RFK Jr. Common Claims (in Black) and Responses (in Red)

Vaccine Injuries Can and Do Happen. And, Injures Aren't Rare.

--Vaccine adverse events happen daily. Vaccines were determined by Congress to be unavoidably unsafe. In 1986, Congress passed the National Childhood Vaccine Injury Act (NCVIA), which removed liability for drug makers for all deaths and injuries caused by vaccines. This also removed any incentive for manufacturers to ensure vaccines were as safe as possible.

The pharmaceutical industry has strong incentives to assure vaccine safety. Here are a few points:

a. Vaccines are not licensed or recommended unless they meet a high level of safety.
b. A vaccine shown unsafe can be taken off the market.
c. While there are limits on pharmaceutical companies' liability, they are not absolute. The same people writing the White Paper claiming companies are immune from vaccines harms are litigating at least one case against a pharmaceutical company for vaccines' harms.
d. There is no barrier to using other tools available against pharmaceutical companies in the context of vaccines, such as criminal liability and other civil penalties mentioned in the White Paper. The authors cannot point to such examples not because the tools cannot be used, but because there was no basis to use them.

The NCVIA also established the National Vaccine Injury Compensation Program (NVICP) to determine which claims of vaccine injury were compensable since vaccine makers could no longer be sued for injuries and deaths. These claims are overseen by special masters in what has come to be called "vaccine court". To date, Health Resources & Services (HRSA) data shows that over $4 billion has been paid to the families of vaccine-injured individuals since the passage of NCVIA. As alarming as this amount of money sounds, HHS tells us that less than 1% of vaccine injuries are ever even reported to their Vaccine Adverse Event Reporting System (VAERS).

On average, for every 1 million doses of vaccine that are distributed, one individual is compensated. Since the beginning of VICP on October 1, 1988, 18,072 cases have been filed. Of those, 16,289 have been adjudicated and 5,353 were found to be compensable. Approximately $3.6 billion has been paid in compensation.

VAERS reports do not show causation, and using the numbers to claim they reflect vaccines risks while ignoring the fact that they do not show causation, is misusing them, as the VAERS' page itself states. In relation to a claim that only 1% of vaccines harms are reported, "This Week in Vaccine Hesitancy: April 26, 2019" explained:

"The claim is based on a **report analyzing a healthcare system's possible use of electronic records** in making reports to VAERS easier. Citations and rationale for the 1% figure are not given, so it is difficult to know where the number comes from.

Of note: the report analyzed health records from 2007-2010. Since then, VAERS has made **online reporting easier**, presumably to provide more data to health officials."

Finally, VAERS is only one out of four existing systems for monitoring vaccines safety, providing abundant information on vaccines risks.

NVICP has proven to be far from the "non-adversarial" system the government portrays, with parents of vaccine-injured children pitted against a stacked deck of Department of Justice attorneys. Evidence of fraud within the program was uncovered by Robert F. Kennedy, Jr. and Rolf Hazelhurst, the father of a vaccine-injured son, earlier this year. Kennedy and Hazelhurst revealed that testimony that would have implicated vaccines in the development of autism was fraudulently excluded from the Autism Omnibus Proceeding encompassing 5,400 vaccine/autism claims. Sharyl Attkisson covered this development on Full Measure TV show in January 2019.

I hate to do this, but you really have to read this whole thing:
https://www.skepticalraptor.com/skepticalraptorblog.php/anti-vaccine-activists-revive-hannah-poling-case/

--Dr. Peter Aaby is a world-renown vaccine researcher with currently 376 peer-reviewed published research studies listed on the National Institutes of Health Pub-med website. In this short 3 minute video, Dr. Aaby announced at the Symposium About Scientific Freedom, Copenhagen, March 9, 2019 that "This vaccine (DPT) is killing children." The full 25 minute video presentation can be watched here.

Again, this full article is worth a read:
https://www.skepticalraptor.com/skepticalraptorblog.php/rfk-jr-and-vaccine-safety-bad-study-conclusions/

--From CHD's Vaccine Safety Project transcript: Here is a short list of Vaccine Adverse Events that have been 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, 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 Syndrome.

Adverse events listed in package inserts are not a good substitute for scientific evidence showing causation. While the Code of Federal Regulations was changed in 2006 to require that only adverse events "for which there is some basis to believe there is a causal relationship between the drug and the occurrence of the adverse event" be listed many inserts written before that date make it clear they list events without regard to causality and using those lists to show causation is incorrect.

The current vaccine schedule and cumulative effects have never been adequately researched or tested.

--Vaccines aren't safety tested to nearly the degree of other prescription drugs and are brought to market without undergoing inert placebo-controlled testing. This is critical because the FDA allows vaccines to be tested against "placebos" that can actually be other vaccines or, in the case of Gardasil, an extremely toxic aluminum-based compound.

Pediatric vaccines undergo years of testing and are subject to appropriate and thorough clinical trials. As pointed out by HHS, whether an inert placebo is required depends on the specific situation. The expert consensus is that vaccines testing is exemplary. The National Academy of Medicine recently explained that vaccines are tested more, not less, than other products.

And this is a great overview of placebo trials for vaccines:
https://vaxopedia.org/2017/07/10/where-are-the-double-blind-placebo-controlled-randomized-trials-about-vaccines/

--A recent Freedom of Information Act disclosure from the FDA has revealed that the MMR vaccine was licensed based on clinical trials that had fewer than 1,000 participants—only 342 of which were children—and had far more adverse reactions than previously acknowledged. Adverse reactions were only tracked for 42 days after injection, a significant percent of participants in each of eight trials developed gastrointestinal symptoms and upper respiratory infections, and the control group received other vaccines (rubella or rubella/measles) instead of an inert placebo.

In layman's terms:

"So basically, a minor change was made in the MMR vaccine, substituting a different strain of rubella virus to use one that had already been approved for use in Europe with a subsequent good safety record. Not only that, but scientists went a step further and did a controlled cohort study comparing the new MMR vaccine to folks who didn't receive any vaccine at the time of the study. This is, of course, a perfectly acceptable methodology when the primary outcomes measured are not subjective, like antibody responses. It is also not unreasonable only to follow

patients a relatively short period of time after vaccination when what is being tested is a relatively minor change to the formulation of an existing vaccine with an excellent safety record. As noted in Vaxopedia, the studies leading to the licensure of MMR II followed much, much larger randomized controlled studies of the individual measles, mumps, and rubella vaccines. Basically, the measles vaccine was safe in 1968 when it was approved, as was the mumps vaccine in 1967 and the rubella vaccine in 1969. So was the MMR vaccine when it was approved in 1971, as was MMR II when it was approved in 1978."

--Since the year 2000, the CDC reports nine deaths have been associated with the measles, while data from the Vaccine Adverse Event Reporting System reports 415 deaths associated with the MMR vaccine since NCVIA was enacted.

Because we eliminated measles, we luckily do not have nearly the number of cases we once did, which means significantly fewer deaths. As noted above, VAERS is not a good indication of whether a vaccine caused a specific outcome.

--In addition to these troubling revelations on the MMR's background, Merck has been accused of fraud by two of its former virologists over the efficacy of the mumps portion of the vaccine. The scientists claim that the mumps vaccine is far less effective than Merck promotes it to be. The case has been in the hands of a federal judge since 2012.

Here's an unbiased source on the case:
https://www.skepticalraptor.com/skepticalraptorblog.php/merck-mumps-motions-whistleblowers-the-actual-story/

--Despite the fact that the media or public health rarely mentions it, the recent measles outbreaks could be due to vaccine failure vs. failure to immunize. Supported by the over 9000 mumps cases due to outbreaks (above), clearly there is a problem with the MMR vaccine's efficacy.

Washington Post just broke down the cases – it's nearly all in the unvaccinated. Measles and mumps have completely different efficacies and just because they are combined into one vial doesn't mean they then adopt the same efficacies. In fact, measles vaccine is one of the most effective vaccines available: 93% effective with one dose and 97% effective with a second. Mumps is lower: one dose is 78% and two doses is 88%.

--The National Childhood Vaccine Injury Act (NCVIA) directed the Department of Health and Human Services (HHS) to oversee vaccine safety and issue a report to Congress every two years detailing what improvements in vaccine safety were made in the preceding two years. In a FOIA filing by Robert F. Kennedy, Jr. in 2018, HHS admitted that no vaccine safety reports have ever been sent by HHS to Congress in the 33 years since NCVIA was passed. Literally no vaccine safety reports exist. HHS and the lack of Senate and Congressional oversight have failed American children.

During a recent Senate HELP hearing, two such reports were entered into the record. More importantly, just because reports weren't filed doesn't mean no such studies have been done.

HHS has engaged in extensive activities related to vaccines safety in the past decades. Claims that HHS did not engage in such activities misrepresents a Freedom of Information Act (FOIA) settlement as showing otherwise when its focus was on administrative reports, not safety activity.

--In response to another FOIA lawsuit filed by Robert F. Kennedy, Jr, the FDA admitted, for the first time, that government agencies, including the CDC, are recommending vaccines for pregnant women that have neither been licensed for pregnant mothers by FDA nor tested for safety in clinical trials.

Pregnant women are difficult to enroll in clinical trials, especially given the rate of miscarriages and our lack of understand around what causes them. That doesn't mean, however, that scientists have not studied vaccines' safety and efficacy in pregnant women. It just means that no vaccine (to-date) has started out with a specific indication in mind for pregnant woman. Here's a list of those studies: https://www.cdc.gov/pertussis/pregnant/research.html

--DNA foreign to the human body, from other living organisms such as monkeys, dogs, and chickens, is commonly used to create vaccines. The effects of this have never been studied for safety, although studies are currently being done on the danger of insertional mutagenesis. This is the artificial creation of mutations, caused by exposure to foreign DNA fragments as it relates to vaccines.

Fragmented DNA is unable to create a whole protein. It's also unable to infiltrate cellular DNA – if it could, gene therapy would be much easier.

California Gardasil Lawsuit

--In July 2016, a case was filed in the Superior Court of California involving a 16-year-old girl who received three injections of Gardasil in 2010 and 2011. Shortly after she received her third vaccination, she suffered a severe adverse reaction and was eventually diagnosed with Postural Orthostatic Tachycardia Syndrome (POTS) which can be debilitating. Prior to receiving the HPV vaccination, she was physically active, participating in many athletics. Merck is being accused of fraud and deceit, negligent misrepresentation, defective product, medical malpractice, and medical battery. The case is moving forward in Los Angeles.

The case has to play out, but it's basically a claim from a book. This claim has been studied extensively here in the US: https://www.cdc.gov/vaccinesafety/vaccines/hpv/hpv-safety-faqs.html#A10

Also, wouldn't the fact that the case is moving forward be proof that vaccine manufacturers are not free from liability?

This is far from the only claim of harm from the Gardasil vaccine. According to the World Health Organization's VigiAccess database, a total of 92,416 reports of adverse reactions have been filed regarding the HPV vaccination "Gardasil" including 40,273 reports of nervous system

disorders; 2,707 cardiac disorders, (including 40 cardiac arrests), 3450 reports of seizures or epilepsy, and 389 deaths. Here is a science study on ovarian failure.

VigiAccess is similar to VAERS in that it contains suspected, not proven side effects. Ovarian failure has also been studied and no link has been found: https://www.cdc.gov/vaccinesafety/vaccines/hpv/hpv-safety-faqs.html#A7

During Gardasil's clinical trials, 49.5% of the subjects receiving Gardasil reported serious medical conditions within seven months. Merck didn't use a true placebo in these trials—instead using the aluminum-containing compound referenced above—and researchers dismissed injuries in both groups as "new medical conditions," rather than classifying them as adverse events. In a letter to the CDC Advisory Committee for Immunization Practices (ACIP), Robert F. Kennedy, Jr. warned of dire consequences if the vaccine was approved.

The rate was the same between those receiving the vaccine and those in the placebo group (the placebo group was a couple points higher). Quotes from the document he uses for the 49.5%:

- In the follow-up period, the most commonly reported new medical conditions were infections followed by surgical/medical procedures.
- The most common new medical conditions reported in subjects from Day 1 through Month 7 were headache and nasopharyngitis.
- Other more common new medical conditions include influenza, vaginal candidiasis, and bacterial vaginosis.
- There were 2 cases of RA in the placebo group and 1 in the vaccine group. There were 3 cases of juvenile arthritis in the vaccine group (although in a follow-up report, 2 of 3 appear to have had symptoms prior to vaccination), and 0 in the placebo group.
    - Reviewer's Comment: CBER requested an analysis of autoimmune conditions over the entire safety database, and these events are discussed in the assessment of safety overall.
        - The sponsor notes that there were subjects with additional new medical conditions that were not reported in the CSRs for 011 and 012. These included 2 subjects with amenorrhea; 1 with pyrexia; 1 with psoriasis (AN33600), and 1 with bacterial food poisoning, chemical poisoning, hemorrhoids and a suicide attempt. These additional data did not impact on the conclusions for Protocols 011 and 012. [It is noted that the incidence of new cases of psoriasis in the quadrivalent vaccine group was 0.5%, and 0.3% in the placebo group.]
- The most common new medical condition in the post-Month 7 period were bacterial vaginitis and vaginal candidiasis.

As for the placebo, please see the above article from Vaxopedia.

For more concerns about the safety of Gardasil, please click here. German news on HPV injuries.

Lack of Informed Consent

--Parents are not provided with full information on the risks inherent with every single vaccine on the recommended schedule. Instead of the detailed information provided in vaccine package inserts, parents receive the "Vaccine Information Statement" which advises of possible short-term side effects such as "redness and swelling at the injection site" and minimizes the potential for catastrophic injury. The list of potential side effects is much longer—and the risks more severe—than what is presented in Vaccine Information Statements. For example, the package insert for Tripedia, discontinued in 2011, listed the following as potential adverse events: *idiopathic thrombocytopenic purpura, SIDS, anaphylactic reaction, cellulitis, autism, convulsion/grand mal convulsion, encephalopathy, hypotonia, neuropathy, somnolence and apnea.*

In contrast, the Vaccine Information Statement for DTaP vaccines in general soft pedals the potential dangers by saying that "Long-term seizures, coma, lowered consciousness, or permanent brain damage happen extremely rarely after DTaP vaccination." Despite that it is listed in "black and white", claimants have not been able to use these product inserts as evidence in vaccine injury cases in the NVICP.

Please see the separate document I have sent that demonstrates Vaccine Information Statements are in fact one of the best examples of informed consent in medicine.

Vaccine Mandates

--Despite the lack of appropriate safety testing and informed consent outlined above, vaccine mandates are being threatened at the federal level and are a reality in three states who currently do not have philosophical or religious exemptions to allow parents to opt out of vaccines for their children in order to attend school: West Virginia, Mississippi, and California. Many other states are battling similar legislation in current legislative sessions.

Mandates – better known as school requirements – are squarely in the jurisdiction of the states. There are no federal efforts to change that. This is all based on a comment from federal FDA Commissioner Scott Gottlieb saying the federal government would have to step in if the states didn't strengthen requirements to stop the measles outbreaks. He had no jurisdiction and resigned shortly after making the statement.

All 50 states have medical exemptions. Anyone who cannot receive a vaccine can obtain a medical exemption.

--A local mandate was put in place last month when the NYC Commissioner of Health declared a public health emergency, ordering all people who live, work or reside in four Brooklyn zip codes to be vaccinated with the MMR vaccine. Children's Health Defense questioned this legality. Non-compliance with the order is a misdemeanor subject to criminal and civil fines, including imprisonment. Only those with documented immunity, medical contraindications or infants under six months are exempt from the vaccine mandate.

On April 15, 2019, a legal challenge was filed in the New York State Trial Court by Robert Krakow, Robert F. Kennedy, Jr. and Patricia Finn against the New York City Department of Health and Human Hygiene for their forced MMR vaccination. The legal team asked for a temporary restraining order against the mandate that the Judge will likely review and provide an ex parte decision.

Fourteen of the 60 vaccines currently on the list of available vaccines from the CDC are made using aborted fetal tissue, which directly conflicts with religious values of many people. These aborted fetal cells come from several different sources, including MRC-5 cells, normal human diploid cells, human diploid fibroblast cell cultures (WI-38), and human embryonic lung cell cultures.

His number of vaccines changes. I believe they count all vaccine components individually – so MMR is three, not one – they include a yearly flu vaccines, and they are now including maternal vaccines as childhood vaccines even though the vaccines doesn't cross into the placenta, just the maternal antibodies the mother's body creates do.

I have also attached an overview of religious views of vaccines, including that of the Vatican who urges Catholics to continue to receive vaccines. See also: https://rationalcatholicblog.wordpress.com/2014/09/08/you-can-be-the-pro-life-parent-of-a-fully-vaccinated-child/?fbclid=IwAR3httlQBomdeUSRZmHqsX1KbTQhZeZDkYovkxYJw01SRExE5ZKmxzroyCc

And here is exactly how those cell lines were used: https://www.historyofvaccines.org/content/articles/human-cell-strains-vaccine-development

For more information on mandatory vaccines, please see our Mandates Toolbox.