’s overall message falsely claims that vaccines are contributing to a vast array of childhood illnesses.”\textsuperscript{27}

But Lena Sun’s implicit claim that vaccines have been proven not to be contributing to the epidemic of chronic childhood illnesses is itself hypocritically misinformative. Relatedly, in a 2017 Post article intended to persuade parents that vaccinating children strictly according to the CDC’s recommended schedule has been scientifically proven safe, Sun claimed that “No new immunization is added to the schedule until it has been evaluated both alone and when given with the other current immunizations.” But that statement is unequivocally false.\textsuperscript{28}

Quite the opposite, as the Institute of Medicine (IOM) acknowledged in a 2013 review, “No studies have compared the differences in health outcomes” between children vaccinated according to the CDC’s schedule and children who’ve remained completely unvaccinated. As the IOM reiterated, “existing research has not been designed to test the entire immunization schedule”; “studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted.”\textsuperscript{29}

It’s also worth pointing out that, unlike Lena Sun, the authors of the Vaccine study did not assert that the biologically plausible hypothesis that the CDC’s vaccine schedule is contributing to the epidemic of chronic childhood illnesses has been scientifically falsified. That was Sun’s own contribution to the media’s chorus of libelous accusations against Children’s Health Defense, which claim she made despite having been previously informed that her bold claim about the safety of the CDC’s schedule is recklessly irresponsible misinformation.\textsuperscript{30}

**Rejecting Informed Consent and Advocating Censorship**

Again, nowhere in the study do the authors identify any ads by either Children’s Health Defense or Stop Mandatory Vaccination that contained any misinformation. Instead, they obviated the need to do so by lazily and deceptively equating ads meeting their narrow-minded criteria with “vaccine misinformation.”

Furthermore, the authors laid bare the political agenda their study was intended to serve by advocating censorship of “anti-vaccine” information, effectively meaning any information, no matter how well grounded in science and reason, that might lead individuals to dissent from strict compliance with the CDC’s vaccine recommendations.
To that end, they criticized Facebook for categorizing “all vaccine-related advertising content as political and/or of national importance” on the grounds that it “plays into this politicization, indirectly reinforcing the notion that vaccines are controversial and legitimizing the idea of vaccine ‘debate’.”

Thus, the authors’ dogmatic position was that there is no such thing as legitimate criticism of public vaccine policy and, therefore, that any information failing to serve the policy goal of sustaining or increasing vaccine uptake should not be tolerated by Facebook.

By holding both “pro-vaccine” and “anti-vaccine” ads to the same standard under its advertising policies, they criticized, Facebook had “limited the ability of health organizations to engage in vaccine promotion, while other savvier groups can spread misleading vaccine information with relatively few obstacles.”

In other words, “pro-vaccine” ads, which “were more likely to violate Facebook’s Terms of Service (TOU) by not having identified their funding source”, should be given special status and not be made to comply with Facebook’s terms of use. This is because ad buyers who don’t restrict their informational messaging within the confines of official dogma have the advantage of being more likely to comply with Facebook’s ad policies.

The authors notably declined to criticize “pro-vaccine” ad buyers for violating the terms they had agreed to, much less for misleading Facebook users with claims like the one contained in the HPV vaccine ad.

Ironically, they further criticized Facebook for having failed to “consider the reliability or accuracy of advertising content”, even though they also failed to do the same thing.

Noting that Facebook had since updated its policies, they argued that the prohibition of vaccine “misinformation”, as defined by the WHO and CDC, was insufficient censorship because ads advocating the right to informed
consent by using language like “freedom” or “choice” would “likely remain”.

The authors of the study implicitly rejected the right to informed consent, equating with “misinformation” the belief that people have a right to decide for themselves what goes into their own bodies or their children’s bodies. Implicitly, in their view, our children are the property of the state, to be done with according to the whims of bureaucrats in Washington, DC and state capitals, regardless of their will or the will of the parents.

In sum, the authors transparently advocated that more pressure be placed on social media companies like Facebook to engage in censorship on behalf of the state and the industry in furtherance of the political and financial agenda of achieving high vaccine uptake.

The means by which this goal is to be accomplished is by manufacturing consent for public vaccine policy, firstly, by misleading people with pro-vaccine propaganda—such as the example HPV vaccine ad—and, secondly, by censoring truthful information that undermines the policy goal—such as the observation by Michigan for Vaccine Choice that individuals have a right to informed consent.

Additionally, since such efforts to manufacture consent have limited effectiveness on open-minded people who do their own research and think for themselves, the use of government force is required to coerce parents into strict compliance with the CDC’s routine childhood vaccine schedule. Hence the efforts by state legislators to eliminate non-medical exemptions to laws mandating compliance for children whose parents wish for them to receive a public education.

In California, even medical exemptions are being restricted by bureaucrats who have none of the specialized knowledge of the child required to meaningfully conduct the necessary risk-benefit analysis for that individual, but who are in effect practicing medicine by dictating to doctors how to do their jobs and eliminating any last semblance of the doctor-patient relationship.

As viewed by California Senator Richard Pan, who has spearheaded efforts to eliminate parents’ ability to exercise their right to informed consent, when doctors write medical exemptions to state mandates, it is “not the practice of medicine but of a state authority to licensed physicians” who “are fulfilling an administrative role” on behalf of the state. Doctors are not free to practice medicine as they deem best for their patients—and informed consent for the parents is not an option.

The Vaccine study authors are evidently unconcerned with conflicts of interest such as the reported $2 million given by pharmaceutical companies to California legislators, including Richard Pan, who according to The Sacramento Bee received over $95,000 from Big Pharma in the two years prior to the passage of Senate Bill 277, which eliminated non-medical exemptions for state-mandated vaccinations.

The authors of the Vaccine study and the mainstream media would have the public believe that it is groups like Children’s Health Defense who pose the threat to society. But what an honest and critical examination of both the study and the media coverage surrounding it reveals is that it’s the powerful forces that CHD is standing up against who pose the true danger to both our health and our freedom.
One of the central aspects of the propaganda narrative fabricated by the Vaccine study authors and the complicit mainstream media is that “pro-vaccine” voices are being drowned out by a monolithic “industry” of “anti-vaccine” misinformers. In the study, they state that the “anti-vaccine” ads “reflect the growing industry that profits directly off of vaccine controversy” and “relies on anxious parents, typically using advertisements that highlight the harms of vaccination and then soliciting donations to fund their advocacy work”.

They add that “Facebook’s own financial stake should be taken into account as a possible conflict of interest—Facebook faces mixed incentives when enforcing strict scrutiny of advertising buyers.”

Bizarrely, they make these statements as though there were no conflicts of interest to account for within the pharmaceutical industry and the government. At the foot of the article, the authors declare that they have no conflicts of interest to disclose. Yet immediately following that declaration is an acknowledgment that their research was funded by the National Institutes of Health (NIH).
The Government’s Conflicts of Interest

The NIH and the CDC both operate under the US Department of Health and Human Services (HHS). This is a governmental agency with an established political agenda of sustaining or increasing vaccination rates, which is a policy goal that conflicts fundamentally with the alternative policy goal of empowering people with the knowledge they need to make their own informed choice. The government doesn’t want people to make a choice, but rather to obediently comply with the CDC’s recommendations.

It is also the HHS that is responsible for administering the Vaccine Injury Compensation Program, which was established under a 1986 law granting legal immunity to manufacturers of vaccines recommended by the CDC for routine use in children. Under this program, government lawyers essentially advocate on behalf of the pharmaceutical industry, with the financial incentive being to deny compensation to children who suffer severe adverse events following vaccination. The program is funded by an excise tax included in the price of each vaccine dose administered, thereby relieving the industry of the financial burden for vaccine injuries and shifting the costs to the taxpaying consumers.

The CDC itself operates essentially as a distribution branch of the pharmaceutical industry and is the largest single buyer and distributor of vaccines in the US, effectively subsidizing the industry with billions in taxpayer dollars annually through its Vaccines for Children program. Under this program, the CDC supplies vaccines to more than half of US children, who are generally required by law to be up to date with the CDC’s schedule to attend school. The program’s budget for 2019 was $4.7 billion.

The endemic corruption within the CDC has been recognized by the US Congress, with examples including individuals sitting on the CDC’s vaccine advisory committee with financial ties to vaccine manufacturers and a “revolving door” in which individuals lucratively jump careers between the government and industry—like former CDC director Julie Gerberding, who left her government job promoting and expanding the number of vaccines on the routine childhood schedule to go work for the pharmaceutical giant Merck as president of its vaccine division.

The CDC itself operates essentially as a distribution branch of the pharmaceutical industry and is the largest single buyer and distributor of vaccines in the US, effectively subsidizing the industry with billions in taxpayer dollars.
The government is also involved in vaccine research and development, relieving the pharmaceutical industry of much of this financial burden, too. It’s another means by which the government effectively subsidizes the industry with taxpayers’ money. According to a 2004 report by the Institute of Medicine, the NIH “is responsible for approximately one-third of all vaccine research funding.” The CDC and NIH patent vaccine technology and license it to vaccine manufacturers for what the CDC euphemistically describes as a “Return on taxpayer investment.”

As a salient example, in 2005, the NIH sold vaccine technology to both Merck and GlaxoSmithKline (GSK) under a co-exclusive license, which technology was then used by these companies in the development of their HPV vaccine products.

Of course, the government also essentially markets vaccines for the pharmaceutical companies, thus relieving them of considerable marketing costs, too.

Under award number “5R01GM114771”, the research team led by David Broniatowski of George Washington University and Sandra Crouse Quinn of the University of Maryland has received more than $1.5 million in funding from the NIH since 2015—but, as far as they are concerned, they have no conflicts of interest to report, while they’re telling us that we should be concerned about the ostensible “conflict of interest” that arises when a non-profit grassroots organization accepts donations to fund its work and when Facebook accepts payment from advertisers to deliver policy-compliant messages to its users.
Naturally, they only speak of Facebook having a “conflict of interest” in accepting payment from “anti-vaccine” groups while failing to acknowledge that, by the same reasoning, Facebook has a conflict of interest in running ads promoting vaccine products.

It is also difficult to ignore the irony in accusing policy critics of seeking to profit by exploiting the fears and anxieties of parents when that is precisely what the government and industry do to increase demand for vaccine products.

A salient example is the CDC’s public relations strategy for increasing uptake of influenza vaccines, revealed in a presentation by the agency’s director of media relations on June 17, 2004, at a workshop for the Institute of Medicine. Under its “Recipe for Fostering Public Interest and High Vaccine Demand”, the CDC encourages medical experts and public health authorities to “state concern and alarm” about “and predict dire outcomes” from the flu season. To inspire the necessary fear, the CDC encourages describing each season as “very severe”, “more severe than last or past years”, and “deadly”. One obstacle to achieving higher vaccine uptake identified by the CDC is the accurate view among healthy adults that they are not at high risk of serious complications from the flu. Therefore, it was necessary to create “concern, anxiety, and worry” among this target population.

The larger conundrum for the CDC is the proliferation of information available to the public on the internet and the trend of individuals doing their own research and making their own health decisions. As the presentation bluntly put it, “Health literacy is a growing problem”.

Grassroots Organizations Have ‘More Resources’ to Influence the Public Than the Government and Big Pharma?

Taking the propaganda narrative to its ludicrous extreme, in her Washington Post article, Lena Sun paraphrased Broniatowski as saying that Children’s Health Defense and Stop Mandatory Vaccination have “more resources” than proponents of public vaccine policy.

That patently absurd claim is belied by the authors’ own data, which shows that “pro-vaccine” buyers both bought more ads and collectively had higher budgets. About 96 percent of “anti-vaccine” ads had budgets under $500, and none had budgets over $5,000. The bulk of “pro-vaccine” ads also had budgets under $500 (about 90 percent), but two ran with budgets between $5,000 and $10,000 dollars, and one had a budget between $10,000 and $50,000.

Buyers of “pro-vaccine” ads included local health departments with presumably smaller budgets, but another buyer of numerous ads was the Bill & Melinda Gates Foundation. Furthermore, while the three most costly advertisements were removed for not having a disclaimer and so the buyers
could not be confirmed, based on their content, the ad buyers “appear to have been (1) Trumenba, the pharmaceutical manufacturer of a meningitis B vaccine, and (2) the Centers for Disease Control and Prevention with two ‘HPV Vaccine is Cancer Prevention’ ads.”

Naturally, these government-funded researchers did not criticize Facebook for failing to prevent the CDC from using taxpayers’ money to spread misinformation about the HPV vaccine, but for pulling the ad due to the CDC violating Facebook’s terms of use.

It’s also useful to compare the $1.5 million in NIH funding Sandra Crouse Quinn and her colleagues have received over the years to conduct this and other studies with her acknowledgment in an interview that Children’s Health Defense and Stop Mandatory Vaccination managed to effectively reach relatively large audiences with their messages for just “a few thousand dollars.”

The preposterous characterization of public vaccine policy advocates as a metaphorical David standing up against the Goliath of an “industry” of “anti-vaccine” activists flips reality on its head.

The propaganda narrative becomes all the more ludicrous when looking beyond the scope of Facebook ads. To put things into perspective, it’s useful to also briefly examine the general nature of pharmaceutical advertising in the US.

**FLAGGED AS FALSE**—Despite meticulous research presented in peer-reviewed publications, posts that run counter to the Pharma/CDC party line are increasingly being sidelined by Facebook and other platforms.
A Glimpse into Big Pharma Ad Spending in the US

While the lion’s share of the industry’s marketing dollars has long been spent targeting health care professionals and trade organizations, the amount spent on direct-to-consumer advertising has been on the rise.\(^47\) From 2003 to 2011, for example, the industry’s ad spending directly targeting consumers grew from $59 million to $1 billion.\(^48\) A 2004 study estimated that Americans who watched average amounts of television were exposed to more than 30 hours of pharmaceutical advertisements each year, which far surpassed the average time spent with a primary care physician.\(^49\)

The amount spent on direct-to-consumer advertising is still dwarfed, however, by the amount spent to influence how medical professionals conduct their business. In 2012, the pharmaceutical industry spent over $27 billion on drug promotion, of which about $3 billion was spent directly targeting consumers, mainly through television ads, while over $24 billion was spent on marketing to physicians.\(^50\) That was more spent on marketing than on research into developing safer and more effective means of disease prevention and treatment.\(^51\)

By 2016, spending on direct-to-consumer pharmaceutical advertising had grown to $6 billion, with major beneficiaries including leading broadcast and cable networks such as CBS, ABC, NBC, and CNN. Pharmaceutical ads represented an estimated 8 percent of total ad revenue for the major networks. According to an analysis by the media advertising consulting firm Kantar Media, at least one pharmaceutical ad was featured in at least 72 percent of commercial breaks on the CBS Evening News.\(^52\)

By 2016, spending on direct-to-consumer pharmaceutical advertising had grown to $6 billion, with major beneficiaries including leading broadcast and cable networks such as CBS, ABC, NBC, and CNN. In 2015, more than 70 percent of the industry’s direct-to-consumer ad spending remained in television advertisements, but that has been changing as the pharmaceutical companies have shifted toward online marketing.\(^53\) Top beneficiaries of this shift include the...
In 2016, WebMD’s CEO David Schlangen disclosed that 70 percent of the company’s advertising revenue comes from the biopharma industry. While the year prior, the pharmaceutical industry had spent the relatively small amount of $1.6 billion on online ads, that figure was projected to increase to $2.6 billion by 2019.

Relevantly, Facebook has been aiming to capture a greater share of those pharma ad dollars. To that end, in 2016, the company rolled out a new feature enabling pharmaceutical companies to comply with regulatory restrictions on advertising by showing “important safety information”, or ISI, in a scrolling section featured below the ad. The first company to use this scrolling ISI feature to advertise on Facebook was Bayer, which used it to promote its multiple sclerosis drug Betaseron and associated Betaconnect injector.

To increase its competitiveness with the major television networks for the industry’s ad dollars, in June 2017, Facebook launched its “Facebook Health” initiative by hosting a summit for pharmaceutical marketers. This initiative was reported by CNBC under the headline “Facebook is making a big push this summer to sell ads to drug-makers”. Facebook’s aim was “to unveil tweaks to the ad product, so pharma companies can more easily plug themselves into the platform.” CNBC also noted that Facebook was competing for online ad dollars with Google and Twitter, which had both “hired large teams to work with pharmaceutical companies on ad campaigns.”

As noted in a study on medical marketing in the US published last year in JAMA, the journal of the American Medical Association, the purpose of the pharmaceutical industry’s marketing is “to shape public and clinical perceptions” of their products, and this process “involves a complex interaction involving industry, organizations, and individuals involved in health care.”

A particularly salient example is the industry’s relationship with the American Academy of Pediatrics (AAP), which along with the CDC greatly influences how pediatricians practice medicine. As CBS News reported in 2008, “The vaccine industry gives millions to the Academy of Pediatrics for conferences, grants, medical education
classes and even helped build their headquarters.”

As the *JAMA* study observed, the industry spent nearly $30 billion in marketing in 2016, predominantly to target medical professionals, including through ads in peer-reviewed medical journals and direct-to-physician payments such as speaker fees and sponsored educational events. “Gifts such as travel, lodging, and meals also appear to stimulate physicians to prescribe the promoted drug”, the study’s authors noted.

As an example, they pointed out that the manufacturer of the opioid drug Oxycontin, Purdue Pharma, between 1996 and 2001 sponsored more than 20,000 pain education programs and paid more than 5,000 physicians, pharmacists, and nurses to attend conferences, while prescriptions and deaths from opioid drugs “quadrupled from 2000 to 2015.”

The approximately $6 billion spent by the industry on direct-to-consumer advertising included $218 million on what the authors categorized as “Immunology”, such as ads for Pfizer’s Prevnar pneumococcal vaccine, Pfizer’s Trumenba meningococcal vaccine, and Merck’s Gardasil HPV vaccine. Merck spent $66 million in 2012 advertising its Zostavax shingles vaccine to consumers.

From 1997 to 2016, as a result of 103 settlements, the industry paid out over $11 billion in “financial penalties for unlawful promotion” of their products—perhaps the most striking results of the study. In 2009, the Institute of Medicine had issued a report that “identified widespread financial conflicts of interest across medical research, education, and practice” and “highlighted that extensive industry influence may be jeopardizing the integrity of scientific investigations, the objectivity of medical education, and quality of care.”

Naturally, the authors of the Vaccine industry gives millions to the Academy of Pediatrics for conferences, grants, medical education classes and even helped build their headquarters.

From 1997 to 2016, as a result of 103 settlements, the industry paid out over $11 billion in financial penalties for unlawful promotion” of their products.

As editor-in-chief of The Lancet, Richard Horton has commented, “Journals have devolved into information-laundering operations for the pharmaceutical industry.”
patient care, and the public’s trust in medicine.”

In the US, “almost 60% of medical research is industry funded”, and it’s been “shown repeatedly that published outcomes of industry sponsored studies tend to favour sponsors’ products, creating a ‘sponsorship bias’ in the evidence base that overplays benefits and underplays harms.”

Of course, while the authors don’t mention it, government funding is no different as scientists willing to produce results that align with public policy goals are more likely to receive money expropriated by the government from the public for redistribution according to the whims of policymakers—such as the professional propagandists masquerading as scientists who authored the Vaccine study advocating censorship and rejecting the right to informed consent when it comes to vaccination.

“To make matters worse,” the authors of the BMJ study did acknowledge, “regulatory agencies that evaluate research evidence—including the European Medicines Agency and the US Food and Drug Administration—also have financial conflicts of interest as they rely on funding from companies whose products they are evaluating.”

Noting that an association had been found between marketing payments by opioid makers to 67,000 doctors and an increase in opioid prescribing and higher rates of death, they also remarked that “Clinical guidelines, which recommend treatments and can expand disease definitions, are often produced by professional associations and written by people with financial ties to interested companies and can potentially drive overuse and overdiagnosis.”

To help resolve these problems within the medical establishment, the authors proposed several ways to ensure greater financial independence from the pharmaceutical industry’s interests, including for the government to “require independent production of evidence used for healthcare decision making” and to “require that public healthcare organisations, including regulatory and health technology assessment agencies, receive no funding and that their advisers have no financial relationships with industry”—proposals that, if implemented, would mean the end of the FDA drug and vaccine approval process as we know it.

Fortunately, as the authors also highlighted, there are some reasons for optimism that this worrying situation might be starting to shift. The BMJ has finally made it editorial policy to declare all pharmaceutical industry revenues, and some journals, such as PLOS Medicine, have ceased accepting pharma ad dollars altogether.

Of course, in addition to the conflicts of interest rife within the medical establishment and the industry’s marketing to health care professionals and consumers, there is also the fact that Big Pharma spends millions of dollars lobbying lawmakers in Washington, DC. As the website Pharmaceutical Technology reported in early 2018, the trade group Pharmaceutical Research and Manufacturers of America (PhRMA), which “represents the country’s major biopharmaceutical researchers and biotechnology companies”, spent $25.4 million lobbying Congress in 2017.

And yet, we’re supposed to believe that grassroots organizations like
Children’s Health Defense have “more resources” to spread their message than proponents of public vaccine policy. And when it comes to this particular pharmaceutical product, to suggest that corruption, conflicts of interests, and fraud exists within the government and medical establishment is to promote “conspiracy theories”, as far as the dutifully thought-controlling mainstream media are concerned.

**POST-SCHIFF SYNDROME** — After Congressman Adam Schiff wrote a letter to Facebook calling for censorship of vaccine content, the ability to advertise posts was made increasingly difficult and then impossible.
The Growing Threat of Censorship

The Vaccine study equating advocacy of the right to informed consent with propagation of “misinformation” is an alarming reflection of the efforts underway to censor inconvenient truths about vaccines.

In February 2019, Congressman Adam Schiff sent letters to Facebook CEO Mark Zuckerberg, Google CEO Sundar Pichai, and Amazon CEO Jeffrey Bezos (who also employs Lena Sun as the owner of the Washington Post) to encourage these companies to do more to prevent their website visitors from being exposed to what he called “misinformation”. But, like the authors of the Vaccine study, he fallaciously used the term “anti-vaccine” synonymously with “medically inaccurate information about vaccines” and euphemistically used the term “misinformation” to mean any information—regardless of how scientifically accurate—that, if seen by concerned parents, “could cause them to disregard the advice of their children’s physicians and public health experts and decline to follow the recommended vaccination schedule.”

In contrast to the disingenuous attitudes of Schiff and the Vaccine study authors, the truth about the matter was acknowledged on December 3, 2019, at the World Health Organization’s Global Vaccine Summit by Professor Heidi Larson, who is the Director of the London School of Hygiene & Tropical Medicine’s Vaccine Confidence Project, which is dedicated to understanding the reasons why many parents choose not to strictly comply with public vaccine policy and to developing communication strategies to persuade them to do so.
Speaking to the assembled scientists and WHO officials, Larson directly addressed the issue of alleged “misinformation” being shared on social media and how social media companies have come under pressure to stop it from spreading. “They have a lot of fingers pointing at them to fix the misinformation problem,” she said. “But it’s not so simple. One—the biggest—problem is that a lot of it’s not misinformation.”

In 1984, the FDA commented in the Federal Register about policymakers’ continued recommendation for the use of the live oral polio virus vaccine, which was the cause of every domestic case of paralytic polio occurring in the US after 1979. Even though the risk of becoming paralyzed from the vaccine strain virus had by then become greater than from the wild virus, and despite the existence of an alternative inactivated poliovirus vaccine, the FDA defended existing policy by declaring that “any possible doubts, whether or not well founded, about the safety of the vaccine cannot be allowed to exist in view of the need to assure that the vaccine will continue to be used to the maximum extent consistent with the nation’s public health objectives.”

That is precisely the same attitude we are witnessing today with calls from public vaccine policy apologists to censor any information that doesn’t produce the desired behavior among the populace. Then as now, policymakers have elevated the goal of sustaining or increasing vaccination rates for an ever-increasing number of vaccines over the goal of achieving good public health by empowering individuals with the knowledge they need to be able to make informed choices.

In May 2019, Facebook no longer allowed Children’s Health Defense to run any ads, boost any articles or accept donations through their platform. In March 2020, Children’s Health Defense was “deplatformed” without warning from MailChimp, which stopped their ability to email followers due to “violating MailChimp rules.” MailChimp offered no explanation for what terms Children’s Health Defense had violated, but MailChimp had in June 2019 announced its intention to prohibit “anti-vaccine” content. Bots have attempted to crash CHD’s website twice. Facebook has continued to “shadow-ban” CHD and other like-minded organizations, resulting in posts not reaching followers. Often articles and videos are deleted from the platform altogether. Twitter, YouTube, Pinterest, Medium and other platforms have similar banning behaviors often citing “misinformation.” Citizens have now reached the place in our history where information alerting the public to the wrong-doings of government is deemed “misinformation.” But who is deciding what “misinformation” is? What are their conflicts? Is this the world we want?

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44 Sun, “Majority of anti-vaccine ads on Facebook were funded by two groups”. Jamison et al.


51 Ana Swanson, “Big pharmaceutical companies are spending far more on marketing than research”, Washington Post, February 11, 2015, https://www.washingtonpost.com/news/work/wp/2015/02/11/big-pharmaceutical-companies-are-spending-far-more-on-marketing-than-research/.


62 Schwartz and Woloshin.


