September 5, 2025

United State Senate Committee on
Homeland Security & Government Affairs
Permanent Subcommittee on Investigations
Chairman Ron Johnson
Hart Senate Office Building, Room SH-216

Re: Hearing Titled, *How the Corruption of Science has Impacted Public Perception and Policies Regarding Vaccines*

Dear Chairman Johnson,

Thank you for the invitation to testify before the Permanent Subcommittee on Investigations on September 9, 2025, in the above-referenced hearing. This written statement is provided for circulation to the Subcommittee Members and Staff in advance of that hearing.

I am the managing partner of Siri & Glimstad LLP which has over 100 professionals. Beyond our extensive consumer and privacy class action practice, our firm has a large practice focused on vaccine-related work, including hundreds of lawsuits related to vaccine injury, exemptions, policy, and transparency, including frequent and voluminous suits against health agencies. As far as I am aware, we have the largest vaccine practice in the country that does not represent pharmaceutical companies. In those lawsuits, we cannot appeal to credentials but rather must prove claims regarding these products with government sources and data.

This statement provides additional support concerning the corruption of vaccine-related science beyond my previous submission of May 19, 2025 ("**Prior Submission**"), which is incorporated herein by reference in its entirety.[1]

I. PRE-LICENSURE CLINICAL TRIALS

None of the clinical trials relied upon to license routine childhood vaccines on the CDC's childhood schedule confirmed those products were safe *prior* to licensure due to design limitations and other issues. Please refer to Section I and II of my Prior Submission for support for this fact.

II. POST-LICENSURE SAFETY

As detailed in Section III of my Prior Submission, the safety of vaccines is also not properly studied *after* licensure. As detailed therein: autism—the issue claimed to have been most thoroughly studied—has not been studied with regard to infant vaccines; the IOM has made plain that, like autism, most of the commonly reported injuries have not been properly studied; HHS's so-called "comprehensive review" also confirms vaccine safety has not been properly studied; even the

[1] https://www.hsgac.senate.gov/wp-content/uploads/Siri-Testimony.pdf.

injuries pharma companies have a basis to conclude are caused by their vaccines have barely been studied; the CDC's supposed vaccine safety systems do little more than raise serious concerns about vaccine safety; and the few studies that *have* looked at health outcomes between children exposed to vaccines and those not exposed have found the vaccinated had far higher rates of various chronic health conditions.

The common thread through all of these public health failings is the *a priori* belief that vaccines are safe. This belief corrupts the "science" around vaccines, which either results in the failure to properly study these vaccines before or after licensure or, when a study is conducted, the publishing spurious results that serve only to confirm the policy message that vaccines are safe.

While my Prior Submission provides proof to support the foregoing, the below provides one final example reflecting this reality. It is a robust study that was conducted at a major institution in the United States that compared the health outcomes between vaccinated (those who received 1 or more vaccines) and unvaccinated (those who received no vaccines) children and was not published for one reason: its results showed that the vaccinated children in the study suffered from numerous chronic health issues that did not plague the unvaccinated children in the study.

III. HENRY FORD STUDY

(Note that the following has been adapted from my book, *Vaccines, Amen: The Religion of Vaccines*, and reproduced with permission of the copyright holder.)

In early 2017, the Informed Consent Action Network ("**ICAN**"), a non-profit that my firm regularly represents, was searching for a scientist who could conduct a vaccinated versus unvaccinated study. ICAN's CEO had previously met Dr. Marcus Zervos, who is the head of infectious disease at one of the country's premier medical institutions, and thought he would be open to conducting such a study.

Dr. Zervos is the Division Head of Infectious Disease at Henry Ford Health, which has 33,000 team members and over 250 locations.[2] He is also the Co-Director of the Center for Emerging and Infectious Diseases at Wayne State University, and a principal investigator for pharmaceutical companies in vaccine trials.[3]

We met with Dr. Zervos in his office in early 2017 to urge him to conduct a vaccinated versus unvaccinated study so that he could, from his perspective, prove wrong those claiming vaccines cause harm. He was receptive to the idea.

Dr. Zervos involved his colleagues in conducting this study using the health data already in the possession of Henry Ford Health, which interacts with millions of patients annually. This included Lois Lamerato, PhD and Xiaoqin (Amy) Tang, PhD. Dr. Lamerato is an epidemiologist with over 250 published works and a prominent figure at Henry Ford Health where she was the Study

[2] https://ceid.wayne.edu/profile/ab8188 (https://perma.cc/8Y8W-WPNE); https://www.henryford.com/about (https://perma.cc/YW3E-UN7K).

[3] Id.

Management Division Head in the Department of Public Health Sciences and the principal investigator for several significant studies, including annual CDC-funded influenza surveillance and vaccine effectiveness studies. Dr. Tang was a Biostatistician at Henry Ford Health with a focus on biostatistics, comparative effectiveness, and healthcare research, and a professor and Graduate Program Director of Biological Sciences with over 100 published studies and over twelve years of experience in clinical trials and real-world evidence research. These were, as far as I was aware, mainstream, traditional, accomplished scientists who held orthodox views regarding vaccines.

From what I know, they set off and conducted this study when time permitted without any specific funding for this project, instead utilizing resources already available to them as part of Henry Ford Health, including its existing health data. Despite its basic design, given that this was a side project apparently conducted during spare time, it was not completed until more than two years after our initial meeting with Dr. Zervos.

The Study is Completed

In early 2020, I received a copy of the study. It showed the results of the analysis comparing children within Henry Ford Health from birth onward who had no exposure (no vaccines) with those who were exposed (one or more vaccines). The results were similar to the findings in the handful of other vaccinated versus unvaccinated studies discussed in my Prior Submission.

The Henry Ford study found that vaccinated children had a statistically significant increased rate of various serious chronic diseases. For example, vaccinated children had 3.03 times the rate of atopic disease (a group of allergic conditions); 4.29 times the rate of asthma; 5.53 times the rate of neurodevelopmental disorder, which included 3.28 times the rate of developmental delay and 4.47 times the rate of speech disorder; and 5.96 times the rate of autoimmune disease. All of these findings were statistically significant.

There were other conditions for which a rate could not be calculated because, while many cases existed among the vaccinated children, there were no cases among the unvaccinated children. For example, *while there were many cases of ADHD, learning disability, and tics in the vaccinated group, there were none in the unvaccinated group*.

The foregoing is obviously extremely troubling, especially because almost all these chronic diseases that showed an increased risk result from some form of immune system dysregulation. Many of them also already have some basis in the existing scientific literature linking them to vaccination, but the studies necessary to ascertain the rate and frequency of these harms had not been conducted. This study at Henry Ford finally provided hard figures on the rates at which childhood vaccines may be causing these harms.

Unfortunately, while Dr. Zervos and Dr. Lamerato affirmed the study was well designed, executed, and worthy of publication, they would not submit it for publication because, among other reasons, Dr. Lamerato said she did not want to make doctors uncomfortable, and Dr. Zervos said he did not want to lose his job at Henry Ford.

Had this study showed that vaccinated children were healthier, I have no doubt it would have quickly and easily been published. It was not submitted for publication precisely because it found the opposite result.

The Study

Here is the relevant portion of the cover page of the unpublished Henry Ford study:

Impact of Childhood Vaccination on Short and Long-Term Chronic Health Outcomes in Children: A Birth Cohort Study

Lois Lamerato, PhD[1], Abigail Chatfield, MS[1], Amy Tang, PhD[1], Marcus Zervos, MD[2,3]

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Running head: Association of childhood vaccination on chronic health in children
Word Count: 292 (Abstract), 4143 (Body)

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…
Financial Disclosure: This study had no external funding.

And here is a copy of its abstract:

Abstract

Objective: To compare the short and long-term health outcomes, within a captured payer environment, of children exposed to one or more vaccines to those unexposed.
Design: Birth cohort study
Setting: Integrated healthcare system in Michigan.
Participants: 18,468 children born between 2000 and 2016 enrolled in the health system insurance plan.

> **Main Outcome Measures:** Development of a chronic health condition over time.
> **Results:** A total of 18,468 consecutive subjects met eligibility criteria for the study, of which 1,957 had no exposure to vaccination and 16,511 had received at least one vaccine … [and] exposure to vaccination was independently associated with an increased risk of developing a chronic health condition (HR 2.53, CI 2.16-2.96) … asthma (HR 4.25, CI 3.23-5.59), autoimmune disease (HR 4.79, CI 1.36-16.94), atopic disease (HR 3.03, CI 2.01-4.57), eczema (HR 1.31, CI 1.13-1.52), and neurodevelopmental disorder (HR 5.53, CI 2.91-10.51). There were no chronic health conditions associated with an increased risk in the unexposed group. The overall probability of being free of a chronic health condition at 10-years of follow up was 43% in the group exposed to vaccination and 83% in the unexposed group.
> **Conclusion:** This study found that exposure to vaccination was independently associated with an overall 2.5-fold increase in the likelihood of developing a chronic health condition, when compared to children unexposed to vaccination. This association was primarily driven by asthma, atopic disease, eczema, autoimmune disease and neurodevelopmental disorders. This suggests that in certain children, exposure to vaccination may increase the likelihood of developing a chronic health condition, particularly for one of these conditions.

As seen from the abstract, the study isolated 18,468 children in the Henry Ford medical system who were enrolled in that system from birth. This meant that the data captured all medical encounters from birth until disenrollment, including any vaccines each child received and the medical conditions they were coded for. Among these 18,468 children, 1,957 had no exposure to vaccination (meaning zero vaccines) and 16,511 had received at least one vaccine during their enrollment, with various levels of exposure.

The study began with explaining it was conducted to provide results intended to "reassure parents of the overall safety of vaccination:"

> Vaccination has reduced the incidence of certain targeted childhood infections and their associated morbidity and mortality. Nonetheless, vaccine hesitancy remains a significant barrier to maintaining and increasing vaccine uptake and the number of parents foregoing all vaccinations has been increasing. Common parental concerns relate to the growth of the vaccine schedule, administering multiple vaccines contemporaneously, and the potential for long-term adverse health outcomes from vaccination. Research addressing these vaccine safety concerns can assist clinicians in discussions with their patients and serve to reassure parents of the overall safety of vaccination.

Hence, the stated goal of the study was to rule out vaccines as the cause of "long-term adverse health outcomes" in order "to reassure parents of the overall safety of vaccination." Meaning, the intent of the study was to decrease vaccine hesitancy and, thus, increase vaccine uptake.

To achieve this goal, the study explained that it "compared the short and long-term health outcomes, within a captured payer environment, of children unexposed to vaccines with those exposed to one or more vaccines" which "could allay parental concerns and bolster vaccine confidence."

The study also pointed out that it could not look to the existing pre- and post-licensure safety data to rule out vaccines as the cause because "there is a paucity of data evaluating the impact of vaccination on long-term health outcomes," the "safety review period in pre-licensure clinical trials is typically of insufficient duration ($\leq$30 days) to assess a vaccine's impact on long-term health outcomes" and "post-licensure observational studies have" had "mixed results" with regard to whether "vaccines are associated with developing certain health conditions."

Explaining the reliability of the data used for the study, it points out that, "Henry Ford Health System (HFHS) is a large, vertically integrated healthcare system … with 4.2 million ambulatory care visits annually" and its "Health Alliance Plan (HAP), a non-profit health maintenance organization (HMO) and subsidiary of HFHS, has approximately 570,000 enrolled members." It then explains that using the vast database of health records in this medical system, the study "evaluated health outcomes of a consecutive cohort of children born between 2000 and 2016 and enrolled in HAP." "Subjects were observed from birth until the earlier of disenrollment in the plan or December 31, 2017" and data used for the study came from their "medical, clinical and payer records from HFHS and HAP" and was "supplemented with data from the State of Michigan immunization registry."

To be included in the study, a participant had to be "born and enrolled in HAP for $\geq$ 60 days between January 1, 2000 and December 31, 2016 with HFHS designated as their primary care system." The study excluded children born with "congenital conditions present or discovered after birth" because these "exclusions correspond with the objective of evaluating long-term health outcomes in a generally healthy birth cohort."

The study explained that a "total of 18,468 consecutive subjects met eligibility criteria, of which 1,957 were unexposed and 16,511 were exposed to at least one vaccine." Among the "exposed," those who had received one or more vaccines, "the median number of vaccinations was 18."

Having segregated the total 18,468 children into two groups, exposed and unexposed groups, the study then calculated the "[i]ncidence rates and incidence rate ratios (IRR), based on exposure status prior to developing the condition."

While they expected to find that the vaccinated children were healthier than, or at least as healthy as, the unvaccinated children, they instead found the following: "Overall, the development of a chronic health condition occurred more often in the group exposed versus unexposed to vaccination … and was more common in those exposed to vaccination (IRR 2.48, CI 2.12-2.91)." Detailing specific medical conditions, they explained that a "statistically significant association was found between vaccination and the incidence of asthma, atopic and autoimmune disease, and

mental health and neurodevelopmental disorders including developmental delay and speech disorder."

The increased risks they found were not small. It wasn't an IRR of 1.02, which would mean a 2% increased risk, or an IRR of 1.11, which would mean an 11% increased risk. Instead, as the study explained: "conditions occurring more frequently in exposed subjects included ear infection (IRR 6.63, CI 5.73-7.66), chronic ear infection (IRR 5.67, CI 4.37-7.37), anaphylaxis (IRR 8.88, CI 1.24-63.47), and asthma attack or bronchospasm (IRR 6.30, CI 3.85-10.31)." It went on to explain that even after accounting for differences between the vaccinated and unvaccinated groups (*i.e.*, multivariate adjustment), it remained true that "vaccination was independently associated with an increased risk of developing a chronic health condition (HR 2.54, CI 2.16-2.97)."

To further validate these findings, because "enrollment time was shorter in the unexposed group," meaning the unvaccinated children were on average enrolled for less time in the Henry Ford system as compared to the vaccinated children, the study conducted "a sensitivity analysis for developing a chronic health condition … for subjects enrolled in the health plan for at least 1-year, 3-years and 5-years which demonstrated consistent results." The result of this sensitivity analysis was: "Vaccine exposure was associated with higher incidence of a chronic health condition for subjects enrolled at least 1-year (IRR 2.75, CI 2.31-3.28), 3-years (IRR 3.38, CI 2.67-4.30), and 5-years (IRR 4.09, CI 2.84-5.90), as well as a higher risk for developing a chronic health condition for subjects enrolled at least 1-year (HR 2.84, CI 2.38-3.38), 3-years (HR 3.48, CI 2.74-4.42), and 5-years (HR 4.05, CI 2.82-5.83)."

Meaning, when excluding from the study children who were not enrolled for certain minimum intervals in the Henry Ford health system, it revealed even greater harm, not less. For example, when they excluded children who were not enrolled for at least 5 years after birth, it showed vaccinated children had 4.05 times the rate of chronic disease (meaning a 305% increased risk), compared to 2.75 times the rate of chronic disease (meaning a 175% increased risk) when looking at children with all enrollment periods. This is because by only including children enrolled for at least 5 years, it excluded the vaccinated children who had not yet had a chance to develop a chronic disease. This type of sensitivity analysis again confirmed the strong validity of the study's results.

The study also wanted to make sure that the conclusions were not due to the possibility that the unvaccinated children went to the doctor less frequently. To address this possibility, the study "conducted a sensitivity analysis by repeating the above analyses using only subjects with at least one [health care] encounter during enrollment." After doing so, the study found that: "Vaccine exposure was associated with higher incidence of a chronic health condition for subjects with at least one healthcare encounter (IRR 1.83, CI 1.56-2.14) as well as a higher risk for developing a chronic health condition (HR 1.87, CI 1.60-2.19)." Meaning, even excluding the healthiest unvaccinated children, who didn't ever need medical attention at Henry Ford, the study still found the vaccinated children had a higher rate of chronic health conditions. The study also explained that "many conditions evaluated in this study are serious and cannot be self-treated, such as asthma, diabetes, anaphylaxis, or asthma attack, warranting urgent medical attention," and these analyses reflect that its "findings do not appear to be due to differential use of health resources."

The study describes its "strengths" as follows:

> Major strengths of this study are that it evaluated a captured population, enrolled a consecutive birth cohort, evaluated subjects only while enrolled, only relied upon medical records to determine diagnoses, encounters and vaccines administered (unlike prior works which often relied upon parental recall and survey data), had a completely unexposed cohort, and utilized groupings of health conditions, which can reveal relationships that are not apparent when evaluating specific disorders individually (particularly if they are rare).
>
> Though some results were unexpected, others are consistent with conclusions from prior systematic reviews, including by the IOM, such as the accepted causal relationship between vaccination and anaphylaxis, which we observed, or the rejection of a causal relationship between vaccination and cancer or MMR vaccine and autism. This contributes to the internal validity of this study's findings.

The study described its "limitations" as follows:

> This study has limitations. As it is retrospective, we cannot exclude the possibility of unidentified confounders. However, this concern is tempered by the finding of significant associations between vaccination and particular outcomes, with some hazard ratios in the 2.5-6 times risk. We lacked information on socioeconomic status, or potentially relevant post birth factors, such as diet or lifestyle, but did adjust for several important baseline confounders such as gender, ethnicity, gestational age and birthweight. To detect the potential for uncontrolled confounding, the literature suggests evaluating disorders with no expected causal association with vaccination, a control outcome, such as injuries or cancer. Importantly in this regard we found no association between vaccine exposure and cancer. Additionally, we relied on diagnosis codes in administrative data, which is commonly used in epidemiologic research but has some inherent limitations.
>
> Unvaccinated children have less healthcare utilization overall. Well visits coincide with the vaccination schedule and provide more opportunities for assessment and diagnosis in those receiving vaccines, compared to unvaccinated children, which could introduce an ascertainment bias. In this study, exposed children had an average of 7 annual encounters, irrespective of having a chronic health condition. Unexposed children had an average of 2 annual encounters but an average of almost 5 annual encounters if diagnosed with a chronic health condition. This likely demonstrates

> that when a child had a medical condition, parents sought healthcare. In fact, many conditions evaluated in this study are serious and cannot be self-treated, such as asthma, diabetes, anaphylaxis or asthma attack, warranting urgent medical attention. We nonetheless conducted several sensitivity analyses to explore the influence of healthcare utilization in order to improve the internal validity of this study and minimize potential ascertainment bias. To ensure the unexposed group's shorter follow-up duration did not influence the results, we repeated the Cox proportional hazards analysis for the chronic health composite outcome for those in the plan for one, three and five years and for those who had at least one healthcare encounter, which demonstrated results consistent with the overall findings. The association between vaccination and developing a chronic health condition was independent of these factors. Therefore, our findings do not appear to be due to differential use of health resources.
>
> Our study solely evaluated whether or not vaccination was associated with clinically relevant outcomes, conditions that currently contribute to the rising chronic health disease burden in children. We did not evaluate the influence of temporal relationships, individual vaccines, or the number of vaccines, which limits this investigation but also minimizes the potential for reverse causality.

The study then provides a conclusion, followed by tables, outlining the precise findings for each condition. Here is the study's conclusion:

> In this study, we found vaccine exposure in children was associated with an increased risk of developing a chronic health disorder. This association was primarily driven by increased risk for asthma, atopy, eczema, autoimmune disease and neurodevelopmental disorders. This suggests that in certain susceptible children, exposure to vaccination may increase the likelihood of developing a chronic health condition, particularly for one of these conditions. Our preliminary findings cannot prove causality and warrant further investigation.

The study then detailed the specific findings for each chronic disease in two tables.

The following is from a table in the study titled, "Incidence of Chronic Health Conditions Stratified by Vaccine Exposure Status" and reflects the number of instances (denoted as "N") and the rate (denoted as "Incidence per 1,000,000 pt-yrs") of a given medical condition for each group. The rate is critical because there were more children in the exposed (16,511 children) than the unexposed group (1,957 children). Also, note that some of the unvaccinated children have some of the listed chronic health conditions and hence, other environmental insults, aside from vaccines, can certainly cause these conditions. Finally, note that for many of the conditions, there were many

cases in the vaccinated group but none in the unvaccinated group. When that happened, an "[i]ncident rate ratios could not be calculated … since all cases occurred in the group exposed to vaccination and no cases occurred in the unexposed group." The reason it cannot be calculated is because division breaks down when one value is zero. For example, while there were 262 cases of ADHD in the vaccinated group, there were zero in the unvaccinated group. Hence, an IRR could not be calculated for this condition.

Outcome	Any Vaccine Exposure N (Incidence per 1,000,000 pt-yrs)	No Vaccine Exposure N (Incidence per 1,000,000 pt-yrs)	IRR (95% CI)
Chronic Health Condition	4,732 (277.3)	160 (111.7)	2.48 (2.12-2.91)
Asthma	2,867 (145.6)	52 (35.6)	4.09 (3.11-5.38)
Atopic Disease	946 (41.2)	23 (15.6)	2.64 (1.74-3.99)
Autoimmune Disease	201 (8.4)	2 (1.4)	6.16 (1.53-24.79)
Brain Dysfunction	8 (0.3)	0 (0.0)	∞
Cancer	169 (7.0)	13 (8.8)	0.79 (0.45-1.39)
Diabetes	42 (1.7)	0 (0.0)	∞
Food Allergy	577 (24.3)	30 (20.5)	1.19 (0.82-1.71)
Mental Health Disorder	341 (15.9)	5 (4.5)	3.50 (1.45-8.46)
Neurodevelopmental Disorder	1,029 (50.2)	9 (8.2)	6.15 (3.19-11.86)
ADHD	262 (12.1)	0 (0.0)	∞
Autism	23 (1.1)	1 (0.9)	1.16 (0.16-8.62)
Behavioral Disability	165 (7.6)	0 (0.0)	∞
Developmental Delay	219 (10.1)	3 (2.7)	3.74 (1.20-11.68)
Learning Disability	65 (3.0)	0 (0.0)	∞
Intellectual Disability	5 (0.2)	0 (0.0)	∞
Speech Disorder	463 (21.8)	6 (5.4)	4.02 (1.80-9.00)
Motor Disability	150 (6.9)	2 (1.8)	3.83 (0.95-15.47)
Tics	46 (2.1)	0 (0.0)	∞
Other Psychological Disability	9 (0.4)	0 (0.0)	∞
Neurological Disorder	127 (5.2)	12 (8.1)	0.64 (0.35-1.116)
Seizure Disorder	319 (13.3)	12 (8.2)	1.63 (0.92-2.91)

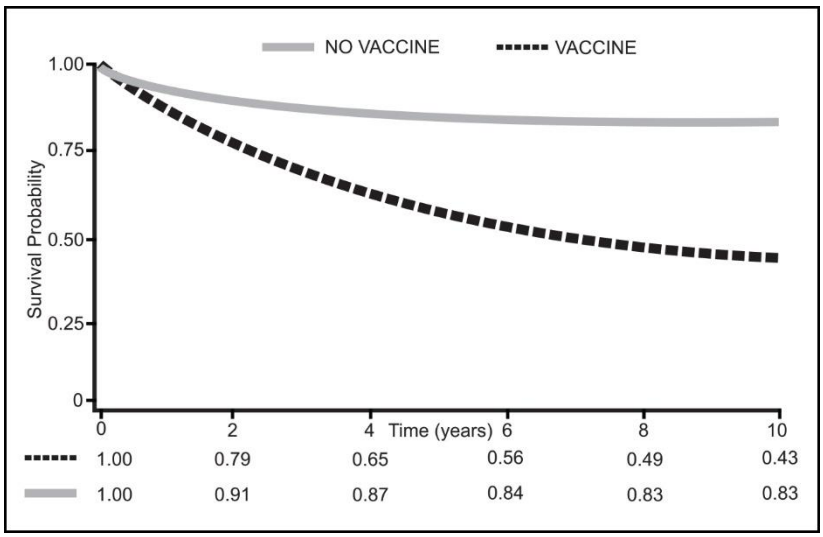
As you can see from this table, for many conditions, the incidence and rate among the vaccinated is far greater than among the unvaccinated. For many others, no rate could be calculated because, as discussed above, there wasn't a single instance of that condition among the unvaccinated. In the right-most column, the first number is the IRR, the incidence rate ratio, which shows what the rate is among the vaccinated versus unvaccinated children. If the IRR is below a "1" it reflects a *lower* rate of that chronic health condition among the vaccinated. If the IRR is above a "1" it reflects a *higher* rate of that chronic health condition among the vaccinated. To the right of each IRR number are two more numbers represented as a range. This is the confidence interval (or CI), which reflects the likelihood that the IRR is correct by providing the likely range, above and below the IRR, within which the IRR is likely to fall, if the IRR is not already accurate.

The study then provides a table that adjusts for gender, race, birth weight, respiratory distress at birth, birth trauma, and prematurity. These adjustments are intended to account for potential imbalances between the vaccinated and unvaccinated group for these factors. As you will see in

the following table, which the study titled "Cox Proportional Hazards Regression Analysis for Vaccine Exposure and Development of a Chronic Health Condition," the adjusted hazard ratios are just as concerning. The hazard ratio, or HR, is similar to the IRR as it reflects the increased risk (if above 1) or decreased risk (if below 1) of having a given condition among the vaccinated (as compared to the unvaccinated). The confidence interval, or CI, next to each HR we have already discussed. And the "P" value is another way of reflecting whether the finding is statistically significant; a P value at or below .05 means the HR finding is statistically significant.

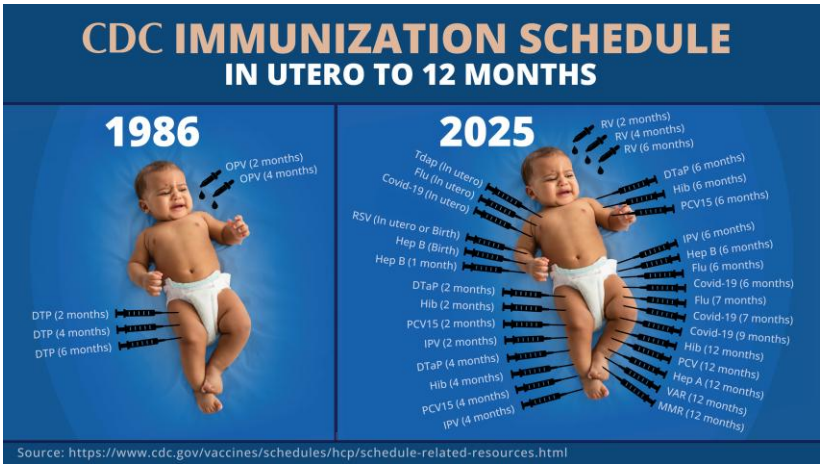
Outcome	Adjusted HR (95% CI)	*P*
Chronic Health Condition	2.54 (2.16-2.97)	<0.0001
Asthma	4.29 (3.26-5.65)	<0.0001
Atopic Disease	3.03 (2.01-4.57)	<0.0001
Autoimmune Disease	5.96 (1.48-24.11)	0.02
Brain Dysfunction	∞	
Cancer	0.90 (0.51-1.59)	0.72
Diabetes	∞	
Food Allergy	1.40 (0.97-2.02)	0.07
Mental Health Disorder	1.63 (0.69-3.82)	0.26
Neurodevelopmental Disorder	5.53 (2.91-10.51)	<0.0001
ADHD	∞	
Autism	0.62 (0.10-3.69)	0.60
Behavioral Disability	∞	
Developmental Delay	3.28 (1.13-9.55)	0.03
Intellectual Disability	∞	
Learning Disability	∞	
Motor Disability	2.92 (0.82-10.40)	0.10
Speech Disorder	4.47 (2.05-9.74)	<0.0001
Tics	∞	
Other Psychological Disability	∞	
Neurological Disorder	0.83 (0.46-1.51)	0.55
Seizure Disorder	1.66 (0.94-2.94)	0.08

Here is one last chart from the study that shows the percentage of the vaccinated children who developed at least one chronic health issue over time versus the percentage of unvaccinated children who developed at least one chronic health issue over time. This chart reflects that, after 10 years, *43% of the vaccinated children had no diagnosed condition, whereas 83% of the unvaccinated children had no diagnosed condition*. Stated inversely, *after 10 years, 57% of the vaccinated children had been diagnosed with one or more chronic health conditions, whereas only 17% of the unvaccinated children were diagnosed with one or more chronic health conditions*. Here is a recreated chart, titled "Kaplan Meier Curve: 10-year Chronic Disease-Free Survival by Vaccine Exposure," from the study:



Reviewing these tables and this chart should make it clear why the study's authors and Henry Ford Health did not want this study published. For the authors, publishing this study would have turned virtually every person and institution in their world against them. Publishing the study would have been the right thing to do. The brave thing to do. But it would have ignited the wrath of nearly everyone and every institution that they know, rely upon, and hold dear.

Of course, if doing the right thing, the moral thing, the ethical thing regarding vaccines did not involve potential social and career suicide, we would not be in the current predicament in which we find ourselves. If this study, and others like it, were conducted and were published in medical journals, the first scientific step needed to protect children from vaccine injury would have been taken. We *can* do far better than a society in which more than half of our children suffer from a chronic health condition. We can save children from both harm from infectious diseases and harm from these products.



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