

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

To the World Health Organisation and those attending the meeting of the Global Vaccine Quality Control Laboratories Network (Rome 25th-27th, September 2018).

To the European Parliament, the European Medicines Agency and the European Directorate for the Quality of Medicines

Dear members of the World Health Organisation,

By sharing science and joining efforts towards better health, your organisation has improved the lives of millions of people, and we are grateful for this. Providing better nutrition, clean water, improved hygiene, and access to medical care, mortality and infectious disease have been drastically reduced. Your extraordinary communication campaign to detect cases of disease and their contacts, and isolate them, finally led to the eradication of the once devastating smallpox.¹ These are great achievements and these noble goals should be further pursued. Today however, today we are facing a new epidemic: chronic disease. In the USA, one in two adults has a chronic disease and one in four has two or more.²

Obesity, asthma, cancer, immune and autoimmune diseases, neurological and developmental disorders, are 'lifestyle diseases' mainly caused or aggravated by bad nutrition and toxic load. Vaccines are administered to healthy individuals to prevent targeted infections, but their long-term impact on the immune system and their potential role in chronic disease is not being evaluated. Individual risk of poor outcomes to both infection and vaccination varies widely and mass vaccination without proper discrimination at the individual level has led to injuries, death, and unintended consequences. Recently, independent researchers and laboratories have discovered that many vaccines are contaminated with retroviruses³ and polluted by nanoparticles⁴. High levels of aluminium associated with vaccine adjuvants have been found in the brains of autistic children or in people suffering from neurological disorders such as Alzheimer's disease.^{5, 6}

In your previous meeting you advocated for less independent testing, considered 'redundant', in order to speed up the supply of products.⁷ The recent administration of 250, 000 defective vaccines in China⁸, the tragedy of the oral polio campaign in India with over 450, 000 cases of paralysis and death⁹, the damage caused by the Dengue vaccine in the Philippines¹⁰, reports from all over the world of chronic pain and paralysis after administration of the HPV vaccine^{11, 12}, show that vaccine safety and efficacy are being tragically disregarded in this drive for fast-tracking approval and easy certification.

If developing standards and sharing best practice amongst controlling bodies is needed, testing by national and independent laboratories must be maintained, since fraud and technical hazard from storage or transportation can still occur and biases or new findings would not be detected. According to your report, « It was noted that the aims of the network are a good fit with industry's proposal for risk-based testing and networking ».¹³ But this 'risk-based' approach geared to reducing test requirements for vaccines considered of 'low risk', seems a dangerous pursuit.

Many health authorities complain about vaccine hesitancy, but fail to reassure the public by providing the safety data they request. All over the world, millions of people have signed petitions demanding more safety, transparency and independent research, but decision makers chose fast-tracking instead.

To restore confidence lost, we insist that before any kind of recommendation or authorisation is issued, ALL vaccines pre-qualified or recommended by the WHO will be submitted to:

- Extensive clinical trials conducted by bodies independent from the manufacturers
- Middle- and long-term studies on efficiency and safety, not 'days'.
- Tests for carcinogenic properties
- Tests around fertility issues
- Tests on pregnancy, spontaneous abortion and the developing foetus
- Mutagenic effects (changes induced in the DNA)
- Tests for effects on the neurological system and development of the brain
- Real inert placebo testing, which is almost never done on vaccines

We also insist that the WHO should provide studies on:

- Adjuvants and preservatives such as aluminium and mercury and their bioaccumulation
- Other toxic material used, such as polysorbate, Tween 80, formaldehyde etc
- Vaccine safety and the age of vaccine administration
- The impact of full vaccine schedules on the global health of a population
- The comparison of vaccinated versus unvaccinated populations in global health terms
- Viral transmission of people recently vaccinated with live virus vaccine such as measles, mumps, rubella, varicella, influenza or oral polio vaccine for example.

In particular, we ask that the use of combined vaccines and the same-day administration of multiple vaccines be thoroughly investigated. Figures from India show that the numbers of deaths within three days following vaccination doubled when using a Pentavalent (5-in-one) vaccine rather than a triple DTP vaccine. It is projected that this change will cause between 7020 and 8190 deaths each year in infants in India¹⁴. It further appears that in confidential periodic safety reports of the hexavalent Infanrix polio vaccine submitted to the EMA, the manufacturer GSK has deleted a number of death cases between reports.¹⁵

Concerning the measles-mumps-rubella vaccine and its link with autism, the only reference mentioned on the autism section of your website is an out-dated French article translating press claims that have been disproven in a decision from the English High Court in 2012.^{16, 17} While William Thompson, an expert from the CDC has confessed in 2014 to having manipulated the data of a key reference study, no further investigations have been made yet.¹⁸ With one in 36 children diagnosed with an Autism Spectrum Disorder in the USA¹⁹, this study is an absolute priority and independent laboratory testing and new clinical trials must now replace the flow of 'inconclusive' statistics.

Confirming this priority, an Italian Parliamentary Commission recently reported numerous death, autoimmune diseases and cancers in military personnel after multiple vaccines had been administered and called for more research and precautionary measures²⁰. The long-term effects of vaccines are not studied and the recent revision of the classification of "Adverse Events Following Immunisation" does not allow for accurate reporting of death cases or of side effects not previously declared by the manufacturer.²¹ With the alarming rise in chronic diseases, immune, autoimmune and developmental disorders worldwide, immediate responsible action is imperative.

In its recent resolution on vaccine hesitancy, the European Parliament calls for “transparency and declaration of conflicts of interest, including researchers working for the World Health Organisation and the European Medicines Agency”. It proposes that “researchers subject to a conflict of interest be excluded from evaluation panels”; further “calls for the confidentiality of the deliberations of the EMA evaluation panel to be lifted”; proposes that “the scientific and clinical data which inform the conclusions of the panel, and whose anonymity is guaranteed in advance, be made public”.²² It fails however to question biased reports.²³

When it comes to approving or recommending a new vaccine, we know that:

- Pre-licensure studies are exclusively carried out by the manufacturers who stand to profit. This is a clear conflict of interest.
- Pre-licensure studies do not and cannot capture all adverse events that will occur in real world situations.
- Peer reviewed scientific journals have huge conflicts of interest and most studies are biased or false^{24, 25, 26}
- Post-marketing surveillance in all countries is woefully inadequate. Only 1 to 10% of adverse events are being reported. In the USA, the mandatory biennial safety reports from US Health & Human Services to Congress on vaccine safety have simply never been written.²⁷

The funding of your organisation relies on important private donations, such as the GAVI alliance, a partnership with banks and industries. The fact alone that this very meeting is funded by a private investor, the Bill and Melinda Gates Foundation,²⁸ is highly questionable. Given this inherent conflict of interest, it is therefore absolutely imperative that independent studies and experts be involved in the approval and recommendations of vaccines and vaccine policies. And if the WHO guarantees the safety of the vaccine it is pre-qualifying, it should also assume liability for adverse events following vaccination.

Promoting mandatory vaccination for entire populations with products that essentially rely on manufacturers’ data for their general safety and efficacy is an evident breach of the precautionary principle and as such becomes a forced medical experiment. Since the health risk of vaccination is entirely borne by individuals, the WHO must ensure that it is minimal, and that fully informed consent is observed.

In order to restore public trust in health authorities and improve public health policies worldwide, we therefore demand actions and answers that meet our requests.

We thank the honourable members of this assembly for their attention and pray they will open their hearts and minds to our message.

Signed by

America

Robert Kennedy Jr., Children’s Health Defense, USA
James Lyons-Weiler, the Institute for Pure and Applied Knowledge, USA
Bernadette Pajer, Informed Choice Washington, USA
Vera Sharav, Alliance for Human Research Protection, USA
Brandy Vaughan, Learn the Risk, USA
Catherine Ford, Vaccine Injury Awareness League, USA
Norma Erikson, Sanevax, USA
Ashleigh Parchman, TN Medical Freedom Alliance
Georgia Coalition for Vaccine Choice - Sandi Marcus

Christina Favazza, Florida health action network
Laura June, Floridians for Medical Freedom
Laura Fisher Andersen, Health Choice CT
Vallie Osborne, Informed Choice-Emerald Coast Florida
Jennifer Black, South Carolina Health Coalition
Lucy Cole, California
Kristen Chevrier and Melissa Andersen, Your Health Freedom Utah
Alicia Marie, Minnesota Vaccine Freedom Coalition
Elizabeth Murphy, Tennessee Medical Freedom Alliance
Alison Fujito, Pennsylvania Coalition for Informed Consent
Robin Rebrik Stavola, Angela Lockhart, Tom Stavola Jr., Hope from Holly Inc.
Erica Dawson, Iowa Vaccine Awareness & Education Network
Patti Carroll, Vaccine Safety Council of Minnesota
Shanda Burke, Informed Choice Iowa
Sue Fischer Collins, New Jersey Coalition for Vaccine Choice
Tara Marie, Wisconsin Coalition for Informed Vaccination
Michelle Cotterman, Health Freedom Ohio
Jennifer Larson, The Canary Party
Mark F. Blaxill, Health Choice
Debby Lammam, Medical Freedom Nevada
Stacy Cayce, Oregonians for Medical Freedom
Stephanie Stock, Ohio Advocates for Medical Freedom
Karri Lewis, AWAKE California
Terry Roark, California Coalition for Vaccine Choice
MaryJo Perry, Mississippi Parents for Vaccine Rights
Jennifer Stella, Health Choice Vermont
Yvette Negron-Torres, Virginians for Medical Freedom
Angie Gallagher, Minnesota Vaccine Freedom Coalition
Denise Gonzalez Cosner, New Jersey Medical Freedom Advocates
Jessica Marie, Hawaii for Informed Consent
MacKenzie Strickland Fraser, Health Freedom Florida
Suzanne Waltman, Michigan for Vaccine Choice
Kristen Holland, Tennessee Coalition for Vaccine Choice
Wendy Silvers, Million Mammias Movement

Edda West for Vaccine Choice, Canada

Mariano Fernandez Bychowiec, Libertad Sanitaria Argentina
Felipe Gonzalez & Gloria Pizarro Elizalde, Libertad de Vacunacion, Chile
Sabrina Iglesias, Libertad Sanitaria Uruguay

Europe

Dr. Kris Gaublomme for the European Forum for Vaccine Vigilance
Aegis Osterreich, Austria
Impffrei, Austria
Dr. Kris Gaublomme, Preventie Vaccinatieschade, Belgium
Initiative Citoyenne, Belgique
Andrei Edrev for Alternative Energy, Bulgaria
Cijepljenje Pravo Izbora, Croatia
Dr. Ivana Delas for the Croatian Association of Parent Activists, Croatia
Rozalio, Czech Republic
Liga Lidskych Prav, Czech Republic
Vaccinations Forum, Denmark
Suomen Homeopatian Akatemia, Finland
Sophie Guillot for Agir pour le Libre Consentement Thérapeutique, France
Marie-Rose Cuisigniez, Association Liberté Information Santé, France

Michel de Lorgeril et Philippe Harvaux, Association Internationale pour une Médecine Scientifique Indépendante et Bienveillante, France
Carine Curtet, Association Ametist, France
Dr. Dominique Eraud, Coordination Nationale Médicale Santé Environnement, France
Sophie Guillot, Ensemble pour une Vaccination Libre, France
Marie Werbrègue, Info Vaccin France
Lucie Michel, Les Mamans Courage, France
Patrick Ledrappier, Libre Consentement Eclairé, France
Association Liberté Information Santé, France
Jean-Pierre Eudier, Ligue Nationale pour la Liberté de Vaccination, France
Cathy Gaches, Reseau des Victimes de la Vaccination
Libertas & Sanitas, Germany
Impfkritik, Germany
Arzten fur Individuelle Impfentscheidung, Germany
Impf-Info, Germany
Eltern fur Impfaufklarung, Germany
Nebancs Viragegyesulet, Hungary
Kotelezo Helyett Valaszthato, Hungary
Regret, Ireland
Irish Vaccination Awareness Group
Ader, Italy
Claudio Simion for Comilva, Italy
Ferdinando Donolato for Corvelva, Veneto, Italy
Colibri, Puglia, Italy
Comitatio Faenza, Italy
Genitori di Cervia per la Libera Scelta, Italy
Genitori del No Obbligo, Lombardia, Italy
Genitori del No Obbligo, Piemonte, Italy
Genitori per la Libera Scelta, Monza e Brianza, Italy
ClisVa, Toscana, Italy
E Pur Si Muove, Rimini, Italy
Gruppi Uniti, Italy
Il Sentiero di Nicola, Italy
Libero per Tutti, Forli, Italy
Dario Miedico e Emiliano Gioia, SiAmo, Italy
VacciPiano, Sicilia, Italy
Nepriklausomas Skiepu Informacijo Centras, Lithuania
Colette Welter, Aegis, Luxembourg
Nederlandse Vereniging Kritisch Prikken, The Netherlands
Stichting Vaccinvrij, The Netherlands
Foreningen for Fritt Vaksinevalg, Norway
Justyna Socha, Piotr Jawornik Ogólnopolskie Stowarzyszenie Wiedzy o Szczepieniach STOP NOP, Poland
Dragana Timotic, Inicijativa Nova, Citizen's Initiative for Optional Vaccination, Serbia
Sloboda v Ockovani, Slovakia
Svood, Slovenia
Asociacion de Afectadas por la Vacuna del Papiloma, Spain
La Liga para la Libertad de Vacunacion, Spain
Sara Boo, NHF, Sweden
Netzwerk Impfentscheid, Switzerland
Infovaccins.ch, Switzerland
John Stone, Age of Autism, UK
Anna Watson, Arnica, UK
Freda Birrell, Association of HPV Vaccine Injured Daughters, UK

The Informed Parent, UK
Jabs, Justice, Awareness and Basic Support, UK
Joan Shenton, Immunity Resource Foundation, UK

Australia

Meryl Dorey, Australian Vaccination-Risk Network, Australia
Elisabeth Hart, Over-vaccination.net, Australia

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