

## VIA ELECTRONIC SUBMISSION

October 20, 2022

Centers for Disease Control and Prevention  
Attn: October 19-20, 2022 ACIP Meeting  
1600 Clifton Road NE, MS H24-8  
Atlanta, GA 30329-4027

Re: *Docket No. CDC-2022-0111 for October 19-20, 2022 ACIP Meeting*

Dear Sir or Madam:

On behalf of our client, Informed Consent Action Network (“ICAN”), we submit the following comment to the Centers for Disease Control and Prevention (“CDC”) regarding the October 19-20, 2022 Advisory Committee on Immunization Practices (“ACIP”) meeting to urge ACIP’s Members to vote against adding COVID-19 vaccines to the CDC’s routine childhood schedule.

There are numerous significant issues with COVID-19 vaccines, including the fact that they do not stop infection or transmission, do not protect against disease from certain variants, they suffer from rapidly waning immunity against all current variants, and they no longer appear to reduce hospitalization or death. But as troubling as those issues are, what is worse is that these vaccines present an even greater risk and even lesser benefit to minors than to any other age group.

As you are likely aware, ICAN has been relentless in flagging these serious outstanding issues regarding COVID-19 vaccines, particularly as they relate to children, to our federal health authorities. ICAN has filed two petitions to the FDA listing, in extraordinary detail, the issues with the grant of emergency use authorization of these vaccines in children.<sup>1</sup> By way of example, ICAN’s June 30, 2022 citizen petition observed that the entire premise of the approval of Pfizer’s COVID-19 vaccine was faulty since benefit-risk assessment presumed “constant vaccine efficacy,” which current data definitively shows is not the case.

But beyond petitions, ICAN has repeatedly and consistently sent letters to the CDC concerning the glaring issues with the agency and its policies regarding these vaccines. In January 2022, we wrote to the CDC and the FDA after COVID-19 vaccines were granted EUAs for use in children 5 to 11 years of age, highlighting three specific instances of adolescents suffering severe

---

<sup>1</sup> See <https://www.regulations.gov/document/FDA-2022-P-0872-0001>; <https://www.regulations.gov/document/FDA-2022-P-1399-0001>.

adverse events from a COVID-19 vaccine and demanding a copy of the data that was relied upon in concluding that the established benefits for these vaccines outweigh the risks for minors.<sup>2</sup> Despite the grievous harm that resulted to these children, CDC provided no substantive response, no doubt because it could not rebut what ICAN had written.

In January 2022, we again wrote to the CDC asking for an explanation as to why its data showed that over 12% of Americans who received their first COVID-19 vaccine dose were not returning to receive their second dose.<sup>3</sup> The CDC responded but was unable to explain this discrepancy.

In February 2022, we wrote regarding ACIP's meeting on recommending the use of Moderna's Spikevax vaccine in individuals under 18, listing the numerous problems with the vaccine including the fact it did not meet the 50% efficacy threshold.<sup>4</sup> CDC again responded but was unable to rebut ICAN's claims but yet ACIP voted to recommend the vaccine.

In June 2022, we wrote to request whether the CDC would, as the military does, consider employing a "red team" to specifically argue against any policies proposed by the agency – in particular with respect to ACIP and COVID-19 vaccines – in order to search for weaknesses and fix deficiencies.<sup>5</sup> CDC again responded but provided no indication it would implement this best practice.

In July 2022, we wrote to CDC regarding the manifestly inaccurate data presented separately by both the Director of the CDC and a CDC presenter at the June 2022 ACIP meeting, both of whom claimed that COVID-19 was one of the top five leading causes of death of children and young people ages 0-19.<sup>6</sup> In light of the fact that the author of the study cited as the source of the "top five" figure issued a correction acknowledging the errors in the data, inexplicably, CDC failed to take corrective action.

Likewise in July 2022, we wrote to inquire whether the CDC concurred with or contested the statistic released by the German Paul-Erlich-Institut indicating that the reporting rate of adverse events to COVID-19 vaccines was 0.2 reports per 1,000 – a number far higher than that promoted by the CDC.<sup>7</sup> CDC again responded without contesting or rebutting this figure or the concern raised by ICAN.

Additionally in July 2022, we wrote to the CDC, as well as all members of the U.S. Congress and ACIP, regarding the "framework" adopted by ACIP for evaluating future additional

---

<sup>2</sup> <https://www.icandecide.org/wp-content/uploads/2022/10/1-03-2022-Dr.-Peter-Mark-Letter-w-attachments.pdf>.

<sup>3</sup> <https://www.icandecide.org/wp-content/uploads/2022/10/1-31-2022-Ltr-to-CDC-re-Missing-Second-Dose.pdf>.

<sup>4</sup> <https://www.icandecide.org/wp-content/uploads/2022/10/2-03-2022-ACIP-Premeeeting-Letter-re-2-04-2022-meeting.pdf>.

<sup>5</sup> [https://www.icandecide.org/wp-content/uploads/2022/10/CDC-red-team-letter\\_2022\\_06\\_24-2.pdf](https://www.icandecide.org/wp-content/uploads/2022/10/CDC-red-team-letter_2022_06_24-2.pdf).

<sup>6</sup> [https://www.icandecide.org/wp-content/uploads/2022/10/Ltr-to-Walensky-re-inaccurate-data\\_2022\\_07\\_22.pdf](https://www.icandecide.org/wp-content/uploads/2022/10/Ltr-to-Walensky-re-inaccurate-data_2022_07_22.pdf).

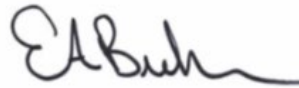
<sup>7</sup> <https://www.icandecide.org/wp-content/uploads/2022/10/Letter-to-CDC-re-German-Study-COVID-19-vaccine-serious-side-effects-statistic.pdf>.

doses, detailing some of the more troubling aspects of ACIP's and VRBPAC's recent behavior, including the breaches in scientific norms in authorizing 3<sup>rd</sup> and 4<sup>th</sup> doses and the ignored safety signals, including 1,247,129 VAERS reports.<sup>8</sup> Yet again, CDC responded but again was plainly unable to directly address ICAN's concern or alleviate it with any explanation.

Finally, just last month, we wrote to the CDC to inquire as to why it is continuing to insist on measuring COVID-19 community level indicators with hospitalizations in a way that vastly overinflates the present risk to communities.<sup>9</sup> Again, CDC responded but was unable to address this concern.

In light of all of these significant and outstanding issues that demand answers, we urge ACIP members to vote against adding these problematic vaccines to the CDC's routine childhood schedule. ACIP would be turning a blind eye if it did not recognize that the addition of this vaccine to the routine childhood schedule is the spark that ignites a fire of unnecessary rights-crushing school mandates.

Very truly yours,



Aaron Siri, Esq.  
Elizabeth A. Brehm, Esq.  
Catherine Cline, Esq.

---

<sup>8</sup> [https://www.icandecide.org/wp-content/uploads/2022/10/Post-April-20-2022-mtng-ltr\\_2022\\_06\\_14.pdf](https://www.icandecide.org/wp-content/uploads/2022/10/Post-April-20-2022-mtng-ltr_2022_06_14.pdf).

<sup>9</sup> [https://www.icandecide.org/wp-content/uploads/2022/10/CDC-Letter-Community-Infection-Rate\\_2022\\_09\\_27.pdf](https://www.icandecide.org/wp-content/uploads/2022/10/CDC-Letter-Community-Infection-Rate_2022_09_27.pdf).