Vaccine Safety Project

VIDEO TRANSCRIPT

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Introduction

Hi, I'm Robert F. Kennedy, Jr. and I'm the Chairman of the Children's Health Defense and I made this video primer because in a dozen states across America today, state legislatures and governors are considering passing vaccine mandates and the facts in this video are facts that every political leader who's trying to decide whether to vote for or against those mandates ought to understand.

I want to start by saying that I am fiercely pro-vaccine. I had all six of my children vaccinated. I believe that vaccines have saved millions of lives.

But I want vaccines that are as safe as possible, I want science that is robust and I want to make sure that we have a regulatory agency that has unquestioned integrity and freedom of conflicts of interest and we don't have those things today.

The vaccine ingredient that got me involved in this controversy was thimerosal, which of course is a mercury-based preservative that is still in 48 million flu shots annually.

One of the characteristics of mercury is that it tends to injure boys instead of girls or over girls. Science indicates the reason for that is because testosterone tends to amplify the neurotoxic impacts of the mercury molecule and estrogen tends to wrap that molecule and protect the female brain.

This video indicates some of the human impacts of the continued use of thimerosal in American flu shots.

Trace Amounts Excerpt

I was six and a half months pregnant with twins, a boy and a girl. I went in for a routine exam and at the end of the exam, as I was about to leave, my doctor said, "You know, I really would like you to stop "by the nurse's station and get a flu shot." Against my better judgment, I went ahead and let them give me the shot.

Within five to six hours after the shot, I started getting severe cramps and bleeding. I immediately went back to the hospital where my doctor was and he said, "You are having a miscarriage."

I lost my son and my daughter ended up, at 18 months, diagnosed with severe autism. She regressed in my womb. I had her baby teeth analyzed and baby teeth form in the womb, her baby teeth had tons of mercury in them.

My doctor was so horrified by what happened, he said, "I'm not giving any more flu shots "to pregnant women."

- Any toxicologist will tell you that if you inject mercury or aluminum into a little baby, or a child, or a pregnant woman, there's going to be bad consequences including neurodevelopmental damages.

I. Who is Responsible?

But my question was, how did those neurotoxic elements get into our vaccine supply? What kind of testing was done? The answers to that investigation were shocking to me and I believe that they will be shocking to any pediatrician, any public health regulator, and any politician who is now considering vaccine I'm going to start by talking about this study that was published in February of 2017, of this year.

One of the leaders of the team is Dr. Peter Aaby.

Dr. Aaby is one of the world's foremost authorities on vaccines, particularly vaccines in Africa.

This study was a study of the DTP vaccine, diphtheria, tetanus, and pertussis, the most popular vaccine in the world and a vaccine that's given to virtually every vaccinated child in Africa.

Because of a quirk in the way that the vaccines were administered in the nation of Guinea-Bissau, it allowed Dr. Aaby and his team to do the kind of study vaccine safety advocates in this country have advocated for many, many years.

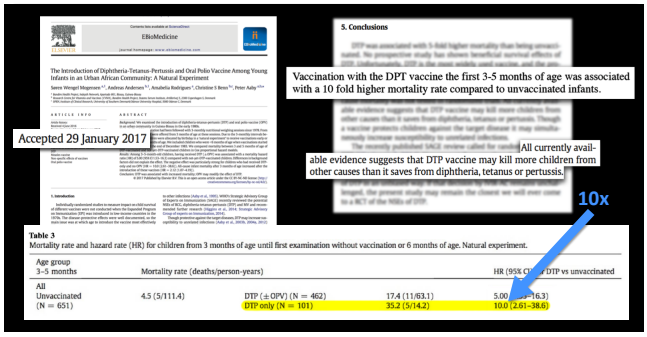
It is a vaccinated versus unvaccinated study and what they found was the vaccinated children had 10 times the death rate of unvaccinated children.

But the things that the vaccinated children were dying of, were things you would never associate with vaccines.

What the scientists concluded was that the vaccine, while it was protecting children from diphtheria, tetanus, and pertussis, had wrecked their immune system so that they were dying of these unrelated illnesses.

And here's what they concluded,

"All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis."



This is rather shocking. The interesting thing and the frightening thing about this study is that this was data that was 30 years old. Nobody noticed that this vaccine had been killing times the amount of kids.

And the relevant question for us, this study begs, is there a surveillance system in this country that would send off an alarm if the same thing was happening here from our current vaccine program? Or is there a safety testing program that would assure that this can't happen? And the answer, I'm about to show you, is no.

I'm going to start with this slide, and this slide shows a short list of vaccine adverse events. In other words, these are injuries that are acknowledged by the government and by the manufacturer to be caused by vaccines.

How do we know that? Well, this first list are injuries that have been compensated by the Vaccine Court. So the courts have decided yes, your injury was caused by the vaccine and we are going to pay you money for that.

Short list of Vaccine Adverse Events
(Compensated in Vaccine Court or Listed on Vaccine Inserts)

- Guillain-Barre Syndrome (GBS)
- Transverse Myelitis
- Encephalopathy
- Seizure Disorder
- Death
- Brachial Neuritis
- Acute Disseminated Encephalomyelitis
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Bell's Palsy
- Idiopathic Thrombocytopenic Purpura (ITP)
- Rheumatoid Arthritis
- Multiple Sclerosis (MS)
- Fibromyalgia
- Infantile Spasms
- Anaphylaxis
- Ocular Myasthenia Gravis
- Hypoxic Seizure

(Listed on Vaccine Inserts)

- Autoimmune Diseases
- Food Allergies
- Asthma
- Eczema
- Juvenile Diabetes
- Rheumatoid Arthritis
- Tics
- ADD
- ADHD
- Speech Delay
- Neurodevelopmental Disorder
- Autism
- SIDS
- Narcolepsy
- Seizure Disorder
- Epilepsy
- Multiple Sclerosis
- Tourette's

These include autoimmune diseases, encephalopathy, that is brain damage, seizure disorder, death. Below is another list that really overlaps with the top list.

These are the injuries that the manufacturer is saying, "These could be caused by our vaccine." And they include autoimmune diseases, asthma, eczema, juvenile diabetes.

Now look at this, according to CDC one in six children now has a developmental disorder. The same injuries associated with vaccines.

According to the CDC
1 in 6 children has a developmental disability*

- ADHD
- Autism
- Intellectual Disabilities
- Learning Disabilities
- Hearing Loss
- Developmental Delays

*Source: cdc.gov/ncbddd/developmentaldisabilities/specificconditions.html

According to HHS Funded Publication
54% of children have chronic illnesses†

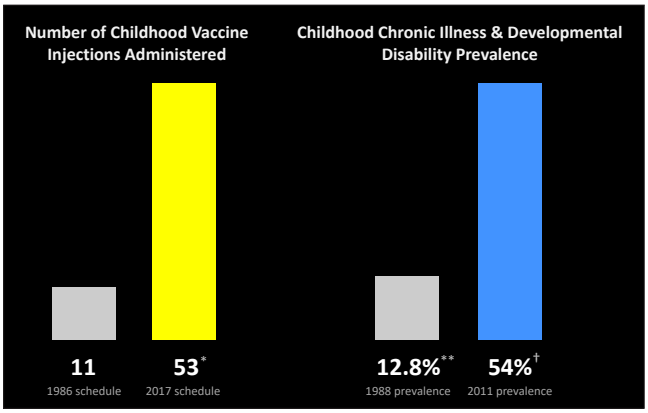
- Obesity
- Risk of Developmental Delay
- Environmental Allergies
- Learning Disability
- Asthma
- ADD/ADHD
- Chronic Ear Infections
- Behavior Problems
- Migraines
- Speech Problems
- Hearing Loss
- 12 others not listed

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

This is an epidemic. And according to HHS, it gets worse. 54% of children have some kind of chronic illness.

In 1986, Congress passed the Vaccine Act and gave blanket immunity to vaccine companies for injuries caused by vaccines. And for some of these new vac-

cines, they can make up to a billion dollars a year in profits or even more.



* Assuming maximum universally recommended vaccines per CDC schedule. ** Cleave et. al, 2010, Dynamics of Obesity and Chronic Health Conditions Among Children and Youth, JAMA. †Bethel et. al, 2011, A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations, Academic Pediatrics.

This is what happened, in 1986 there were 11 vaccines on the schedule, but today there are 53 jabs.

Look what happened at the same time, in 1988 only 12.8% of kids had chronic disease, today 54%. So the rise was coterminous with the expansion of the vaccine schedule.

Question one, who is responsible then for vaccine safety? In every other sector in this country, it's the manufacturer and distributor of the product who is responsible for safety.

With an automobile, it would be the automobile manufacturer, with a drug like Phen-fen or Vioxx, when those drugs were found to be unsafe, the company was responsible.

And, of course, that responsibility and that liability keeps the company concerned and focused on safety.

> By 1986: "The litigation costs associated with claims of damage from vaccines had forced several companies to end their vaccine research and development programs as well as to stop producing already licensed vaccines."
>
> (Source: IOM)

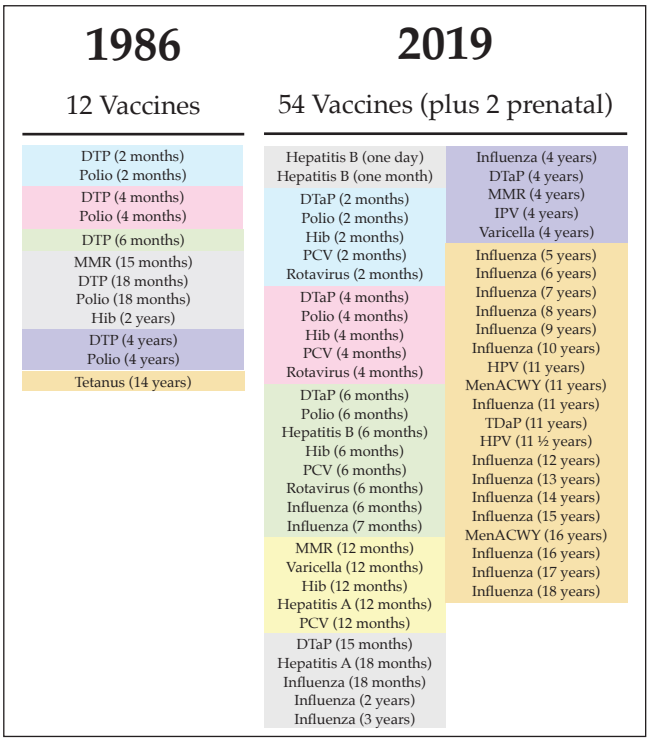
So this is the language of the Vaccine Act, "No person may bring a civil action against any vaccine "administrator or manufacturer in a State or Federal court "for damages arising from a "vaccine-related injury and death." So no matter how sloppy the line protocols, no matter how dangerous the ingredient, no matter how grievous the injury to your child, you can't sue the manufacturer for an injury caused by vaccines.

> "No person may bring a civil action… against a vaccine administrator or manufacturer in a State or Federal court for damages arising from a vaccine-related injury or death."
>
> (42 U.S.C. § 300aa-11)

So what are the consequences to having the only consumer product in America that's completely liability-free? First of all, there's no incentive among manufacturers to conduct safety studies.

In fact, there's a disincentive because there's a provision in the Vaccine Act that says essentially that the only way that a manufacturer can be liable is if they know of a side effect from that vaccine and they fail to warn. So their incentive is to do everything that they can to not learn of any side effects.

That's one consequence. The second is that there's a liability-free market of 74 million American children.

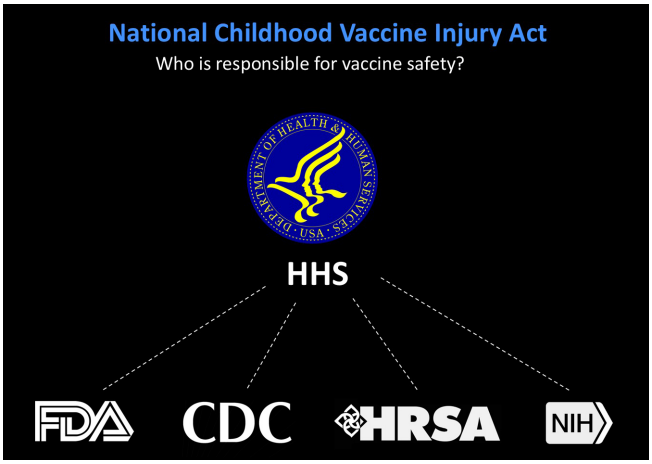


The third is that there is a very strong incentive to develop more and more and more vaccines because the profits are so enormous and the costs are almost nothing.

Here are the results in detail, 11 vaccines in 1986. Fifty-three vaccines that our children are being given today under the schedule, and here's the future: 270 vaccines that are already in the pipeline.

Thousands of clinical trials that are developing new vaccines for the industry and a vaccine industry that is projecting vaccines as a $90 billion profit center over the next few years.

So, if the manufacturers have been lifted of any responsibility for vaccine



safety, well, who's responsible?

Well, the Vaccine Act did not want to leave a vacuum. So it said that HHS is responsible, Health and Human Services Department and that specifically FDA, CDC, NIH and HRSA would be the agencies responsible. There's two stages before a vaccine comes to market.

First, the FDA has to license the vaccine. Then CDC has to add it to the schedule. The FDA is the agency that is in charge of the initial step of licensing the vaccine, and here's what FDA says that it does.

It says, "Vaccines undergo rigorous and extensive testing "to determine their safety." Is that true? Let's see. Let's first look at what FDA requires for regular drugs.

Now, for most other drugs, the safety testing is, indeed, rigorous and that kind of testing takes several thousand people who are given the drug and then the same number of people who, usually similarly situated people, who are given a pill that looks exactly like that drug but it's inert and neither the researchers nor the patients know which ones got the saline drug and which ones got the real drug, so it's double blind.

Then the researchers look at both of those groups for typically five years and they look at health outcomes and that's how they figure out whether or not the drug is safe.

For example, with Lipitor the safety review period was 4.8 years and the placebo group received a sugar pill that looked exactly like a Lipitor pill.

With Enbrel, which is another prescription drug, the safety review period was 6.6 years, and the placebo group was a saline injection.

National Childhood Vaccine Injury Act

42 USC § 300aa-2. Program responsibilities

(1) Vaccine research. …**research carried out in or through [NIH, CDC, FDA]… to prevent adverse reactions to vaccines.**

(2) Vaccine development. The Director… shall …coordinate and provide direction for activities carried out in or through [NIH, FDA] **to develop the techniques needed to produce safe and effective vaccines.**

(3) Safety and efficacy testing of vaccines. …**safety and efficacy testing of vaccines carried out in or through [NIH, CDC, FDA].**

Evaluating the need for and the effectiveness and adverse effects of vaccines and immunization activities. The Director… shall … coordinate and provide direction to [NIH, CDC, FDA, and other agencies]… in **monitoring… adverse effects of vaccines and immunization activities.**

42 USC § 300aa-27. Mandate for safer childhood vaccines

(a) General rule. … the Secretary shall—

(1) promote the development of childhood vaccines that result in fewer and less serious adverse reactions…, and

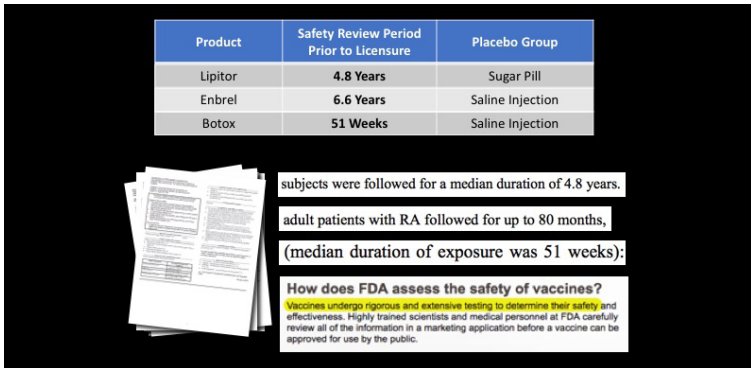
(2) make or assure improvements in… the licensing, manufacturing, processing, testing, …field surveillance, adverse reaction reporting… and research on vaccines, in order to reduce the risks of adverse reactions to vaccines.

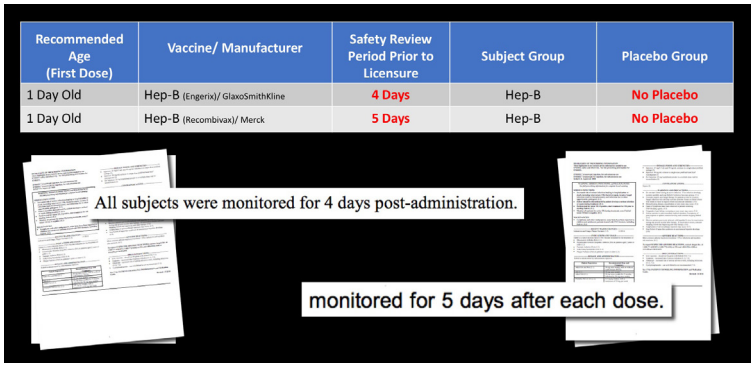
(b) Task force.

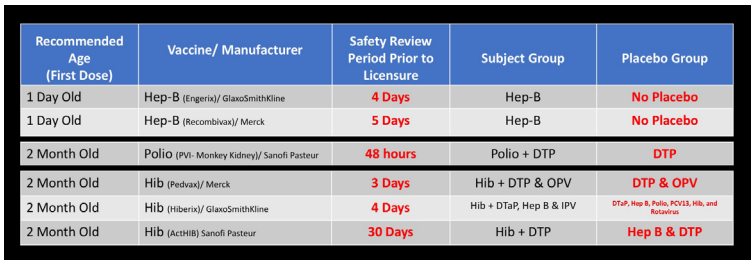
(1) The Secretary shall establish a task force on safer childhood vaccines which shall consist of the Director of [NIH, FDA, and CDC].

(2) The Director of the National Institutes of Health shall serve as chairman of the task force.

(3) …the task force shall prepare recommendations to the Secretary concerning implementation of the requirements of subsection (a).







1986 Act: Vaccine Adverse Events Reporting System (VAERS)

In 2016, VAERS received 59,117 reports including:

43,200 ~~432~~ deaths,

109,100 ~~1,091~~ permanent disabilities,

413,200 ~~4,132~~ hospitalizations, and

1,028,400 ~~10,284~~ emergency room visits

"fewer than 1% of adverse events are reported"

(Source: healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

But look what they do with vaccines.

Vaccines are characterized by FDA not as drugs, but as biologics, and that gives FDA the capacity to fast track them without all of that rigorous and bothersome testing.

These are the two hepatitis B vaccines that are the only two that are approved for one day old children. So these vaccines are given to virtually every child that's born in this country in a hospital today.

Here was the safety review period, four days. That means if baby had a seizure and died on the fifth day, it never happened, it wouldn't ever be reported, no one will ever know because they only look at them for four days.

This one got five days. And then, look at this, there was no placebo.

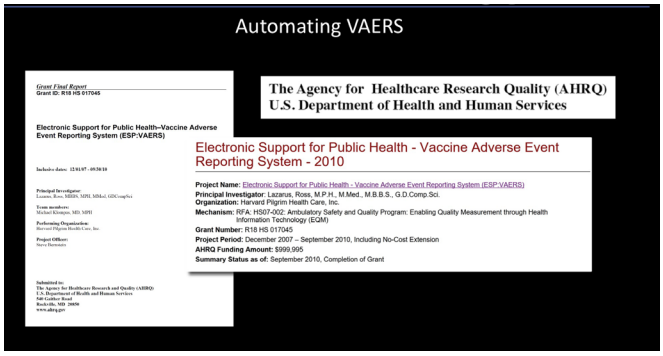
So what are they measuring it against? How do they even tell whether the test group had an unusual number of illnesses unless there's a placebo group to test them against? Of course they can't, it's not real safety science.

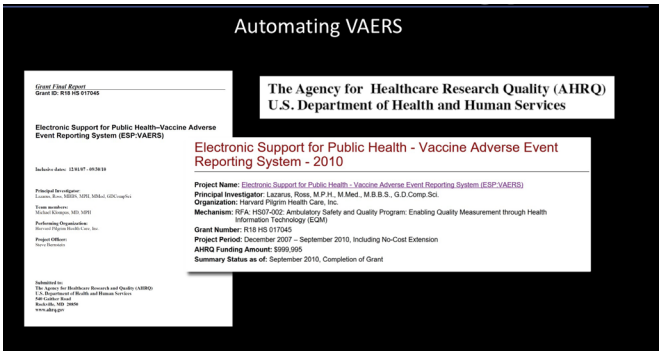
Yet, this is the only testing these vaccines received, so whoever approved these vaccines was not making an evidence-based decision. They were making a decision based upon something else.

Here's the polio vaccine for two-month-old children, the safety review was 48 hours. Look at the placebo group, they tested against the DTP vaccine.

This is the vaccine that was causing so many injuries that it caused Congress to pass the Vaccine Act because manufacturers were saying, "We're getting sued so much that we're going to "go out of business." That's not real science. That's not a placebo, that's what we call a spiked placebo. A placebo where you're using something toxic.

Here's some more examples, these are the Hib vaccines. And here are the safety review periods.





Source: healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

This got the longest one, the Sanofi Pasteur version got 30 days, the others got four days and three days respectively. But look what they were tested against, not a placebo. This one was tested against six vaccines at the same time.

That's not going to tell you anything about the safety of this vaccine prior to licensing, which means that the only thing that we're left with to determine whether vaccines are safe or not are post-licensing surveillance studies.

And what I'm going to show you is that the post-licensing surveillance is next to worthless.

The central mechanism for post-licensing vaccine safety surveillance is called the VAERS system, the Vaccine Adverse Events Reporting System.

VAERS last year alone said that 59,117 Americans were injured by vaccines and that doesn't tell the whole story. According to HHS, this number represents fewer than 1% of adverse events which are reported.

What would it look like if we were actually capturing all vaccine injuries? According to HHS's own calculations, it would be close to six million Americans injured by vaccines every year. And in 2010, the HHS actually commissioned a study that confirmed these astronomical levels of vaccine injury.

The HHS wanted to determine whether or not it was feasible to automate the VAERS system, so they hired an outside consulting group who came in and automated a system for one of the HMOs.

What they found, when they looked at how many people were actually getting injured, a true number, not reported by volunteers, but taken from medical records, of 376,452 individuals who were vaccinated, 35,000 of them had some kind of adverse reaction. That's one in ten.

That's very, very far from the one in a million number that the industry commonly uses when it talks about vaccine injury.

And it's a number that most public health officials and most Americans would consider completely unacceptable.

What happened to this system? Did HHS and CDC say, "This is science "that the public needs to know about, "so that we can ensure the safety of the vaccine supply?" No, they did the opposite. They literally stopped answering the phone calls for those consultants.

The consultant says, "Unfortunately, there was never 'an opportunity to perform system performance assessments' because the necessary CDC 'contacts were no longer available.'" So, instead of expanding the system nationwide, they shut it down.

They simply stopped answering the phone. These consultants had bad news and they didn't want to hear it.

Understandably there's going to be a lot of people out there who are going to want to dismiss what Robert F. Kennedy, Jr. says about the adequacy or inadequacy of vaccine safety science at HHS.

But it's not just me saying that, this is what the Institute of Medicine says about vaccine safety science at HHS. The Institute of Medicine, IOM, top scientists in the country, who are brought together to review the vaccine safety science at HHS.

This is their job, these are very prestigious individuals and they're paid for by the Federal government.

Here's what IOM says, in 1991, IOM reviewed a single vaccine, the DTP vaccine They found that there were 22 injuries or diseases that had been reported to be caused by that vaccine.

Of those 22, the existing literature, the scientific literature, supported causation in six of them. Existing literature acknowledged that six of those diseases were, in fact, caused by the DTP.

With four of those diseases, the literature rejected causation. But look at this number, with 12 of those diseases, there was no literature. It had never been studied.

And what kind of disease are we talking about? Meningitis, neurological damage, learning disabilities, and autoimmune diseases.

Because of the lack of science, they were handicapped in being able to make any kind of assessment about whether this vaccine was dangerous or safe.

So that was 1991, but look what happened three years later.

In 1994, IOM came back and looked at four other vaccines, they found that there were 54 illnesses that had been reported to be associated with those vaccines.

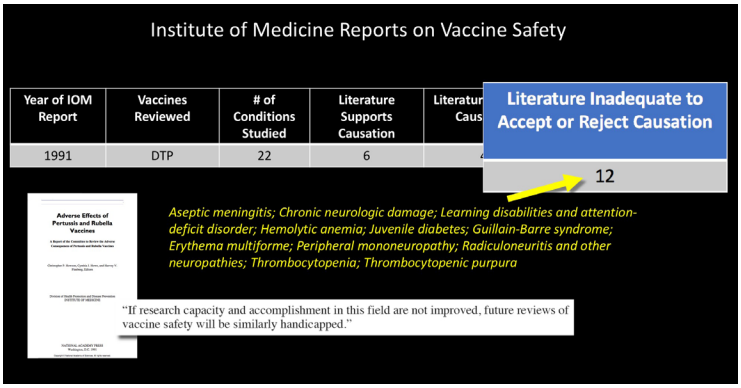
But for 38, there was no literature. It simply had never been studied.

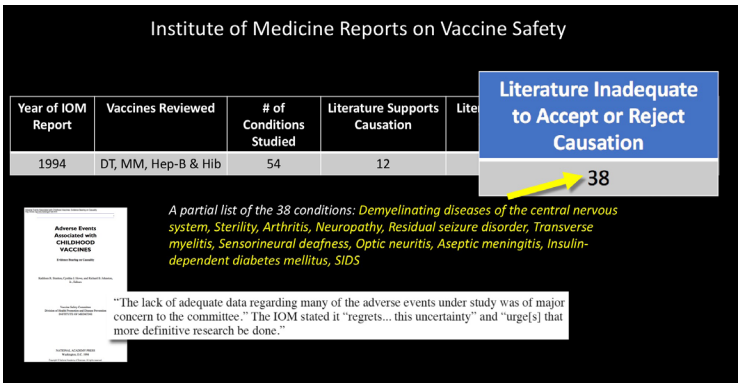
So, the IOM here is saying, "We don't have "the ability to assess the safety of vaccines "because the science simply doesn't exist." 17 years later, in 2011, IOM came back again. This time they reviewed four other vaccines, 155 conditions were reported.

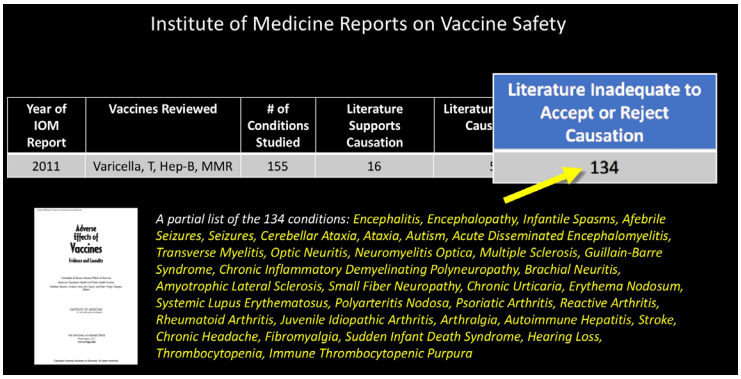
For 134 we don't know, and nobody knows, if the vaccines are causing that epidemic because we don't have the science to reject that hypothesis.

IOM's report was extensive and it was a 700-page report and I selected this because this deals with an injury that we've all heard about and that there's a lot of controversy about, which is autism.

This page was looking at whether the DTP vaccine can cause autism.







And what they found at the end of that is that, the evidence is inadequate to accept or reject a causal relationship between DTP and autism.

So what they're saying here is that they couldn't find any study of the relationship between DTP and autism, but in fact, they acknowledge in the first paragraph, they did find that there was one study out there, but that study found that DTP does cause autism.

But IOM decided to reject that study because it provided data from a passive surveillance system and lacked an unvaccinated comparison population.

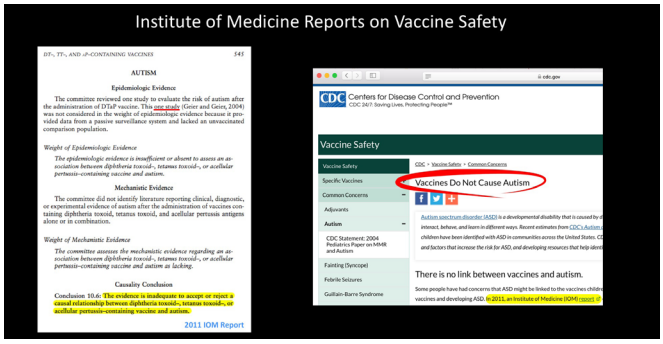
Well, that system that it relied on, was the VAERS system. It's HHS's own system.

What IOM is saying here is HHS is so slovenly and reckless at gathering data on vaccine safety that we cannot use the one system that they have because it's so unreliable.

So what does CDC do with this information? Do they come clean with the American public? Does it say to the American public, "We need to do our job.

"We need to go out and commission these studies "and find out whether there are any associations "between DTaP vaccine and autism?" No, this is what they do.

This is CDC's website: Vaccines do not cause autism.



And what does it cite? A 2011 Institute of Medicine study, this study.

CDC is counting on the fact that nobody is going to go out and read the 700-page report that it's citing there and find out that's not what the report says at all.

This is a lie. Now I want you to watch a 2008 interview with Dr. Bernadine Healy who was the former head of NIH.

- This is the time when we do have the opportunity to understand whether or not there are susceptible children, perhaps genetically, perhaps they have a metabolic issue, mitochondrial disorder, immunological issue, that makes them more susceptible to vaccines plural, or to one particular vaccine, or to a component of vaccine like mercury.

So we now, in these times, have to I think take another look at that hypothesis, not deny it.And I think we have the tools today that we didn't have 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.

Vaccine Ingredients (Partial List)

α-tocopheryl hydrogen succinate
β-propiolactone
2-phenoxyethanol
aluminum hydroxide
aluminum phosphate
aluminum salts
amino acids
aminoglycoside
ammonium sulfate
amorphous aluminum hydroxyphosphate sulfate
baculovirus and cellular DNA
beta-propiolactone
bovine serum albumin
calcium carbonate
calcium chloride
calf bovine serum
Canine Kidney (MDCK) cell protein
casamino acids
cetyltrimethlyammonium bromide
chick embryo cell culture
CMRL 1969 medium with calf serum
complex fermentation media
CRM197 carrier protein
dibasic sodium phosphate
dimethyl-beta-cyclodextrin
disodium phosphate dihydrate
DNA
Dulbecco's Modified Eagle Medium
EDTA (Ethylenediaminetetraacetic acid)
egg protein
ferric (III) nitrate
fetal bovine serum
formaldehyde
formalin
Frozen human embryonic lung cell cultures
glutamate
glutaraldehyde
guinea pig cell cultures
human diploid cell cultures (MRC-5) & (WI-38)
hydrolyzed gelatin
L-250 glutamine
L-histidine
L-tyrosine
lactalbumin hydrolysate
lactose
lipids
M-199 without calf bovine serum
magnesium sulfate
MDCK cell DNA
Medium 199 without calf serum
modified Latham medium derived from bovine casein
modified Mueller and Miller medium
modified Mueller-Miller casamino acid medium
monkey kidney cells
monobasic potassium phosphate
monobasic sodium phosphate
monosodium L-glutamate
MRC-5 cells (a line of normal human diploid cells)
MRC-5 diploid fibroblasts
neomycin sulfate
non-viral protein
nonylphenol ethoxylate
octylphenol ethoxylate (Triton X-100)
ovalbumin
phenol
phenoxyethanol
phosphate buffer
phosphate-buffered saline solution
polymyxin B sulfate
polysorbate 20
polysorbate 80
Porcine circovirus type 1
potassium aluminum sulfate
potassium chloride
potassium phosphate monobasic
potassium phosphate potassium chloride
recombinant human albumin
sodium bicarbonate
sodium borate
sodium chloride
sodium citrate
sodium deoxycholate
sodium dihydrogen phosphate dihydrate
sodium hydrogenocarbonate
sodium hydroxide
sodium phosphate
sodium phosphate dibasic
sodium phosphate monobasic monohydrate
sodium phosphate buffered isotonic sodium chloride solution
sodium pyruvate
sodium taurodeoxycholate
sorbitol
soy peptone
Spodoptera frugiperda cell proteins
Stainer-Scholte medium
streptomycin
succinate buffer
synthetic medium
thimerosal
Triton X-100
urea
VERO cells
vero cells (a continuous line of monkey kidney cells)
WI-38 human diploid lung fibroblasts
xanthan
yeast extract-based medium
yeast protein

What a susceptible group will tell us is that maybe there is a group of individuals, or a group of children, that shouldn't have a particular vaccine or shouldn't have vaccine on the same schedule.

I do not believe that, if we identified a susceptibility group, if we identified a particular risk factor for vaccines, or if we found out that maybe they should be spread out a little longer, I do not believe that the public would lose faith in vaccines.

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." So I think the public

would respect that. 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 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.

The reason why they didn't want to look for those susceptibility groups was because they're afraid that if they found them, however big or small they were, that would scare the public away.

Reporter: It sounds like you don't think the hypothesis of a link between vaccines and autism is completely irrational.

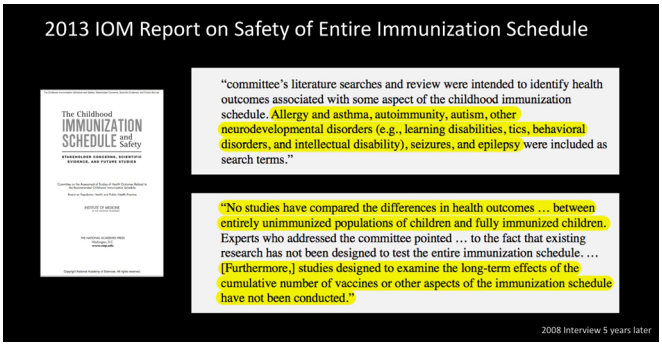
Healy: So when I first heard about it, I thought that doesn't make sense to me.

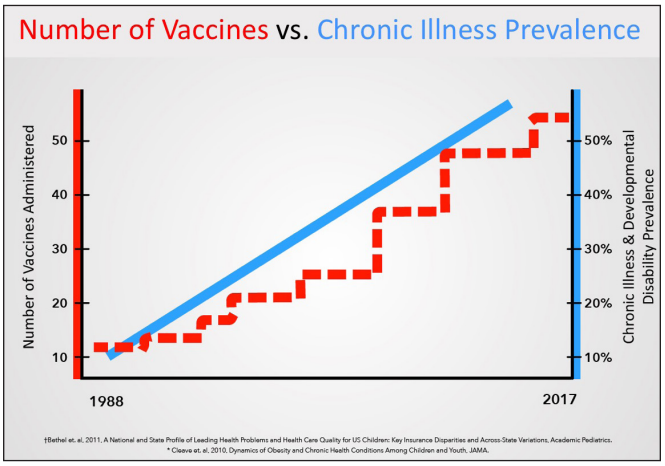
The more you delve into it, if you look at the basic science, if you look at the research that's been done on animals, if you also look at some of these individual cases and if you look at the evidence that there is no link, what I come away with is the question has not been answered.

So as you just heard, Dr. Healy's central point is that, if we really want to know the safety profile of individual vaccines and the vaccine schedule, there's one study that we need in order to do that.

That is a vaccinated versus unvaccinated study.

But despite Dr. Healy's call for that in 2008, by 2013 the Institute of Medicine found that studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have never been conducted.





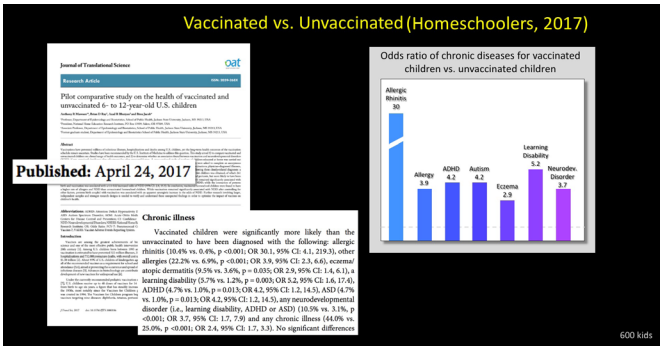
The good news is that CDC has the database with a capacity to do that study.

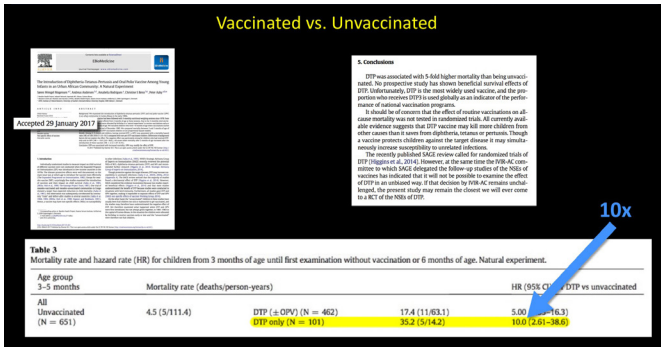
The CDC's Vaccine Safety Datalink has the health records and the vaccination records of 10 million people including hundreds of thousands of children.

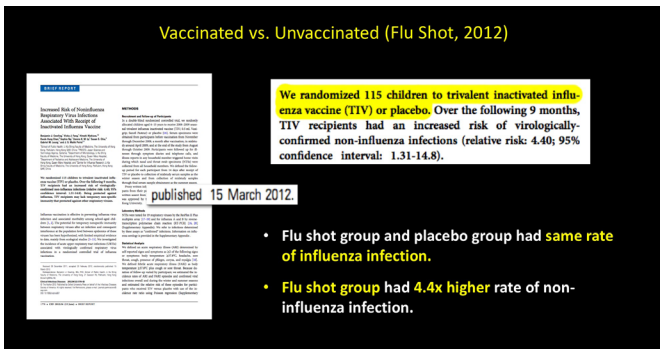
In 2011, IOM said, "It is possible to make this comparison "through analysis of patient information contained "in large databases such as the VSD." And why is the CDC not conducting these obvious kind of studies? Well, maybe it's because they don't like the results when those kind of studies are conducted.

For example, in the African study that I opened this presentation with, where vaccinated kids had 10 times the death rate of unvaccinated kids, or this study that was done in April of this year, and it's a study of about 700 homeschool kids ages 6 to 12.

The study found that the vaccinated children had less chicken pox and less pertussis, but that they had 30 times the levels of allergic rhinitis as unvaccinated children. 3.9 times the allergies. ADD 4.2 times. Autism 4.2 times.







This study that was published in 2012, which was a randomized study that compared children who received placebo to those who received a flu shot. What they found was that the flu shot group and the placebo group, had the same rate of flu infections.

But again, the flu shot group had 4.4 times higher rate of non-influenza infection So the flu shot was not giving the children protection against the flu, but it was influencing in a bad way, their immune systems to make them much more vulnerable to other illnesses.

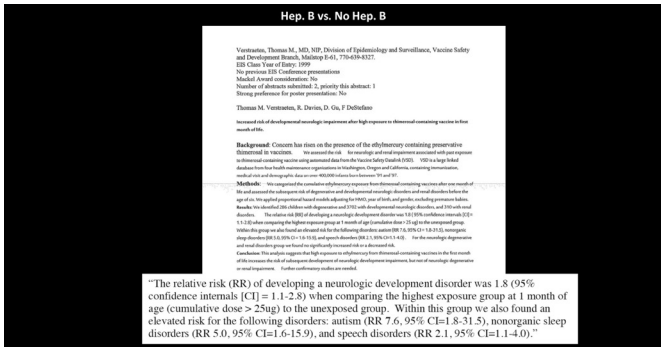
This is a CDC study done in 1999 secretly of its own vaccine safety database. What they found was astonishing.

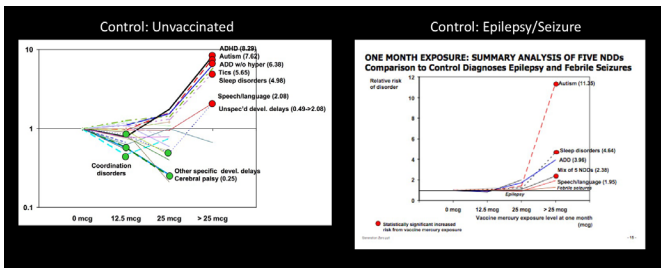
It looked at children who had received thimerosal vaccines and compared those to children who had not and what they found was that kids who had received the thimerosal vaccine had 1100% greater risk of receiving an autism diagnosis.

For comparison, smoking one pack of cigarettes a day for 20 years will create a relative risk of for lung cancer. This was 11.35.

CDC never published this version of the study, never let the public know about these risks and effectively closed the vaccine safety database to almost any independent researcher.

Now that study was known as the Verstraeten study and after that study came out, CDC panicked and began producing numerous studies in-house.





Those studies are almost all epidemiological studies and in my line of business, which is environmental law, epidemiological studies are regarded as the weakest form of studies.

We have an old saying that says, "Statistics don't lie, "but statisticians do." You could make an epidemiological study that proves, for example, that sex doesn't make you pregnant. How do you do that? You get rid of all the pregnant people before you study the population.

And then you can have a population where a lot of people are having sex and none is getting pregnant and you can prove that sex doesn't make you pregnant.

That's one of the gimmicks that CDC used in creating this new wave of epidemiological studies.

So we knew there was tremendous corruption inside of that department, but in 2014, we had a senior scientist in the CDC come forward and acknowledge that corruption.

Dr. William Thompson is a current employee at CDC.

He's a 17-year veteran of vaccine safety programs, he is the lead author, or a leading co-author on virtually all of the landmark studies that CDC has performed to exonerate vaccines from an association with autism.

Here's what he had to say.

- Here's the deal, is that the CDC is ... they're paralyzed.

So there's less and less and less being done as the place just comes to a grinding halt.

- [Interviewer] Mm-hmm-- [William] So really, what we need is for Congress just to come in and say give us the data and we're going to have an independent contractor do it and bring in the autism advocates and have them intimately involved in the study.

When I talk to you, you have a son with autism.

I have great shame now when I meet families with kids with autism because I have been part of the problem.

I shoulder that the CDC has put the research 10 years behind, alright? - [Interviewer] Mm-hmm-- [William] Because the CDC has not been transparent, we've missed 10 years of research because the CDC is so paralyzed right now by anything related to autism.

- [Interviewer] Right.

- [William] They're not doing what they should be doing- - [Interviewer] Right.

- [William] because they're afraid to look for things that might be associated.

So anyway, I ...

There's still a lot of shame with that.

So when I talk to a person like you who has to live this day in and day out, I say, well, so I have to deal with, you know, a few months of hell if this all becomes public, no big deal.

I'm not having to deal with a child who's suffering day in and day out.

So that's, you know, that's the way I view all this.

I am completely ashamed of what I did.

So that's that.

In the summer of 2014, Dr. William Thompson handed tens of thousands of pages of incriminating documents over to Congressman Bill Posey and he told Congressman Posey that he wanted to be subpoenaed to testify in front of Congress about the corruption in CDC's vaccine safety division.

In addition, he gave a private deposition to Congressman Posey and here's Congressman Posey's account of what Dr. Thompson told him during that deposition.

Congressman Posey:
In August 2014, Dr. William Thompson, a senior scientist at the Centers for Disease Control and Prevention, worked with a whistleblower attorney to provide my office with documents related to a 2004 CDC study that examined the possibility of a relationship between mumps, measles, rubella vaccines and autism.

In a statement released in August 2014, Dr. Thompson stated, "I regret that my co-authors and I omitted "statistically significant information in our 2004 article published in the Journal of Pediatrics.

The co-authors scheduled a meeting to destroy documents related to the study.

The remaining four co-authors all met and brought a big garbage can into the meeting room and reviewed and went through all the hard copy documents that we had thought we should discard and put them in a huge garbage can.

However, because I assumed it was illegal and would violate both FOIA and DOJ requests, I kept hard copies of all documents in my office and I retained all associated computer files.

Kennedy: So now we're going to show you that the governmental groups that are assigned with the responsibility of licensing the vaccines and adding them to the schedules are bedeviled by massive conflicts of interest that incentivize them to overlook that lack of scientific safety data.

So FDA is charged with the initial licensing phase of the vaccines, and the specific committee charged with that responsibility is called the Vaccine and Related Biological Products Advisory Committee, it's a mouthful.

The acronym is also a mouthful, VRBPAC.

There was an investigation of VRBPAC in 2013 by the US Government Reform Committee of Congress and here's what they found: "The overwhelming majority of members, 'both voting members and consultants, have substantial ties to the pharmaceutical industries,'" which is making huge profits on those vaccines.

Here are the specific conflicts that Congress found at FDA:

Three of the five FDA advisory committee members who voted to approve the rotavirus vaccine in December had financial ties to the pharmaceutical companies that were developing different versions of the vaccine.

One of the five voting members had a $9 million contract for a rotavirus vaccine. One of the five voting members was the principal investigator for a Merck grant to develop a rotavirus vaccine.

One of the five voting members received approximately

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FDA's Vaccine and Related Biological Products Advisory Committee ("VRBPAC")

2000 Investigation by U.S. House Government Reform Committee into VRBPAC :

- "The overwhelming majority of members, both voting members and consultants, have substantial ties to the pharmaceutical industry."
- "conflict of interest rules employed by the FDA… have been weak, enforcement has been lax, and committee members with substantial ties to pharmaceutical companies have given waivers to participate in committee proceedings… In many cases, significant conflicts of interest are not deemed to be conflicts at all."

Example of Conflicts of Interest

- For instance, "3 out of 5 FDA advisory committee [VRBPAC] members who voted to approve the rotavirus vaccine in December 1997 had financial ties to pharmaceutical companies that were developing different versions of the vaccine."
- 1 of the 5 voting members' employer had a $9,586,000 contract for a rotavirus vaccine.
- 1 of the 5 voting members was the principal investigator for a Merck grant to develop a rotavirus vaccine.
- 1 of the 5 voting members received approx. $1,000,000 from vaccine manufacturers toward vaccine development.

An ACIP vote to recommend a vaccine results in:

- Mandating the vaccine to millions of children.
- Immunity from liability for the manufacturer.
- Inclusion in the Vaccine for Children program.

Liability free captive market of 74 million American children with guaranteed payment

one million dollars from vaccine manufacturers toward vaccine development.

These are not independent arbiters of science who are looking out for our children. These are people who are looking out for themselves.

Once FDA licensed the vaccine, then it goes over to the CDC and CDC needs to decide whether or not to add that vaccine to the schedule.

This committee has really the frightening power to create a liability-free captive market of 74 million American children with guaranteed payment to the manufacturers. This committee has the power to create billions of dollars in profit for the pharmaceutical industry.

Of all the committees in the country, of all the committees in the world, this is the one committee that should be absolutely free of financial conflicts of interest with the pharmaceutical industry and yet the opposite is true.

This was a year 2000 investigation by the US Government Reform Committee of the United States Congress and they found the same kind of conflicts of interest in CDC as they had initially found in FDA.

They said CDC grants blanket waivers to ACIP members that allow them to deliberate on any subject, regardless of their conflicts, for the entire year. ACIP routinely used working groups where pharma insiders would effectively craft vaccine policy. ACIP reflects a system where government officials make crucial decisions affecting American children without the advice and consent of the governed.

Here are some specific conflicts that Congress found:

The chairman of the advisory committee served on Merck's immunization advisory board.

Another member shares the patent on a vaccine under development for the very same disease that he voted on and he had a $350,000 grant from Merck to develop this vaccine and was a consultant for Merck.

So you start out with having no good science, and handing that no-good science to this group of pharmaceutical industry insiders.

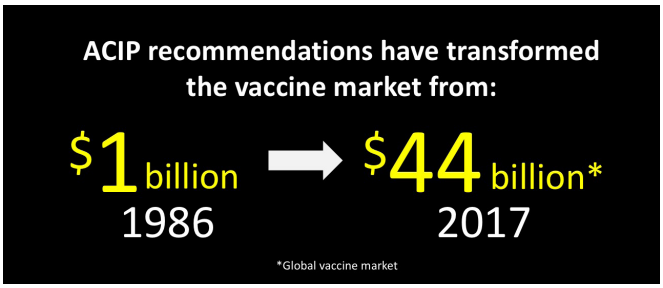
Until 2011, they acknowledged they weren't using evidence based guidelines.

That means most of the vaccines, almost all the vaccines, that are currently on the schedule, that your children are taking were added to that schedule not because of evidence, not because of science, but some other reason.

ACIP recommendations have transformed the vaccine market from a $1 billion industry in 1 to a $44 billion industry in 2017. And $44 billion buys a lot of corruption.

In 2009, the HHS Inspector General conducted a new investigation and here's what they found, CDC had a systematic lack of oversight. There were no changes.

97% of committee members' conflict disclosures had omissions. 58% had at least one unidentified potential conflict.



CDC has an $11.5 billion budget and look, almost $5 billion of that is allocated to purchase and promote vaccines and only $20 million to study vaccine safety. That pays for a couple of studies. CDC effectively is a vaccine company. It owns 56 vaccine patents.

The scientists who work for FDA and the CDC can receive royalties of $150,000 a year on vaccines that they develop, so this is the last agency that ought to be regulating vaccines. And yet we are trusting this agency with the health of our children.

Here's an example of the revolving door at CDC.

The former CDC Director from 2002 to 2009, when many of these vaccines were approved and many of these studies, these phony studies were being formulated, was Julie Gerberding. She oversaw numerous vaccine studies, many of which were recently deemed unreliable by IOM.

And in 2010, she became, a year after leaving the CDC, she was rewarded, let's say, with the Presidency of Merck's vaccines division with an estimated 2.5 million in annual salary and lucrative stock options.

Here's another unspoken conflict within HHS. After HHS licenses, recommends, and promotes vaccines with virtually no safety data, HHS is then statutorily required and vigorously defends against any claim that vaccines cause harm.

The Vaccine Act says, "In all proceedings brought "by filing a petition in Vaccine Court "the Secretary of HHS is named as the defendant." So the HHS, because it's defending vaccine injury cases, has a built-in incentive, rather than studying vaccines for safety, to kill any studies that may show that a vaccine is unsafe. This isn't just theoretical, this actually happens in real life and I'll show you an example.

In 2009, the Interagency Autism Coordinating Committee, which was a committee that was made up of scientists, public health officials, was looking at the wave of autism and thousands of parent complaints that said,

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2000 - Investigation Into ACIP by U.S. Government Reform Committee:

- "The CDC grants blanket waivers to the ACIP members each year that allow them to deliberate on any subject, regardless of their conflicts, for the entire year."
- ACIP routinely used working groups where pharma insiders would effectively craft vaccine policy.
- ACIP reflects "a system where government officials make crucial decisions affecting American children without the advice and consent of the governed."

2000 - Investigation Into ACIP by U.S. House Government Reform Committee:

Majority of the eight ACIP members were conflicted in their most recent vote:

[1] the chairman served on Merck's Immunization Advisory Board,

[2] another member shares the patent on a vaccine under development for the very same disease, had a $350,000 grant from Merck to develop this vaccine, and was a consultant for Merck,

[3] another member was under contract with the Merck Vaccine Division, received funds from various vaccine manufacturers including Pasteur, and was under contract as a principal investigator for SmithKline,

[4] another member received a salary from Merck as well as other payments from Merck,

[5] another member was participating in vaccine studies with Merck, Wyeth, and SmithKline, and

[6] another member received grants from Merck and SmithKline.

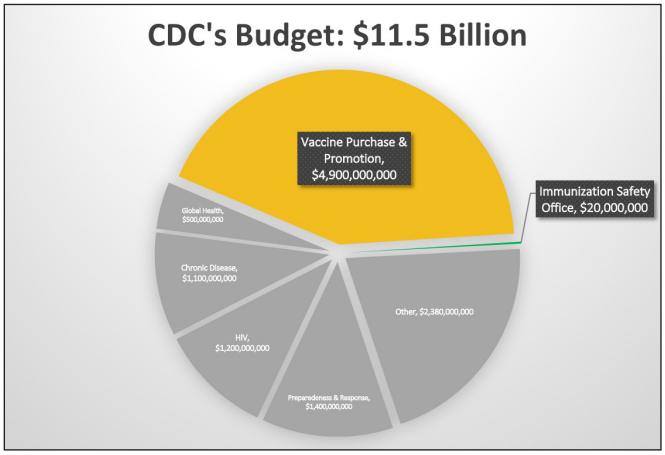
2009 – HHS Office of Inspector General Investigation

- "CDC had a systemic lack of oversight of the ethics program"
- 97 percent of committee members' conflict disclosures had omissions.
- 58 percent had at least one unidentified potential conflict.
- 32 percent had at least one conflict that remained unresolved.
- CDC continued to grant broad waivers to members with conflicts.

"Our child got autism from the vaccine." They recommended to HHS to study that relationship.

The Chairman of that committee, who was Dr. Tom Insel who was the head of the National Institute of Mental Health, came in and made the statement that, "I'm concerned about the optics."

If we say, "Yes, we think it's important to look at this "and to provide additional information, it implies "that



HHS Licenses, Recommends, Promotes and Defends Vaccines

CDC's website claims over 130 times that:
"CDC does not accept commercial support."
British Medical Journal (May 15, 2015)

- "Despite the agency's disclaimer, the CDC does receive millions of dollars in industry gifts and funding, both directly and indirectly, and several recent CDC actions and recommendations have raised questions about the science it cites, the clinical guidelines it promotes, and the money it is taking."
- "classic stealth marketing, in which industry puts their message in the mouths of a trusted third party"
- Quoting UCLA Professor of Medicine: "Most of us were shocked to learn the CDC takes funding from industry … it is outrageous that industry apparently is allowed to punish the CDC if the agency conducts research that has the potential to cut into profits."
- 2002-2009: Former CDC Director, Julie Gerberding oversaw numerous vaccine studies, many of which were recently deemed unreliable by the IOM.
- 2010: Became President of Merck Vaccines with estimated $2.5 million annual salary and lucrative stock options.
- CDC or NIH Employees whose names appear on vaccine patents can receive up to $150k in licensing fees per year (in perpetuity).
- After HHS licenses, recommends, and promotes vaccines with virtually no safety data, HHS is then statutorily required and vigorously defends against any claim vaccines cause harm.

"In all proceedings brought by the filing of a petition [in Vaccine Court] the Secretary shall be named as the respondent." 42 USC § 300aa-12 ("1986 Act")

we believe that there is a relationship "between autism and vaccines, and in some ways "this runs opposite to what HHS may define "through the HRSA process."

So he killed the approved study in 2010 leaving us no answers to this question.

Interagency Autism Coordinating Committee ("IACC")

After the IACC voted to conducted more research regarding autism and vaccines it was withdrawn because of concern it could support claims that vaccines cause autism in the Vaccine Injury Compensation Program. As head of the IACC explained:

DR. INSEL: "One thing that didn't get discussed when we voted on this is a problem that didn't occur to me until after the meeting, which is that this is perhaps the only issue that we've dealt with that is now part of litigation that involves the department; that it's a HRSA issue, and I'm concerned about the optics." "If we say, yes, we think it's important to look at this and to provide additional information, it implies that we believe that there's a relationship between autism and vaccines, and it suggests that in some way this runs opposite to what HHS may define through the HRSA process."

Vaccine Injury Compensation Program ("VICP")

Americans Injured by a Vaccine Must File a Claim in the VICP where:

- All filings are submitted under seal.
- They must fight against HHS (the Respondent)
- They must fight without any discovery as-of-right
- They must almost always prove causation
- They must fight against the Department of Justice (HHS's attorneys)

Placing the burden on the vaccine injured child's family to conduct the very safety science which would have potentially prevented the child's injury in the first place is unconscionable, but, yet, how HHS operates.

I have to say this, that it's a misnomer to call the Vaccine Court a court. It's a government program. All filings are submitted under seal, in secret.

The plaintiffs, the people who are injured by a vaccine must fight against HHS, respondent, they have to fight without any discovery as-of-right.

The manufacturer is not part of this lawsuit and there's no depositions, there's no document searchers, so how is that plaintiff supposed to prove the connection between their injury and the vaccine? They must almost always prove causation.

How can you do that without documents? They must fight against the Department of Justice, which is HHS attorneys, so they have the full power of the United States government against them, trying to deny them compensation.

Of course this system places the burden on the vaccine-injured child's family to conduct the very same safe-

$4,060,857,713.42

Despite the high hurdle to obtain compensation, VICP has paid more than $4 billion for vaccine injuries and this is with cap of $250k for pain and suffering and death.

*Source: hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-january-2019.pdf

Conflict of Interest Summary

- Industry incentivized to not conduct proper safety testing
- Regulatory agency incentivized to not conduct safety testing
- Regulatory function subsumed by promoting, distributing and defending vaccines

ty science that would have potentially prevented the child's injury in the first place.

Even in the face of all of these enormous hurdles against recovery, people who have been injured by vaccines have recovered more than $4 billion from HHS vaccine program in recent years. And that's despite a cap of $250,000 for pain and suffering and death.

I didn't get into this controversy because I wanted to. I was dragged, as I said at the beginning, kicking and screaming into this controversy. I've stayed in it because I don't know anything that's more important.

All of the environmental issues that I've worked on are absolutely critical, the future of our country and our planet, but we can't solve those environmental problems if we don't have kids with functioning brains and with good health. We need a generation of kids that's ready to grapple with big problems.

The things that I've shown you today are not my opinions, these are facts.

We want to make sure that the conflicts are removed from the regulators who are making decisions over our vaccines. And that the vaccines that our children get are as safe as they can possibly be. That the science is strong and robust. And none of that is possible unless we first do these things.

What's the Solution?

1. Subject vaccines to the same **rigorous approval process** as other drugs.
2. **Mandatory reporting** of vaccine adverse events and automate the VAERS* and VSD* databases.
3. Ensure everyone involved with Federal vaccine approvals and recommendations are free from **conflicts of interest.**
4. **Reevaluate all vaccines** recommended by the ACIP* prior to the adoption of evidence-based guidelines.
5. Study what makes some individuals **more susceptible to vaccine injury.**
6. Support **fully informed consent and individual rights** to refuse vaccination.

*VAERS: Vaccine Adverse Events Reporting System, *VSD: Vaccine Safety Datalink, *ACIP: Advisory Committee on Immunization Practices

First, we need to require that the vaccines go through the same rigorous approval process as other drugs.

We need to require mandatory reporting of vaccine adverse events and that means automating the VAERS and the VSD database. This is obvious.

We need to ensure that everyone involved with Federal vaccine approvals and recommendations are free from conflicts of interest.

We need to reevaluate all vaccine recommended by the ACIP prior to the adoption of evidence-based guidelines.

If they weren't making those decisions based upon science, those decisions ought to be invalidated. We need science-based policymaking.

We need to study what makes some individuals more susceptible to vaccine injury and we need to work to do the real science to identify the other subsets that have not yet been characterized.

And finally, we need to support fully informed consent and individual rights to refuse vaccination. We live in America, part of our tradition is informed consent.

We know that vaccines are a risky medical intervention and parents should not be removed from the debate over the rights of their children to receive or not receive a vaccine.

Thank you for your time.

You know, we all want the best for America's children and we need to start by having **good science and a clean regulatory process.** Thanks.

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

Robert F. Kennedy, Jr.'s reputation as a resolute defender of the environment stems from a litany of successful legal actions. Mr. Kennedy was named one of *Time* magazine's "Heroes for the Planet" for his success helping Riverkeeper lead the fight to restore the Hudson River. The group's achievement helped spawn 300 Waterkeeper organizations across the globe.

Mr. Kennedy serves as President of Waterkeeper Alliance and of counsel to Morgan & Morgan, a nationwide personal injury practice. He was previously Chief Prosecuting Attorney for the Hudson Riverkeeper, Senior Attorney for the Natural Resources Defense Council, and a Clinical Professor and Supervising Attorney at Pace University School of Law's Environmental Litigation Clinic. He is co-host of Ring of Fire on Air America Radio. Earlier in his career he served as Assistant District Attorney in New York City.

He has worked on environmental issues across the Americas and has assisted several indigenous tribes in Latin America and Canada in successfully negotiating treaties protecting traditional homelands. He is credited with leading the fight to protect New York City's water supply. The New York City watershed agreement, which he negotiated on behalf of environmentalists and New York City watershed consumers, is regarded as an international model in stakeholder consensus negotiations and sustainable development.

Among Mr. Kennedy's published books are *American Values: Lessons I Learned From My Family, The New York Times'* bestseller *Crimes Against Nature* (2004), *The Riverkeepers* (1997), and *Judge Frank M. Johnson, Jr: A Biography* (1977) and two children's books *St. Francis of Assisi* (2005), *American Heroes: Joshua Chamberlain and the American Civil War* and *Robert Smalls: The Boat Thief* (2008).

His articles have appeared in *The New York Times, Washington Post, Los Angeles Times, The Wall Street Journal, Newsweek, Rolling Stone, Atlantic Monthly, Esquire, The Nation, Outside Magazine, The Village Voice*, and many other publications. His award-winning articles have been included in anthologies of *America's Best Crime Writing, Best Political Writing* and *Best Science Writing*.

Mr. Kennedy is a graduate of Harvard University. He studied at the London School of Economics and received his law degree from the University of Virginia Law School. Following graduation he attended Pace University School of Law, where he was awarded a Masters Degree in Environmental Law.

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