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ICAN ELECTRIFIES FREEDOM FEST
WITH PRESENTATION EXPOSING 'VACCINE EXPERTS' LIED UNDER OATH

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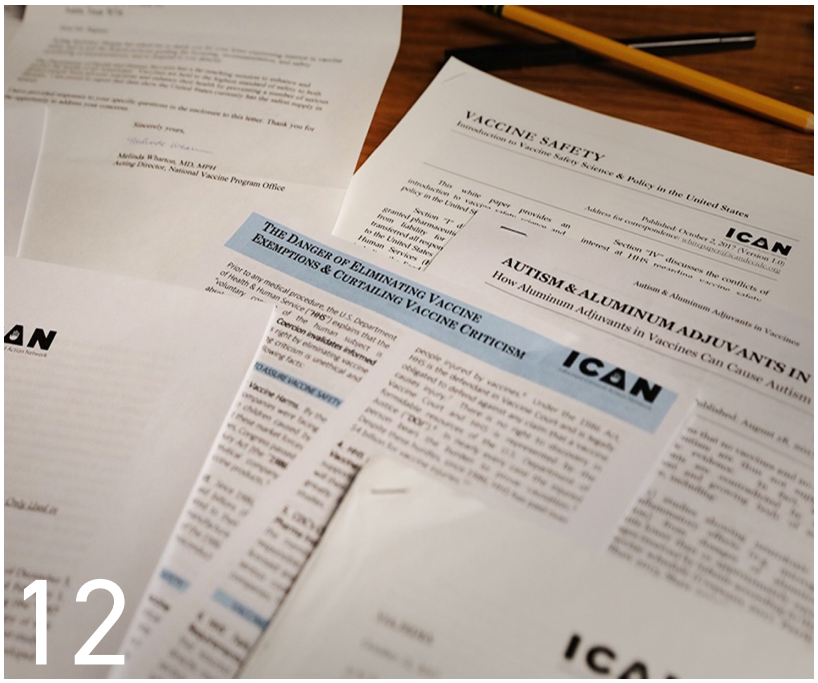

Del Bigtree
FOUNDER & CEO, ICAN
HOST, *The HighWire*

When we created the nonprofit Informed Consent Action Network (ICAN) and the voice for the legal work that ICAN would be doing, *The HighWire*, we discussed the idea that if a lawsuit wins in a forest and no one is there to talk about it, does it matter?

And so, we endeavored to build a media system that could amplify the lawsuits and legal actions we planned on bringing. This resulted in a proof of concept for "activist television," in which we invest almost half of the proceeds from donations to ICAN into fighting for the various causes that we report on. I don't know that anyone else has ever done this. It was always a part of the plan, and it has been successful.

The HighWire began with hundreds of viewers and quickly grew to thousands over the next 20 episodes. By the time COVID hit, we were in the millions of views across our platforms. Today, in the face of record censorship, 5 to 7 million viewers are watching every week. We've progressed faster than we had dreamed.

The vaccine issue has always been the tip of the authoritarian iceberg; if we don't control our bodies, then what freedom do we actually have? We thought we were embarking on a 10 to 15 year plan to really get the world talking about vaccines and today, it's the number one issue in the world, critical in elections of world leaders and presidents.

As we look ahead, we are bringing the same level of scrutiny and legal attention we have had on vaccines, and applying that template to other issues that affect humanity and where our freedom is under threat.

In the coming years, I believe we will be garnering viewers by the hundreds of millions—in large part due to the fact that the movement on the whole has grown, but I believe ICAN and *The HighWire* have been integral to that growth. I think we're on the verge of being the most important independent media/news sources of our kind in the world. Our brand represents the truth—and that is not defined by opinion—it is defined by facts and evidence.

We're going to continue to lead journalism back to what it was supposed to be.

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Jefferey Jaxen, Freedom Fest, Memphis, 2023

ICAN and *The HighWire* stood out at this year's Freedom Fest as the frontrunner in the medical and health freedom space amongst the social, political and financial luminaries that rounded out most of the conference speakers.

Perhaps the most remarkable shift from last year was the near-universal agreement among the interviewees that America's COVID pandemic response had accomplished several things.

First, the U.S. government and its agencies went too far in suppressing the speech of its citizens. The across-the-board agreement on this topic and presenters' willingness to speak publicly was unlike anything seen to date. There was a fresh hope of First Amendment liberty in the air as the conference was held one week after Judge Terry Doughty's preliminary injunction in the Missouri v. Biden case forbidding the government and its agencies from contacting social media platforms. Until then, government agencies had wielded nearly unrelenting and total tech speech suppression superiority against those going off the dominant narrative.

Second, there was a consensus that the COVID pandemic response has hurt the economy. Whether it was the migration of people out of overly-restrictive states such as New York or the hit to the job market, people weren't shy to point it out and offer solutions for the future. In short, the speakers were hopeful and solutions-minded.

Among the many memorable conversations, several quotes left a lasting impression.

Robert Enlow, President of EdChoice stated:

"I think what we learned in the pandemic is parents had a new cultural connection with education that they hadn't had in a long time...we're in such a unique inflection point right now because parents are saying we want the power, we want the control, we want customization, we want hybridization. And that's what's happening around the country."

Dr. Aaron Lewis said of the current wave of 'alternative media' taking over:

"I personally believe—having been in the publishing industry for more than 25 years—that independent journalism is it. That is the next move. That is the next wave. And I don't see that wave going anywhere for a long, long time; I think it's going to be the next several decades. And the reason why [is] that traditional media from the past has proven untrustworthy."

There was also some behind-the-scenes information shared during the interviews at Freedom Fest.

Avik Roy, who runs the Foundation for Research on Equal Opportunity think tank, spoke with us about his work during the COVID response leading the charge to reopen schools. Roy stated:

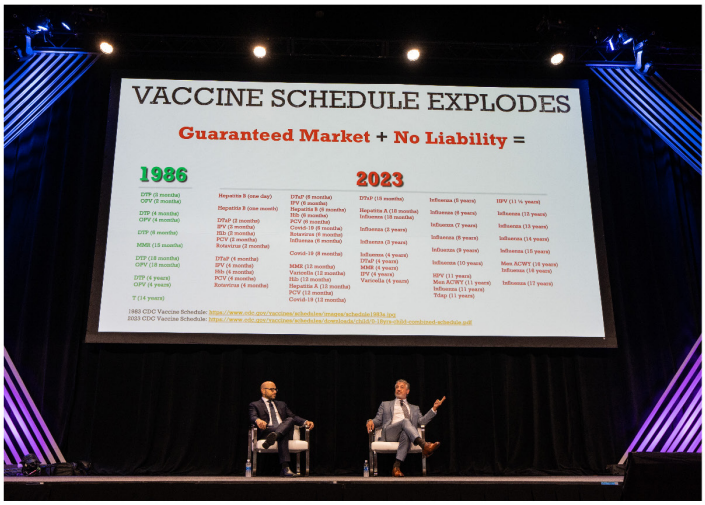
"I can tell you there were a lot of blue states where the governors actually wanted to reopen schools, but they were so beholden to the teachers unions that they couldn't. So behind the scenes, it wasn't just the red states. There were blue states where we were fighting behind the scenes. We just couldn't get over the hump of the teachers unions... no doubt coming out of the COVID experience convinced me that the teachers unions are the single greatest obstacle to the educational prospects of Americans."

Zhou Fengsou, one of the main student leaders of the 1989 Tiananmen Square protests in China, saw hope in the final Chinese protest of late 2022 that forced the country to end its zero-COVID policy.

"You know, the protest at the end of zero-COVID, what we call the 'White Paper Movement,' definitely gives me strong hope. This is very similar to 1989. But in a degree, the control is much stronger now. But even with such control, the CCP wasn't able to continue because of people's protests. So they are much more vulnerable even with everything enabling them. Now there is a thin layer of fear on top of the erupting volcano. That's what I see today in China."

The Freedom Fest culminated in a private event at Elvis's Graceland Car Museum—A roundtable discussion featuring former President of the ACLU Nadine Strossen, journalist Matt Taibbi, Robert F. Kennedy, Jr. and Del Bigtree speaking on the topic of social media censorship in the wake of the Missouri v. Biden decisions. It became clear to the attendees, many of them speakers at the conference, that the censorship of the medical and health conversation by social media companies and directed by government has become one of the biggest conversations in the world.

Where we go from here is anybody's guess. Yet, it is impossible to ignore the rapid awareness nearly everyone I interacted with had about topics that in previous years



Freedom Fest, Memphis, TN 2023

WHAT YOU NEED TO KNOW:

- ICAN filed a petition to the FDA in August 2022, demanding the suspension of the use of IPOL, an inactivated polio vaccine.
- ICAN requested in the petition that the vaccine be withdrawn or suspended until a proper double-blind, placebo-controlled study is conducted and the label updated to include "does not prevent infection or transmission."
- The current study, which licensure was based on, lasted a total of 3 days and did not include a placebo group.

You can read more about ICAN's citizen petitions at the links below:

FDA Doubles Down On Junk Science In Response To ICAN Petition To Revoke Use Of COVID-19 Vaccines In Children

New Challenge To FDA On 12-15-Year-Old COVID Injections

Emergency Petition To Halt Clinical Trial Of Moderna And NIH's COVID-19 Vaccine Unless All Adverse Reactions Are Tracked

Petition Filed Regarding Improper Amounts Of Aluminum Adjuvant In Childhood Vaccines

ICAN Files Formal Petition Demanding That The FDA Withdraw Its Licensure Of Hepatitis B Vaccines

FDA CONTINUES TO AVOID ICAN'S PETITION TO SUSPEND THE IPOL POLIO VACCINE FOR CHILDREN

In August 2022, ICAN's attorneys filed a formal petition demanding that the FDA suspend or withdraw approval of IPOL, Sanofi Pasteur's inactivated polio vaccine for babies and children, until appropriate clinical trials are undertaken.

The petition is simple and straightforward, and requests that, until the safety of IPOL is demonstrated with a properly powered, double blind, placebo-controlled study (that lasts beyond **three days**), the vaccine should be withdrawn or suspended from the market and, if reintroduced, its label amended to note that IPOL does not prevent infection or transmission.

Despite this simple request, it was not until six months later that ICAN finally received a response – required by law – from Dr. Peter Marks, Director of the FDA's Center for Biologics Evaluation and Research, who oversees vaccine approval. Like his previous responses to ICAN's citizen petitions, this one was as inane as ever. He wrote simply to state that the FDA had "not yet reached a resolution because [the petition] raises issues requiring further review and analysis by agency officials."

Further review and analysis! Effectively, what the FDA is really saying is that despite the passage of six months, it cannot yet figure out how to rebut ICAN's claim that three days of safety review in the clinical trial was insufficient.

While the agency drags it feet "reviewing and analyzing" this plainly improperly clinical trialed vaccine, the CDC continues to recommend it be injected into every baby three times during the first six months of life. What the FDA should do is immediately withdraw this product from the market until a proper clinical trial that actually proves it is safe and effective, as required by law, is conducted.

As longtime ICAN supporters may recall, ICAN first began investigating IPOL back in 2017 when it was brought to our attention that IPOL's clinical trials for babies and children did not include a placebo control group and only assessed safety for **three days** after injection, as set forth plainly in the IPOL package insert.

To verify this data, ICAN's attorneys submitted a FOIA request seeking all of the clinical trial data that the FDA relied upon to conclude that this vaccine was "safe and effective" when it approved IPOL back in 1990. Incredibly, upon receiving the studies, ICAN confirmed once and for all that none of them demonstrated that IPOL was "safe" prior to licensure and, therefore, **neither the product nor FDA approval complied with the applicable federal statutory and regulatory requirements.** It was for that reason that ICAN's attorneys filed the formal petition mentioned above, which you can read in its entirety here.

But despite the urgency of a potentially dangerous vaccine remaining on the market, the FDA is – yet again – failing to act. You can rest assured, however, that this is only the beginning of a renewed effort by ICAN's attorneys to investigate the FDA's knowledge and promotion of polio vaccines. Stay tuned for more on that front soon.

In the meantime, you can still submit a comment in support of ICAN's petition, by clicking the blue "Comment" button at

LATEST PFIZER DOCUMENTS REVEAL HIGHLY SUSPICIOUS DEATHS AND HOSPITALIZATIONS IN THE CLINICAL TRIAL DATA

As you know from prior updates, the attorneys who represent ICAN also represent the plaintiff in a lawsuit against the FDA to obtain Pfizer's COVID-19 vaccine documents. After a historic win, the FDA was forced to produce tens of thousands of documents every month.

The latest July batch of documents consists of case report forms (CRFs) of 212 individuals who participated in Pfizer's clinical trial and some are highly concerning. Ten participants whose reports were produced in this tranche experienced highly concerning health events. All the adverse events (AEs) listed below happened after receipt of the vaccine (either the individual was in the original vaccine group or was vaccinated after the unblinding of participants who had originally been in the placebo group).

- An approximately 70-year-old man was hospitalized with atrial fibrillation, pulmonary emboli (blood clots in the lungs), and occlusive thrombus (blood clot) in his right calf just 2 days after his first injection despite no prior medical history of cardiovascular issues as confirmed by Pfizer. Pfizer indicated the blood clots were due to "Prolonged travel in the car."

- An approximately 49-year-old man with high cholesterol, but no other related health issues, had a myocardial infarction (heart attack) 11 days after his second dose, which apparently caused a biking accident. It appears that he was hospitalized for 16 days. Pfizer reported it as "not related" to the vaccine and, instead, stated it was "related to cardiovascular risk." Also of interest is Pfizer's observation that his two doses were more than 21 days apart, but yet it is not clear that this was recorded as a medication error. Notably, no reactogenicity e-diary information was collected for this subject despite this being part of the clinical trial protocol (to collect a diary of symptoms experienced after injection).

- An approximately 48-year-old man reported that his partner was pregnant two and a half months after his second dose. His partner suffered a miscarriage three weeks later. But, as you can see in the records, Pfizer's primary concern appeared to be figuring out whether the partner was also in the study and, if so, ensuring this adverse event was reported only once. Again, no reactogenicity e-diary information was collected for this subject.

- An approximately 70-year-old male with a history of heart and kidney disease was hospitalized with atrial fibrillation and acute kidney injury 12 days after his second active dose. The individual inputting the AE information into his CRF actually admits to making up the cause of adverse events. When questioned why "dehydration" was listed as the cause of the acute kidney injury, the clinical trial staff member eventually admits that dehydration was "what the PI [Principal Investigator of the trial] thought [the kidney injury] could be attributed to, but dehydration is not in the medical record for this instance and was not reported by the patient." Again, no reactogenicity e-diary information was collected for this subject.

- An approximately 68-year-old man was hospitalized with atrial fibrillation just 1 week after his first dose. He had hypertension and dyslipidemia (high cholesterol), but no other related health issues. No reactogenicity e-diary information was collected for this subject.

- An approximately 68-year-old man committed suicide just 4 days after receiving his first dose of the vaccine (after having received two doses of placebo five months earlier). While he did have a history of depression, the study criteria excluded participants with recent or active suicidal ideation/behavior, and comments in his CRF indicate that Pfizer checked his history for "suicidal attempts or recent hospitalization due to depression" and found none.

- An approximately 85-year-old man with a history of heart disease died suddenly of atherosclerotic cardiovascular disease two months after his second injection. In reporting this adverse event, one Pfizer employee wanted to confirm if the toxicity grade "should be 5 as the AE was Fatal." Another employee responds, "Toxicity grade should be 5-Fatal, but 4 is the highest radial that can be selected." It's not entirely clear what this means. No reactogenicity e-diary information was collected for this subject.

- An approximately 85-year-old man with a history of heart problems, among numerous other health issues, was hospitalized with worsening aortic stenosis (a heart issue) 15 days after his first injection and died of cardiac arrest 10 days later. Once again, no reactogenicity e-diary information was collected for this subject.

- An approximately 56-year-old woman with a history of heart disease, including congestive heart failure, diabetes, a stroke in 2019, and numerous other health issues, was hospitalized with worsening coronary heart disease 11 days after her first dose. Records indicate her "end of participation was 28 Aug 2020. Subject withdrawn due to SAE [serious adverse event] no longer meets the eligibility requirement of inclusion 3," which required "healthy participants." Evidently, this individual's 2019 stroke, diabetes, and history of heart failure was not considered enough to disqualify her as unhealthy, but worsening heart disease, which occurred right after the vaccine, was. Predictably, her adverse event was marked "not related" to the vaccine and, instead, was absurdly attributed to "Hypertensive cardiovascular disease or arteriosclerotic heart disease." In other words, her worsening heart disease was caused by heart disease.

- An approximately 54-year-old man was hospitalized with heart failure 26 days after his second dose. He recovered but ended up back in the hospital six weeks later, where he ultimately died of congestive heart failure. Despite the trial inclusion criteria which required that participants be deemed "healthy," this man had a number of serious health issues prior to the study, including chronic obstructive pulmonary disease, acid reflux, heartburn, bilateral leg edema, hypertension, irregular heartbeat, a defibrillator implant, idiopathic cardiomyopathy, and congestive heart failure, but was still allowed to participate in the study.

As you may have already guessed, despite the fact that most of them suffered heart damage, which is a widely-known side effect of the vaccine, Pfizer determined that none of these events were related to the investigational vaccine. And let's not forget that the FDA had access to all of these records before granting licensure. Pfizer's trial included over 43,000 people but, to date, the FDA has produced only 785 case report forms for less than 2% of the trial participants. If and when more are produced, ICAN will continue to update our supporters.

ICAN WARNS FDA ADVISORY COMMITTEE OF SERIOUS ISSUES WITH PFIZER'S RSV VACCINE FOR PREGNANT WOMEN

WHAT YOU NEED TO KNOW:

- The gold standard in evaluating the safety and efficacy of a new medication or intervention is a randomized control trial (RCT).
- In RCTs, the control group must receive an inert placebo or an active control with historical placebo-controlled trials available to define the active control's effect.
- No vaccine administered in the first 5 years of life has ever been tested against a true, inert placebo; therefore they should not be used as an active control in an RCT.
- The clinical trial for the RSV vaccine did not include a placebo, showed low efficacy, and included severe adverse events.
- Adverse events in vaccinated mothers included: premature delivery, postpartum hemorrhage, preeclampsia, fetal distress, and a higher rate of stillbirths.
- Adverse events in the infants born to vaccinated mothers, included: respiratory distress, low birth weight, hypoglycemia, prematurity, and sepsis.

Key Terms |

- placebo (n.): An inactive substance
- efficacy (n.): Power or capacity to produce a desired effect; effectiveness.

On May 18, 2023, the FDA's vaccine committee met to vote on whether Pfizer's new RSV vaccine is "safe" and "effective." Ahead of that meeting, ICAN, through its attorneys, wrote a letter to the FDA committee members to warn about numerous serious issues evident from its clinical trial, including the low efficacy, significant adverse events, and lack of a placebo control.

ICAN pointed out that the study's authors themselves admitted that "the criterion for vaccine efficacy was not met" for some of the infants in the trial. But if that weren't bad enough, the letter also noted a concerning increase in adverse reactions in the infants born to vaccinated mothers, which included respiratory distress, low birth weight, hypoglycemia, prematurity, and sepsis.

Vaccinated mothers in the trial similarly had a higher rate of severe and life-threatening reactions than their unvaccinated counterparts, including premature delivery, postpartum hemorrhage, preeclampsia, and fetal distress, as well as a higher rate of stillbirths. Alarmingly, one vaccinated mother died from postpartum hemorrhage and hypovolemic shock.

Compounding these issues, ICAN noted that the control used in the study was not a placebo (such as a saline injection) because clinicaltrials.gov lists the control as a "biological." Utilizing a non-inert biological, instead of a placebo, means the clinical trial could not establish the actual safety profile of the vaccine and further heightens concern regarding the serious safety issues seen in the clinical trial. ICAN will continue to keep you updated on the approval process. In the meantime, you can read ICAN's letter in full here.

See the links below for more of ICAN's work involving vaccine advisory committees:

ICAN Demands VRBPAC Decline To Authorize Pfizer Vaccine For Babies

The FDA And CDC Are Preparing A "Framework" To Exempt Future COVID-19 Shots From Clinical Trials. ICAN Is Fighting Back

FDA's Advisory Committee Ignores Member's Conflict Of Interest And Allows Him To Attend Meetings And Vote

FDA Perpetuates Failed Strategy In Latest VRBPAC Meeting On Flu Shots

ICAN And Others Kept The Heat On And FDA Delays Decision On COVID Vaccine For Babies And Toddlers

ICAN Sends Comment To FDA's Advisory Committee Regarding Pediatric Use Of COVID-19 Vaccine

ICAN Introduces New Framework For ACIP To Use To Evaluate Vaccine Recommendations

EXCLUSIVE: ICAN OBTAINS CRITICAL MODERNA COVID-19 VACCINE LOT INFORMATION

A year ago, ICAN announced it obtained lot, dose, and distribution information for Pfizer's COVID-19 vaccine. ICAN is pleased to announce that, after a full year of legal battles, its attorneys have also obtained lot, dose, and distribution information for Moderna's COVID-19 vaccine. As with the Pfizer data, this data will help enable analyses to determine if certain lots were "hot lots" that resulted in more severe and/or numerous adverse event reports.

In March 2022, ICAN's attorneys filed two FOIA requests with CDC seeking information on Moderna's COVID-19 vaccine lot numbers, total doses administered, lot shipments, and distribution. When CDC responded with heavily redacted and virtually useless documents, ICAN was ultimately forced to file suit against CDC and HHS.

Eventually, CDC agreed to produce the unredacted Moderna data and ICAN has recently received the final batch of data. **ICAN is pleased to make this data available to the public.**

We know from VAERS data that certain Moderna vaccine lots appear to be responsible for a disproportionate number of reported deaths and injuries. But without knowing the total number of doses shipped per lot, it was impossible to know the truth. Now, as with the Pfizer vaccine, the public will have full access to this vital data and can do the analyses that our government has unfortunately failed to do itself.

You can download the Moderna data here.

See below for more examples of ICAN's work in demanding truthful information about COVID-19 vaccines:

Update: ICAN Obtains Additional And More Complete Pfizer Vaccine Lot, Dose, And Distribution Data

Exclusive: ICAN Obtains Crucial Pfizer Vaccine Lot, Dose, And Distribution Information

FDA Admits It Has No Records Indicating COVID-19 Vaccine Safety Protocols Were Followed

ICAN Demands Answers About Death Discrepancies In Pfizer's Clinical Trial

CDC Admits Once And For All It Has No Basis For Its Claim That COVID-19 Vaccines Do Not Cause Variants

The CDC's Response To Scientific Inquiry: Because We Said So!

CDC Has No Records To Support Claim That COVID Vaccines Do Not Cause Variants

CDC Cannot Back Up Its "Facts" Regarding Potential Genetic Mutation From COVID-19 Vaccines

Report Of Toddler's Death Disappears From VAERS And CDC Has No Records As To Why!

WHAT YOU NEED TO KNOW:

- In 2022, ICAN obtained the lot and dose information for Pfizer's COVID-19 vaccines.
- In July 2023, ICAN obtained the lot and dose information for Moderna's COVID-19 vaccines.
- Having the lot and dose number, and releasing it to the public, allows independent researchers, doctors, and scientists to study the data and come to conclusions as well as find correlations and causations.

Dr. Shannon Kroner, Blue Planet Educational Center, CA, 2023

DR. SHANNON KRONER JOINS DEL ON *THE HIGHWIRE*

By Lea Lacey

Dr. Shannon Kroner joined Del in the studio to discuss her brand-new children's book *I'm Unvaccinated and That's OK!* Despite efforts to thwart its success, such as fake versions being sold on Amazon, this remarkable book has reached #1 in the categories of Parenting Books on Children with Disabilities and Children's Books on Diseases & Physical Illness, and #2 in Vaccinations. When asked what inspired Shannon to write a children's book about being unvaccinated, she referenced the lack of available literature for children about vaccinations and the importance of providing them with information and tools to navigate the current world. Especially after the pandemic, where many children are facing ostracization and feeling unwanted, including being refused treatment in doctors' offices. She emphasizes the need for children to be informed, stating, "I feel like children really need the tools and the information so that they can also fight this fight and for their own personal bodily autonomy, they need to know the facts."

She highlighted how the book serves as a valuable resource for both children and parents, helping vaccinated children develop compassion towards the unvaccinated and challenging the notion that vaccination is the only acceptable choice.

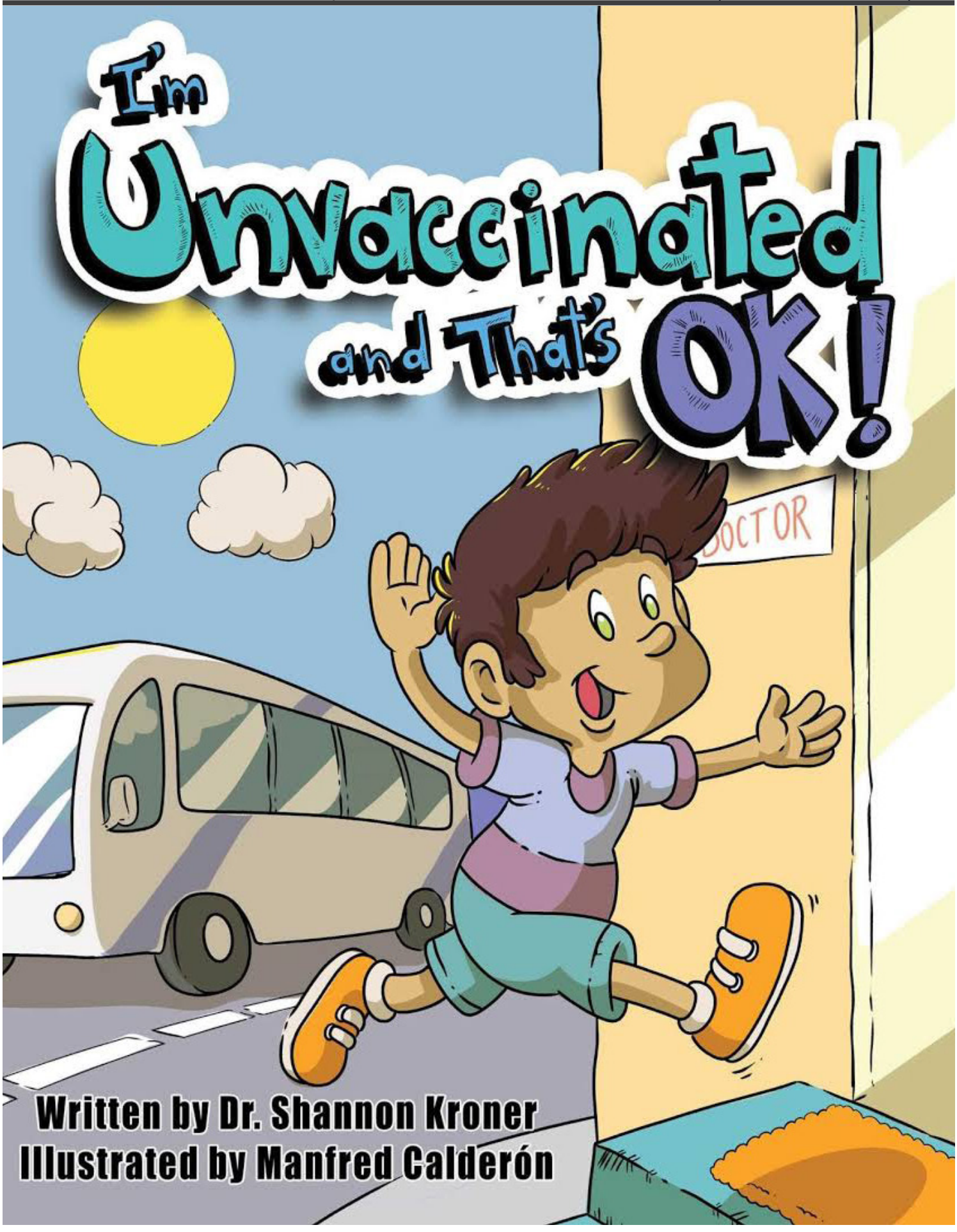
This entertaining and informative book tells the story of unvaccinated child Nicholas Novaks, who shares why his parents have chosen not to vaccinate him. Nicholas explains his parents' personal concerns about vaccine injury, the importance of finding a doctor they can trust and openly speak with, the research they did before making this decision, and what life is like for an unvaccinated child who has an older, vaccine-injured sibling.

Inspired by the personal stories of vaccine-injured children, which have been shared with Dr. Shannon Kroner over many years of working with special needs families, Dr. Kroner aims to raise awareness of the importance of vaccine choice and the necessity of doing the research before making an important decision such as vaccination.

Purchase your copy *I'm Unvaccinated and That's OK!* and join Nicholas as he shares what it means to be an unvaccinated child in today's world and why one's personal choice regarding vaccination must always be respected.

"As the founder of the non-profit ICAN, I have been on the front lines of a legal battle to keep our children from being forcibly injected with vaccines without parental approval. Even though it is illegal, there are still countless stories of children who were injected without their parents knowing it. This means our children need to be educated about vaccines so they will not be vulnerable to coercion. This book is a beautiful and loving way to begin educating your children about vaccines while protecting their innocence. It might be the one children's book that could save their life." —Del Bigtree, founder & CEO, Informed Consent Action Network, and host of The HighWire

"Dr. Shannon Kroner has been courageous in her efforts to protect vaccine choice. Her book, I'm Unvaccinated and That's OK! pioneers a new genre of children's books that aims at educating children about truth and freedom and prepares them for citizenship in democracy."
—Robert F. Kennedy Jr., author of The Real Anthony Fauci


I'm Unvaccinated and That's OK!
DOCTOR
Written by Dr. Shannon Kroner
Illustrated by Manfred Calderón

The Centers for Disease Control (CDC) asserts that vaccines and vaccine ingredients have been disproven as potential causes of autism. Statements by the CDC are generic and encompass all vaccines and vaccine ingredients. The CDC's evidence supporting that "Vaccines Do Not Cause Autism" is limited to the MMR vaccine, thimerosal preservative and vaccine antigen exposure.

The CDC claims "vaccines do not cause autism", "there is no link between vaccines and autism," and "no links have been found between any vaccine ingredients and autism spectrum disorder." These statements are not supported by available science. The CDC's evidence supporting these statements is limited to the MMR vaccine, thimerosal preservative, and vaccine antigen exposure.

Dr. Frank DeStefano of the CDC's Immunization Safety Office is co-author of a paper that states:

"To date, there have been no population-based studies specifically designed to evaluate associations between clinically meaningful outcomes and non-antigen ingredients, other than thimerosal."

This statement applies to, among other vaccine ingredients, aluminum adjuvant. Studies of MMR vaccine cannot be used as evidence of safety for other vaccines, for example, vaccines that contain aluminum adjuvant. The overly broad, generic assertions that no vaccines and no ingredients cause autism are thus not supported by scientific evidence. In fact, the CDC statements are contradicted by a large, consistent, and growing body of scientific evidence, including:

1. Studies showing neurotoxic and neuroinflammatory effects from dosages of aluminum adjuvants lower than or approximately equal to dosages received by infants according to the CDC vaccine schedule.

2. Studies linking vaccines to immune activation brain injury.

3. Studies showing that early-life immune activation is a causal factor in autism and other neurodevelopmental disorders and mental illnesses.

The accumulating evidence indicates that vaccine-induced immune activation, and aluminum adjuvants in particular, may cause mental illnesses and neurodevelopmental disorders, including autism.

In this paper, we present scientific evidence that aluminum adjuvants can cause autism and other brain injuries. Also, we explain why the studies allegedly supporting the safety of aluminum adjuvants do not show safety for adverse neurological outcomes.

Immune Activation: A Cause of Autism and Mental Illness

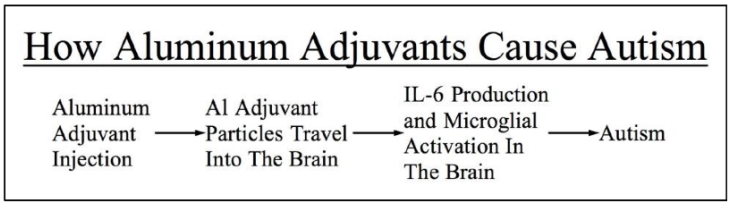
The term "immune activation" describes the activation of the cellular components of the immune system. The developing brain can be injured by immune activation, with life-long consequences. Immune activation injury is linked to autism, schizophrenia, depression and other mental illnesses or neurodevelopmental disorders. The intensity and duration of immune activation appear to be important factors influencing autism risk.

Immune activation has been demonstrated in mice to cause three core behavioral symptoms of autism: decreased socialization and communication, and increased repetitive behaviors. Immune activation has also been shown to cause neuropathology and behavioral abnormalities in monkeys that resemble behaviors in human schizophrenia and autism.

Maternal vs. Postnatal Immune Activation

The timing of immune activation is an important factor influencing effects on the brain. The developing brain is vulnerable to immune activation injury; the mature, adult brain is apparently not nearly as vulnerable. Sensitivity to immune activation likely declines as the brain matures.

In most immune activation experiments, the offspring are exposed to immune activation during gestation (by stimulating the maternal immune system). In contrast, most vaccines are administered postnatally. This raises the question of whether postnatal immune activation can have similar effects on the brain as maternal immune activation. Postnatal immune activation experiments, human case reports, and consideration



of brain development timelines suggest that the human brain is vulnerable to immune activation injury for years after birth. In the maternal immune activation experiments, inflammatory signaling and some cytokines traverse the placenta into the fetus. Consequently, immune activation in the mother causes immune activation and elevated cytokines in the fetus, and in the fetal brain.

Postnatal immune activation can have adverse neurological effects, including increased seizure susceptibility, learning and memory deficits, and an increase in excitatory synapse formation. Seizure disorders, learning and memory dysfunction, and elevated excitatory signaling are associated with autism.

Several case reports describe previously-healthy children that displayed sudden-onset autistic behavior during or subsequent to infection in the brain. All the cases had signs of intense brain inflammation. To read these blurbs in the original paper, click here.

The susceptibility of older children to inflammation-induced autistic behavior strongly suggests that younger infants, of 0-2 years of age, are also vulnerable. This age range is when most vaccines are given.

The next critical question to consider is whether vaccines can cause immune activation and elevated cytokines in the brain.

Postnatal Vaccination Affects Brain Development in Animal Model

The first study to test the effect of postnatal vaccination on brain development was published in 2015. To read more about the study, click here. The study demonstrated that vaccines affect brain development by an immune activation mechanism and those immune activations can cause neurological/psychiatric disorders that are relevant to vaccine adverse effects.

Vaccines are Given During Synaptogenesis

Another way to answer the question of brain vulnerability to immune activation is to consider the types of brain development processes occurring when vaccines are administered. Vaccines are given primarily in the first 18 months after birth. The human brain undergoes intense and rapid development processes when vaccines are administered. Synaptogenesis (formation of synapse connections between neurons) is especially intense in this period.

The vulnerability of the developing brain to immune activation is apparently related to the specific types of brain development processes occurring.

Intense synaptogenesis occurs at ages 0-18 months, when many vaccines are administered. Consequently, vaccines may adversely impact syaptogenesis if they induce inflammation in the brain.

Aluminum Adjuvants: Neurotoxic at Vaccine Dosages

Aluminum (Al) adjuvants have an essential role in many vaccines: to stimulate immune activation. Without Al adjuvants, these vaccines would have greatly reduced efficacy.

The Al adjuvant materials have low solubility in water and body fluids. Al adjuvant particles are biopersistent and can remain in the body for months or years.

Aluminum ingested in the diet has low oral absorption (about 0.3%), is rapidly excreted by the kidneys, is (mostly) excluded from the brain by the blood-brain barrier, and is in a solubilized, Al3+ ionic form. These defenses are adequate for protecting the brain from natural levels of aluminum exposure. These protective mechanisms are unable to protect the brain from injected aluminum adjuvant particles. Al adjuvant particles are too large to be removed by the kidneys, and are carried across the blood-brain barrier by macrophages.

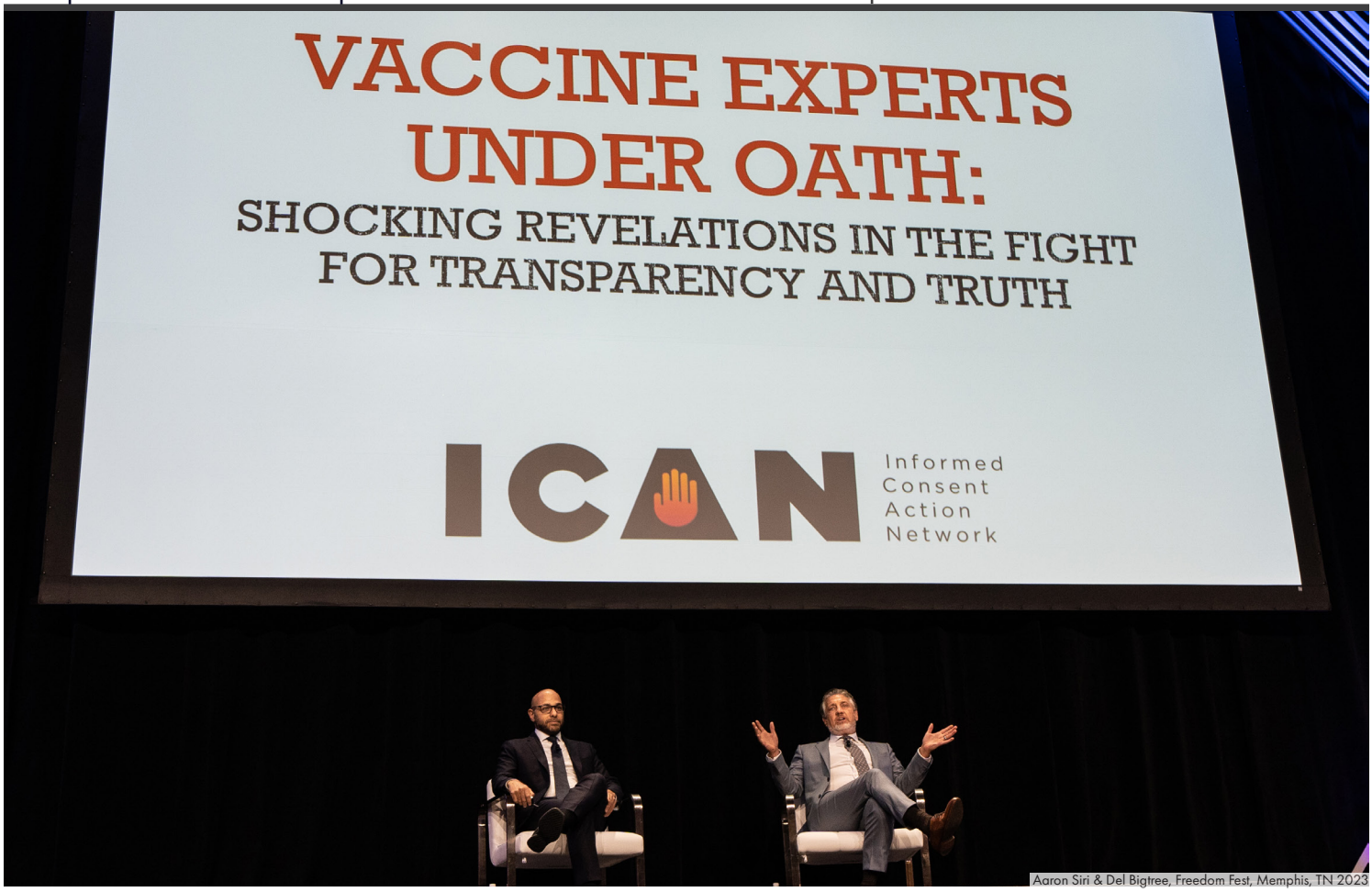
Accumulating evidence shows that aluminum adjuvants have adverse neurological effects at dosages lower than or approximately equal to dosages infants receive from vaccines.

CDC Fails to Investigate Toxicity of Al Adjuvants

The CDC has conducted no epidemiological studies on long-term safety of Al adjuvants. There is one ecological study of country-level data, which reported an association between Al adjuvant exposure and autism. However, being an ecological study, it is highly susceptible to confounding biases.

Dr. Frank DeStefano of the CDC's Immunization Safety Office is co-author of a feasibility study on using the Vaccine Safety Datalink (VSD) to investigate the safety of individual vaccine ingredients. This paper focuses on Al adjuvants. It acknowledges that thimerosal is the only vaccine ingredient studied for autism or neurological safety, and that a possible association between Al adjuvants and autism has not been explored in epidemiological studies.

The science reviewed here tells a consistent and compelling story: that vaccines may cause autism by stimulating immune activation and elevated cytokines in the brain. Al adjuvants are implicated as a cause of autism because they can be transported into the brain, because they cause microglial activation at vaccine-relevant dosages, and because aluminum induces cytokines in the brain. There is little scientific evidence supporting the safety of Al adjuvants, especially in relation to autism and other long term neurological outcomes.



Aaron Siri & Del Bigtree, Freedom Fest, Memphis, TN 2023

ICAN ELECTRIFIES FREEDOM FEST

By Lea Lacey

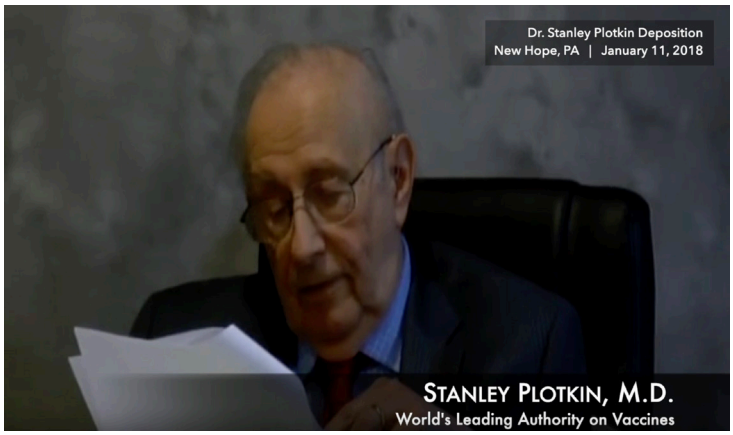
After brief introductions, Del Bigtree, founder of the Informed Consent Action Network (ICAN) and Host of *The HighWire*, and ICAN's lead attorney, Aaron Siri, Esq., delve into their main argument that vaccines lack adequate safety testing, how this situation came to be, and the contradictory responses of "vaccine experts" under oath compared to their public presentations.

The root of the issue can be traced back to The National Childhood Vaccine Injury Act of 1986, which granted full liability protection to vaccine manufacturers. This meant that manufacturers cannot be sued for damages caused by vaccine-related injuries or deaths, as they claimed they were losing money in injury and death cases in courtrooms.

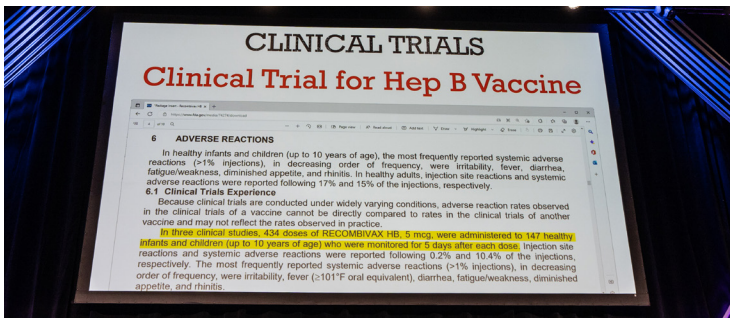
This removal of liability created a "gold rush" for vaccine manufacturers, leading to reduced incentives for investing in safety testing. Consequently, there was a significant increase in the number of vaccines administered to children, with the recommended childhood vaccine schedule skyrocketing to about 72 doses given to children by the time they turn 18. Furthermore, when a vaccine injures an individual, they must sue Health and Human Services, the same entity responsible for safety trials, creating a conflict of interest.

In one of their video clips, they discuss vaccine safety trials and highlight the absence of placebo-controlled trials, which are crucial for establishing causation. In a January 2018 deposition, Aaron Siri questioned Dr. Stanley Plotkin, regarded as "The Godfather of Vaccines," about the pre-licensure safety testing of the Hepatitis B vaccine given to babies in their first days of life. The vaccine was found to be followed for safety for just five days in the trials, which is inadequate for detecting certain adverse reactions.

Siri: "In section 6.1, when you look at the clinical trials that were done pre-licensure for the RECOMBIVAX HB, does long it say that safety was monitored after each dose?"
Plotkin: "Oh let's see [long pause] five days."
Siri: "Is five days long enough to detect an autoimmune issue that arises after five days?"
Plotkin: "Uh no."
Siri: "Is five days long enough to detect any neurological disorder that arose from the vaccine after five days?"
Plotkin: "No."
Siri: "There is no control group, correct?"
Plotkin: "Uh, it does not mention any control group, no."



Siri further presented a list of reported adverse reactions associated with the vaccine—hypersensitivity syndrome, arthritis, autoimmune diseases such as systemic lupus, erythematosus (SLE), lupus-like syndrome, vasculitis, and polyarteritis nodosa, nervous system disorders such as Guillain-Barré syndrome; multiple sclerosis; exacerbation of multiple sclerosis, myelitis including transverse myelitis, seizure, febrile seizure, peripheral neuropathy including Bell's Palsy, radiculopathy, muscle weakness, hypesthesia and encephalitis—all of which Plotkin confirmed.
Siri: "These are events that are reported after vaccination and as we just discussed, in order to establish whether it's causal between the vaccine and the condition, you need a randomized placebo-controlled study—but that was not done for this hepatitis B vaccine before licensure, was it?"
Plotkin: "No."



The revelation was met with shock and concern by the audience. Bigtree encouraged everyone to reflect on whether they had given their day one-old baby this vaccine, trusting it was necessary and safe. Despite the well-known side effects, Bigtree pointed out the challenge of establishing a causal relationship between the vaccine and these conditions due to the absence of placebo-controlled trials. He further shared this troubling fact: "We have more babies die on the first day of life in the United States of America than every other industrialized nation combined. That is a terrible death rate for the greatest hospital system and the greatest nation in the world."

Moving on to the topic of post-licensure, Bigtree asks what happens after the vaccines are on the market. Siri replies how the CDC and other health agencies claim that "all claimed harms are thoroughly studied" and points out their most famous claim that "vaccines do not cause autism."

Siri and Bigtree decided to investigate just how thoroughly this issue/connection was studied: "How well do our health authorities, pharmaceutical companies, really study the claimed harms of vaccines? Let's start by seeing how well they've studied the injury that they have told us they have studied." Bigtree echos the mantra touted by the mainstream media and health authorities: "We've proven beyond a shadow of a doubt that vaccines do not cause autism. We have no idea what *causes autism*—they'll say on the news—totally blind to that concept—but we do know what *doesn't cause it*..."

After showing a montage of assurances from the media and health officials that vaccines do not cause autism, Siri exclaims: "The studies must be prolific! They must have studied every vaccine to assure that, in fact, vaccines don't cause autism. Despite the fact that they're on the news, constantly telling everybody 'vaccines don't cause autism,' studies surveying parents with autistic children show 40 to 70% of these parents believe that vaccines, one or more, cause autism."

Bigtree points out that despite health authorities claiming to have done extensive research, they have only focused on one vaccine, the MMR, and more specifically, only one ingredient, mercury, which is no longer used in most vaccines, and its association with autism. He emphasizes that none of the other 16 vaccines, given in 72 doses, have been thoroughly studied for their safety and possible adverse effects.

Bigtree shares how parents describe "losing their child" after vaccines: "You have 50 to 70% of parents saying 'I'm pretty sure it happened right after the vaccine, that's when I lost my kid'...they will tell you 'well that's just the knee jerk reaction of the parent; they need something to blame.' I will assure you I have interviewed thousands of parents and vaccines are the last thing that they ever wanted to blame. They listened to their doctors. They chased every other red herring they could find for an excuse; they wanted it to be their DNA...when they finally come to the conclusion that it is a vaccine that they chose to give their child, that is one of the darkest days in every

one of these parents' lives... because now *I did it. I* gave my kids something that I could have opted out of. *I* could have been against it. *I* could have done some reading on it. And now the guilt is with them for the rest of their lives. I assure you, this is not the go-to, 'I just want to blame vaccines', because the day you come to that conclusion, you're going to be blaming yourself the rest of your life—and no one makes that their first choice. So when you have up to 70% of parents saying 'it's the vaccine' these are parents in pain...they have looked for every other reason there could possibly have been and they're only left with one obvious conclusion."

The claim about vaccines causing autism goes back decades. The National Childhood Vaccine Injury Act in 1986 required health authorities to study common injuries from vaccines, including autism. In 1991, the Institute of Medicine conducted a study and found that no studies had been done on the potential link between pertussis-containing vaccines and autism. Even the head of the NIH, Bernadine Healy, who investigated the issue in 2008, acknowledged that the science was not settled and more research was needed:

"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. The fact that there is concern that you don't want to know that susceptible group is a real disappointment to me. If you know that susceptible group, you can say *those children*. 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. The more you delve into it, if you look at the basic science, if you look at the research that's been done in 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."

As the video ended Bigtree turned to the audicence, shocked: "The NIH, 2008, 'the question has not been answered' What am I hearing on the news every single day?" He reiterates the disturbing fact that the reason the research is not being done is simply due to fear of hurting the vaccine program.

Siri points out that in 2012, over two decades after the 1986 act told our health authorities to study whether pertussis-containing vaccine does or does not cause autism, there is still not a single study conducted. He goes on to share his experience asking the world's leading vaccinologist about this finding. In a shocking admission under oath, Dr. Plotkin agrees with attorney Aaron Siri that the data is insufficient to make the claim 'vaccines do not cause autism.' Despite his admission, Dr. Plotkin asserts he would lie to his patients about this to convince them to vaccinate.

Siri: "this is an excerpt from the IOM's report right?"
Plotkin: "Yes."
Siri: "Can you read the causality conclusion with regard to whether DTaP and Tdap cause autism?"
Plotkin: "The evidence is inadequate to accept or reject a causal relationship between diptheria toxoid, tetanus toxoid or acellular pertussis containing vaccine and autism."
Siri: "If you don't know whether DTAP or Tdap cause autism, shouldn't you wait until you do know—until you have the science to support it—to then say that vaccines do not cause autism?'
Plotkin: "Do I wait? No. I do not wait, because I have to take into account the health of the child."
Siri: "And so for that reason you're OK with telling the parent that DTaP/Tdap does not cause autism, even though the science isn't there yet to support that claim?"
Plotkin: "Absolutely."

Addressing the audience, Siri explains: "In my experience deposing vaccinologists, immunologists, pediatricians, infectious specialists—particularly vaccinologists—when there isn't any evidence one way or another, their conclusion is: it doesn't cause it. I've not experienced that in any other area of science."

Since the NIH and leading vaccinologist in the world could not provide adequate studies, Siri sought to obtain studies from the CDC regarding the link between vaccines,

especially DTaP and autism, given the CDC's assertion on their website that 'vaccines do not cause autism.' After submitting a Freedom of Information Act (FOIA) request asking for all studies relied upon by the CDC to claim that various vaccines do not cause autism and resorting to a lawsuit against the CDC, they eventually received 20 studies that the CDC relied upon to support their claim that vaccines don't cause autism in infants. However, it quickly became evident that most of these studies centered on an ingredient, thimerosal, which is not present in the vaccines in question, and the MMR vaccine, which is administered after the first year of life. Notably, only one study, conducted by the Institute of Medicine, considered the DTaP vaccine but concluded that no available study addressed whether it causes autism.

Siri shared another opportunity to depose a leading vaccinologist, Dr. Kathryn Edwards, about the state of the science with regard to whether vaccines don't cause autism—the issue they claim they have studied more thoroughly and robustly than any other claimed vaccine injury.

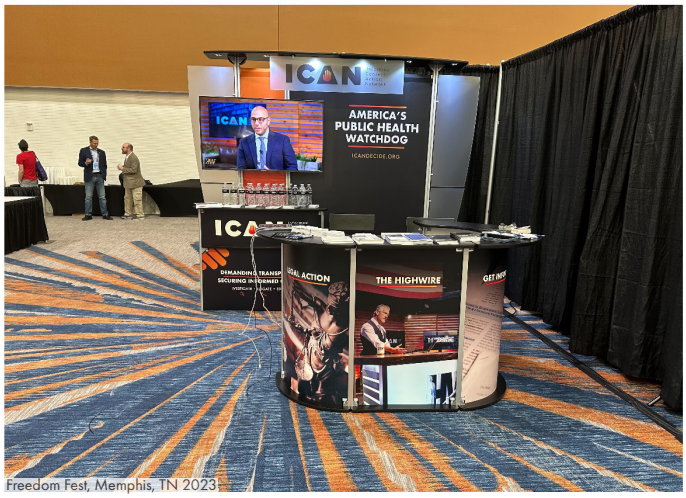
Siri: "According to your profile, you have done most of the clinical trials relied upon to license many of the vaccines on the market, correct?
Edwards: "Yes sir."
Siri: "OK, so you're highly experienced in conducting clinical trials, correct?"
Edwards: "I'm highly experienced in conducting clinical trials."
Siri: "And you're familiar with many of the clinical trials relied upon to license many vaccines currently on the market, correct?"
Edwards: "I am."
Siri: "In your opinion, did the clinical trials relied upon to license many of the vaccines...many of which are still on the market today, were they designed to rule out that the vaccine causes autism?"
Edwards: "No. You've badgered me into answering the question the way you want me to, but I think that, that I've, that's probably the answer."
Siri: "Is that your accurate and truthful testimony?"
Edwards: "Yes."
Siri: "In the expert disclosures for this case, it asserts that, among other things, you will testify that 'the issue of whether vaccines cause autism has been thoroughly researched and rejected'. It's your testimony that MMR vaccine cannot cause autism?"
Edwards: "That's correct."
Dr. Edwards goes on to affirm that vaccines, including Hep B, Hib, IPOL, varicella, Prevnar, DTaP do not cause autism.
Siri: "And it's your testimony DTaP vaccine cannot cause autism?"
Edwards: "Yes."
Siri: "And do you have a study that supports that DTaP doesn't cause autism?"
Edwards: "I do not have a study that DTaP causes autism. So I don't have either."
Dr. Edwards confirms that she has no studies or evidence, one way or another, that Engerix-B, Hib Titers vaccine or Prevnar supports whether they cause autism.
Siri: "And how about varicella vaccine—are there any studies one way or another that supports whether it does or doesn't cause autism?"
Edwards: "Part of MMR, but not as Varicella by itself, no sir, no studies that say it does, no studies that say it doesn't."
Siri: "There have been studies that have found an association between Hepatitis B vaccine and autism, correct?"
Edwards: "Not studies that I feel are credible."
Siri: "OK which study you are you referring to when you say that?"
Edwards: "Well why don't you show me this study and then I'll see whether I could agree with it."

Siri closes with a cross-examination of Edwards regarding her conflict of interest being an advisor to Pfizer while also sitting on Pfizer's 'Independent' Data and Safety Monitoring Board for the COVID-19 Vaccine.

Siri: "You don't think that financial incentives can sway people's judgments at all?
Edwards: "It does not sway my judgment, sir."
Siri: "Why bother having an independent Data Safety Monitoring Board? Why doesn't Pfizer just have some of its employees on it?"
Edwards: "Because we are independent."
Siri: "The folks who were never advisors to Pfizer."
Edwards: "We are independent from Pfizer in this assessment."

Bigtree laughs at the absurdity of Edwards' comments and Siri concurs: "It's comical in a way, but it's also it's deadly serious because Dr. Edwards was the vaccinologist on that five-member Independent Data Safety Monitoring Board [for] the Pfizer COVID-19 vaccine that's been given to about 200 million Americans."

It's abundantly clear that our entire vaccine safety program needs a massive overhaul. Thankfully Aaron Siri and ICAN continue to fight for our rights and serve as America's public health watchdog.



Freedom Fest, Memphis, TN 2023

Freedom Fest, Memphis, TN 2023

REMEMBERING THE OUTGOING CDC DIRECTOR'S GREATEST MOMENTS

By Aaron Siri

CDC Director Dr. Rochelle Walensky stepped down last week. But before she rides off into the sunset, I'd like to take a moment to remember a few of her moments of public "health" leadership.

Who could forget her interview on March 29, 2021 with Rachel Maddow, where she confidently stated:

"Vaccinated people do not carry the virus, don't get sick."

Or her comments on March 3, 2022, where she said with a giggle:

"I think all of us wanted this to be done. Nobody said 'waning.'... Nobody said, 'Well what if it's not as potent against the next variant?'"

An amazing statement for anyone in the field, let alone the head of the CDC, when it is common knowledge that quickly mutating coronaviruses could potentially evade vaccine-induced immunity. And we know that in August 2021 vaccinated employees at the CDC itself were experiencing high levels of breakthrough infections. Yet the CDC Director allowed her agency to continue with its messaging that the vaccines "reduced the risk of COVID-19... by 90 percent or more" through December 2021.

Or how about this tweet on June 18, 2022 where Walensky said:

"We now know based on rigorous scientific review that the vaccines available here in the United States can be used **safely and effectively** in children under 5."

This for a product in use pursuant to an Emergency Use Authorization.

And remember when the CDC thought it was a great idea to recommend the COVID-19 vaccines specifically to children and adults with heart disease? What could possibly go wrong?

Or when it steadfastly refused to acknowledge the validity of natural immunity based on a single poorly-done study?

Walensky's recent interview with the *Washington Post*, provided this final gem:

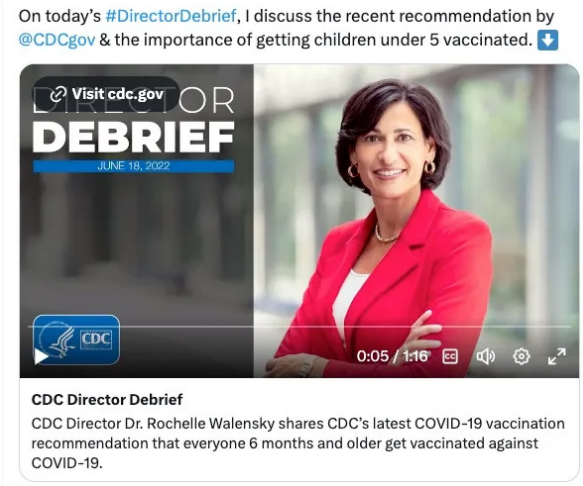
She hopes Americans will also better fact-check the information they receive, given the high levels of politicization and misinformation in health and science. She encouraged people to check things they are hearing with other trusted sources, such as academic institutions or societies and their physicians.

"People will say, 'Well, we don't trust the federal government or we don't trust this agency.' My response is, 'OK, then verify,' " she said. "Go triangulate your resources and see where you can find trust in other places."

That statement is pretty ironic coming from Walensky, since she was a purveyor of misinformation which caused a serious decline in the public's trust in the CDC.

As we have shown through countless FOIA requests and lawsuits on behalf of ICAN, people don't trust the federal public "health" agencies for good reason.

We will continue to hold these organizations accountable for their misinformation and misdeeds—and you can rest assured we'll be watching new Director Mandy Cohen closely.




Lois & John Arie Sr., The HighWire Studio, Austin, TX

LEGACY GIVING AND SUPPORTING ICAN

Lois and I started watching *The HighWire* in early 2019, pre-pandemic. Our chiropractor introduced us to him as Dr. Ben plays the weekly *The HighWire* program on his HUGE TV in his waiting room for everyone to see, enjoy, and be informed. Del's investigative reporting was instrumental in us NOT getting the COVID vaccines. We are healthy and happy!!

Lois and I financially support Del Bigtree and *The HighWire* because we know the reports and commentary are honest and true. There are no financial sponsors for them to please nor censor their reports and findings.

We believe Del and *The HighWire* are truthful and honest. "For such a time as this" can certainly be found at *The HighWire* and ICAN.

Not only are we monthly contributors, but we believe in their mission so much that we have included ICAN in our Crummy Trusts in our Estate Planning. When we die, we are assured that we have helped ICAN and America the most we can by supporting them monthly and eternally. We also share the broadcasts with as many friends and family as possible. God Bless America!!! God Bless Del Bigtree and *The HighWire!*

-John Arie Sr.

If you are considering a legacy gift or have already included ICAN in your plans, it would be an honor to thank you personally. Please reach out to Nicole at nicole@icandecide.org

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ICAN Informed Consent Action Network

DONATIONS ARE VITAL TO ICAN'S SUCCESS

With your help, we can continue to win pivotal lawsuits, reach new audiences and bring important information to the public.

This historic effort is not possible without your generosity.

By Tracy Beanz & Michelle Edwards

The U.S. Food and Drug Administration (FDA) approved the no-calorie sugar substitute sucralose as a general-purpose sweetener in 1998. Six-hundred times sweeter than sugar, the chemical concoction can be used as an ingredient in any food or beverage. It is often found in baked goods, milk, dairy products, ice cream, beverages, chewing gum, gelatins, frozen dairy desserts, Diet Coke, Gatorade's Propel Water, and so on. Most commonly sold under the brand name Splenda, sucralose is used in more than 6,000 food products. However, like so many products encouraged as safe by the FDA, it turns out that not only is sucralose consumption linked to illnesses like leukemia, weight gain, obesity, diabetes, liver inflammation, and metabolic dysfunction, but the fake sweetener is also genotoxic and breaks down human DNA.

A quick look back at the FDA's approval of sucralose reveals that the fraud-riddled agency first approved the toxin in 1998 in fifteen specific food categories. Then, a short year later, the agency approved it as a general-purpose sweetener. Similar to the careless approval of the gene-damaging mRNA COVID-19 jabs, sucralose's transition from specified usage to general-purpose approval as an artificial sweetener was the fastest ever in the FDA's history, according to the nonprofit public health research group U.S. Right to Know (USRTK). And even worse, the studies reviewed by the FDA at the time were based strictly on animal studies. USRTK notes that of the over 100 studies the FDA examined prior to approval, none involved humans, only three lasted more than a year, and many were not even published for public scrutiny. Sound familiar?

Without question, the same FDA-Big Pharma ties and corruption that have come to light following the reckless approval of the hugely profitable billionaire making mRNA COVID jabs are also at play in the lucrative artificial sweetener market (incredibly, the market is projected to reach a revenue of $2.8 billion by 2032). Proposing reforms to "end these corrupt practices and take industry out of the FDA," the Journal of Food Law Policy wrote in 2010:

"For more than a century, the Food and Drug Administration has claimed to protect the public health. During that time, it has actually been placing corporate profits above consumer safety. Nowhere is this corruption more evident than in the approval of artificial sweeteners. FDA leaders' close ties to the very industry they were supposed to be regulating present a startling picture. Ignoring warnings from both independent scientists and their own review panels, FDA decision makers let greed guide their actions. They approved carcinogenic sweeteners such as saccharin, aspartame, and sucralose while simultaneously banning the natural herb stevia because it would cut into industry profits."

As referenced by the Journal of Food Law Policy, in 2006, a very telling survey conducted by the Union of Concerned Scientists found that hundreds of FDA scientists documented significant agency interference with the FDA's scientific work. For example, citing that agency leadership is more concerned with rushing products to market than ensuring consumer safety, the scientists reported that—with wealthy corporate backers in mind—FDA leaders "often pressured scientists to unethically change data or alter their conclusions." The scientists rightly shared that these disturbing practices compromised the agency's ability to fulfill its taxpayer-funded mission of protecting public health and safety.

Fast forward to today, and very little has changed within the FDA since the eye-opening 2006 survey. In fact, many frustrated medical professionals courageous enough to publicly speak against the dangerous and deadly COVID shots would undoubtedly say that corruption within the FDA and Big Pharma has only worsened.

So, what big corporation was tied to the careless approval

of sucralose? It was none other than Johnson & Johnson subsidiary McNeil Nutritionals, LLC, who, for its first decade, deceptively marketed Splenda as "made from sugar, so it tastes like sugar." Besides manipulating the timeline of the agency's approval decisions, the Journal of Food Law Policy emphasized the collusion between McNeil and the FDA, remarking that "sucralose's problems start with its name," which closely resembles the natural product sucrose.

Advocacy groups alerted the FDA to the similarity between natural sucrose and Splenda's main ingredient, the chemical sucralose, intentionally worded by McNeil, to no avail. In response, the FDA "made the absurd argument" that because consumers had not confused aspartame (another artificial sweetener and sucralose's main rival) with sucrose, they would not confuse sucralose with sucrose.

With a growing list of severe health risks related to sucralose, which is now owned by Heartland Food Products Group, a 2016 study published in the International Journal of Occupational and Environmental Health found a significant link between sucralose and leukemia. Before that, subsequent studies, including longitudinal ones involving human populations, linked sucralose to various health problems. Yet, the FDA has not reevaluated its authorization with the current science.

Will the sinister agency finally put the health of Americans above profits now that there is confirmation that sucralose breaks up DNA? Even the European Union has banned sucralose and other artificial sweeteners in dietetic baking. Recently, the gut-brain connection and its relevancy to overall health have become more evident. Nevertheless, the FDA continues to ignore its significance. Yet, research teams at North Carolina State University and the University of North Carolina at Chapel Hill have definitively established that sucralose-6-acetate (a fat-soluble compound produced in the gut after sucralose ingestion) is genotoxic. The researchers also found trace amounts of sucralose-6-acetate in off-the-shelf sucralose, even before it is consumed and metabolized. Researcher Susan Schiffman explained:

"Other studies have found that sucralose can adversely affect gut health, so we wanted to see what might be happening there. When we exposed sucralose and sucralose-6-acetate to gut epithelial tissues—the tissue that lines your gut wall—we found that both chemicals cause 'leaky gut.' Basically, they make the wall of the gut more permeable. The chemicals damage the 'tight junctions,' or interfaces, where cells in the gut wall connect to each other.

A leaky gut is problematic because it means that things that would normally be flushed out of the body in feces are instead leaking out of the gut and being absorbed into the bloodstream.

We found that gut cells exposed to sucralose-6-acetate had increased activity in genes related to oxidative stress, inflammation, and carcinogenicity."

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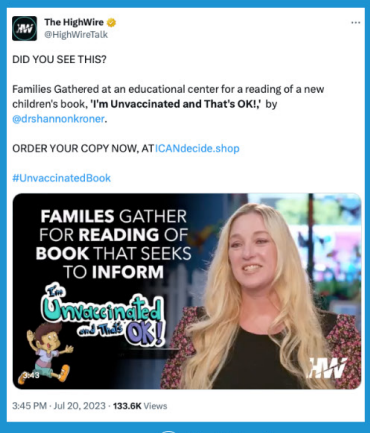

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Mike Rowe & Del Bigtree, Freedom Fest, Memphis, 2023

MIKE ROW - THE MISEDUCATION OF AMERICA

By Lea Lacey

Despite the bustling atmosphere at Freedom Fest, Del Bigtree and Mike Rowe, renowned for his hit TV show *Dirty Jobs*, managed to carve out time for a chat about liberty, freedom, and the essence of hard work.

Mike's affiliation with Freedom Fest and the libertarian principles of liberty and freedom resonated with him, aligning with his approach to life and work. Del delved into the success of *Dirty Jobs* and its unique appeal. While initially perceived as a love letter to blue-collar America, Mike revealed that the show's essence ran deeper; the willingness to tackle hard tasks, endure discomfort, and assume risks. He emphasized that many featured individuals were small business owners, some even multi-millionaires, yet their success didn't flaunt traditional markers.

The conversation shifted to societal perceptions of working-class jobs. Del mentioned that there appeared to be a shift away from valuing trades and manual labor in his generation. The traditional path of attending university and seeking white-collar careers became the norm, often relegating blue-collar jobs to a lesser status.

Mike acknowledged this shift and emphasized how *Dirty Jobs* aimed to alter these perceptions. He recalled the profound impact of the show on viewers, who related to the hardworking individuals showcased and saw themselves reflected in the program. It became a powerful mirror that shattered stereotypes, showing that work, regardless of its nature, holds dignity and worth.

The hardworking individuals who once commanded admiration eventually became invisible to society. He recounted his grandfather's esteemed skills as a master electrician and steamfitter, highlighting that such professions were once considered heroic. However, as time passed, these jobs lost their allure, leading to a profound change in societal perception.

The decline of practical education and financial literacy was also a point of concern. Mike argued that taking shop class out of high school and pushing everyone toward a four-year degree contributed to this shift. The emphasis on college education came at the expense of valuing other forms of learning and vocational training. Financial literacy, once an essential skill, faded into obscurity as well.

Del shared his own experience, where he pursued a passion for filmmaking without following the traditional academic route. Although his parents were supportive, he recognized that many individuals faced societal pressure to conform to a prescribed path.

The conversation then touched on the cultural shift that placed an extraordinary emphasis on defining oneself through their job. Mike remarked that the American dream should be about having the freedom to choose the life one desires, whether it involves relentless work or a balanced lifestyle. He acknowledged that he, too, sometimes envied those who found satisfaction in maintaining a work-life balance while pursuing their passions.


Mike Rowe & Del Bigtree, Freedom Fest, Memphis, 2023

Mike shared about his foundation, mikeroweWORKS, and its efforts to support individuals seeking skilled trades. The foundation offers work ethic scholarships to help young people pursue careers in in-demand skilled trades. With a focus on jobs that cannot be outsourced, the foundation aims to bridge the skills gap and provide opportunities for those interested in vocational careers.

For Mike, true freedom lies in embracing adulthood with an open mind, exploring different paths, and making choices based on individual preferences and circumstances. He emphasized that the ability to make informed choices and not being bound by one's initial decisions constitutes genuine liberty.

Delving into the pressing issue of student debt and the need for honest conversations about career choices, Mike shared an inspiring story of a young man who had the courage to change course mid-college and pursue his passion for working on cars. Through a work ethic scholarship from Mike's foundation, this young man became a lead service technician at a BMW facility, finding fulfillment and success in his chosen field.

The discussion then shifted to the concerning issue of the skills gap in the job market. Despite the increasing number of open positions that don't require a traditional four-year degree, society still perpetuates the belief that success hinges on obtaining a college credential. Mike expressed concern over the growing student debt and the lack of preparation for job opportunities that truly exist.

Sharing stories of successful welders earning six-figure incomes, he championed the idea that there are many fulfilling and lucrative career paths beyond a college degree. While discussing the challenges and uncertainties the future holds, including the impact of AI and recent global events like the COVID-19 pandemic, Mike shared his insights on the evolving job landscape and the potential risks associated with technological advancements. He pointed out that AI may affect white-collar jobs, particularly in upper management, contract writing, and law. However, contrary to common perceptions, AI is not poised to replace skilled trade jobs like plumbing, which remain essential and in demand.

The conversation moved towards concerns about the future and how people can navigate these uncertain times. Mike discussed the importance of embracing skepticism and questioning the information provided by institutions, calling for individuals to be critical thinkers and fact-checkers and rely on their own judgment: "I believe that the trust that we've historically had in our institutions has been eroded to a point where we can't simply take people's word for anything. And that's a little scary on the one hand. On the other hand, I believe that everybody should embrace a new level of skepticism. We have to caveat emptor, buyer beware. And this applies to everything because we've just sat through a three-year period where a lot of very certain sounding people, scientists, politicians, doctors—they not only got it wrong—they haven't apologized, and they're doubling down on it."

"...everybody should embrace a new level of skepticism...we've just sat through a three-year period where a lot of very certain sounding people, scientists, politicians, doctors—they not only got it wrong—they haven't apologized, and they're doubling down..."
—Mike Rowe

Mike highlighted a moment from the recent Joe Rogan interview with Robert Kennedy Jr., which demonstrated the need for open debates and discussions on controversial topics, such as vaccines. He emphasized that experts should be willing to engage in debates and persuade the public through dialogue and evidence-based arguments. The conversation revolved around a common theme amongst viewers of *The HighWire*, which encourages people to learn from the past and present and question information presented by authorities. Mike succinctly summarized this sentiment, stating, "If we've learned anything over the last three years, it's that we're long on uncertainty and short on facts."


Mike Rowe & Del Bigtree, Freedom Fest, Memphis, 2023

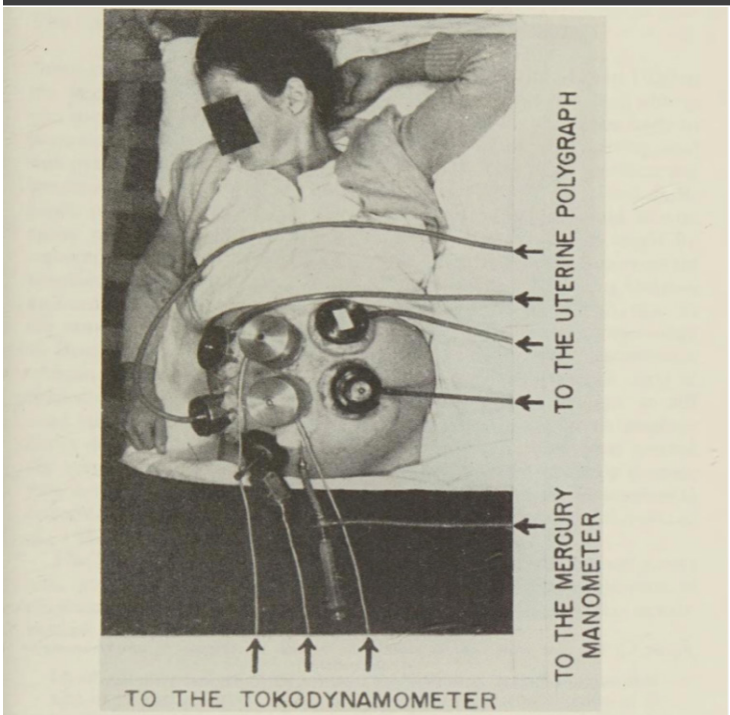


Figure 8.1 Recording of intrauterine pressure by transabdominal needle and seven channel external recording of uterine activity
source: Reynolds, et al., *Clinical Measurement of Uterine Forces in Pregnancy and Later* 1954, p. 68,

PREGNANT WOMEN, BIG PHARMA'S LATEST REVENUE STREAM

By Helen Stead, PhD

The development of mRNA COVID vaccines have become a blueprint for a whole new generation of mRNA-derived technology, and despite clear safety concerns, this tech is seeping into the pregnancy market. Just a few months after the COVID-mRNA vaccine trials began, Pfizer initiated maternal RSVpre-F trials, while GSK using the same technology, halted its vaccine trials last February due to a large number of preterm births and neonatal deaths in the vaccine group (ReSViNET Conference, 2023). Prior to RSV trials, ***none of the currently authorized vaccines*** in the U.S. were designed for pregnant women, including the two indiscriminately given during pregnancy: the influenza vaccine, and the tetanus, diphtheria and acellular pertussis (Tdap). The GSK package insert for FluLaval below is common verbiage for influenza vaccines that are neither designed nor trialed for pregnant women but nonetheless universally recommended:

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

There are insufficient data on FLULAVAL QUADRIVALENT in pregnant women to inform vaccine-associated risks.

Likewise, the COVID-19 vaccines have not been appropriately tested for maternal use yet are recommended for all pregnant women. Below is from the labeling of Pfizer-BioNTech's COVID-19, BNT162b2, updated December 2022:

11 USE IN SPECIFIC POPULATIONS

11.1 Pregnancy

Risk Summary

All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. Available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy.

In a reproductive and developmental toxicity study, 0.06 mL of a vaccine formulation containing the same quantity of nucleoside-modified messenger ribonucleic acid (modRNA) (30 mcg) and other ingredients included in a single human dose of Pfizer-BioNTech COVID-19 Vaccine was administered to female rats by the intramuscular route on 4 occasions: 21 and 14 days prior to mating, and on gestation days 9 and 20. No vaccine-related adverse effects on female fertility, fetal development, or postnatal development were reported in the study.

Covered by *The Jaxen Report*, there are many unanswered questions about the mRNA COVID vaccines' effects on fertility: including Lipid Nanoparticles (LNPs) accumulating in the ovaries and excess spontaneous abortions in fetuses less than 20 weeks, as well as thousands of women, almost half of post-vaccinees, suffering from heavy menstrual bleeding.

To compound this, a report to the Food and Drug Administration (FDA) from Pfizer, acquired by ICAN's lawsuit, lists adverse events to those exposed to the COVID vaccine during pregnancy and lactation. In it, out of 458 exposures to the vaccine during pregnancy, there were 53 cases of spontaneous abortion and six premature births; from those premature births, two infants died. There were also six Serious Adverse Events (SAEs) and 41 Adverse Events (AEs) listed for the babies via lactation. It has been over two years since Pfizer reported this "confidential" information to the FDA—how many more babies have been harmed because the FDA refuses to regulate? Also disturbing is that we don't know how mothers and their children will be impacted long-term. And now, the FDA is allowing novel technology to be trialed on pregnant women, starting with the maternal bivalent RSV Prefusion F protein-based (RSVpreF) vaccine, which is to confer immunity to the preborn baby until six months of age.

Inclusion of Pregnant Women in Trials—Ethical?

Even though it sounds absurd to experiment on pregnant women, the FDA does have guidance for industry for when it is deemed ethically justifiable to include maternal subjects in trials. Some of the stipulations for premarketing settings include both that:

adequate nonclinical studies (including studies on pregnant animals) have been completed, ***and*** the clinical trial holds out the prospect of direct benefit to the pregnant woman and/or fetus that is not otherwise available outside the research setting or cannot be obtained by any other means.

In other words, the drug should be first trialed ***adequately*** on animals and/or nonpregnant persons, ***and*** there must be ***no other approved treatment options*** available to pregnant women or their children. Although subjective, most people would probably agree that *adequate* maternal trials should be equally or more vigorous than common vaccine platforms for nonpregnant women. It appears that the National Institute of Allergy and Infectious Diseases (NIAID) sponsored a phase one RSVpreF non-maternal vaccine trial, but it resulted *after*

the Pfizer maternal phase two trial began, which presents a nagging question: did Pfizer *start* their RSVpreF trials on pregnant women *before* finding out if they were safe in nonpregnant persons, or did they just not make those results public? The CDC says most vaccine development takes 10-15 years, and Johns Hopkins breaks this down to 2-4 years per trial phase. Perhaps Pfizer is still working at COVID-speed-of-science. Long-term safety could not have been known before beginning the first RSVpreF maternal trial in 2019, nor what the vaccine might do compounded with the Tdap or influenza versus no vaccine, a trial Pfizer ran for nonpregnant women for an RSV vaccine (unknown type) combined with Tdap only lasted for a month (and also started after the maternal trial). Sound familiar? Hello Hepatitis B for one-day-old infants. When GSK halted its RSV trial due to preterm births and neonatal deaths, researchers suggested that the aggregate use of vaccines may have played a role in the negative outcomes. And yet, the data from Pfizer's maternal RSVpreF vaccine phase three trial won't be resulted until November, but an expedited FDA approval is nevertheless expected next month.

The FDA's *ethical* guidance also states that pharmaceutical companies "should take into account the incidence of the disease, the severity of the disease, and the availability of other therapeutic options and their risks" when deciding trials for pregnant women. According to the CDC's National Vital Statistics, the leading causes of infant deaths in 2019 were from congenital malformations, 4,301 deaths, and preterm births, 3,445 deaths, while comparatively RSV only causes about 100 infant deaths per year. Those most at risk of severe disease are preterm infants and/or with weakened immune systems. What this really means is that in the U.S., RSV in the young is not a *deadly* epidemic, but rather a costly one with up to 80,000 infant hospitalizations yearly. And according to the CDC, most hospitalized infants are discharged within a few days. There are also already therapeutic options for babies and children who are at high risk for RSV, including monoclonal antibodies, which the FDA recently expanded approval for all children, and treatments to manage symptoms—oxygen, fluids, bronchodilators, and antivirals. Considering the low incidence of mortality with all the treatments available, are maternal RSV vaccine trials ethical? Especially when previous trials do not appear adequate to assess the safety and severity of the disease and may not warrant the risk to the study participants, let alone to all pregnant women and their babies if approved.

Ethics, Smethics, Regulatory Agencies Look the Other Way

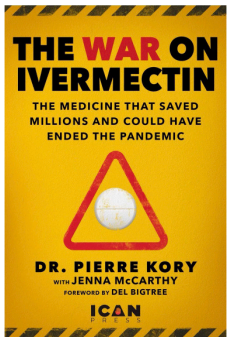
One problem may be that regulatory agencies assume all benefit and little-to-no risk to vaccines. In a Pfizer document, it quotes the Advisory Committee on Immunization Practices (ACIP) to explain why it did not provide a pregnancy registry report for COVID-19 vaccination: "experts believe that COVID-19 vaccines are unlikely to pose a risk to the pregnant person or the fetus because the currently authorized COVID-19 vaccines are non-replicating vaccines and cannot cause infection in either the mother or the fetus." The premise here is the vaccine won't give you COVID and is therefore safe, neglecting any other potential harms. This statement is honestly terrifying. And yet the COVID vaccine is still routinely offered to pregnant women, despite incomplete safety data, despite being untested for maternal use, and probably with this kind of non-replicating reassurance given to mothers.

There is also a recent push for pregnant women to have "fair access" to experimental products. An article in *Vaccine* argues that not allowing them to participate in trials "unfairly excludes them and their offspring from the prospect of direct benefit they may realize from receiving an investigational vaccine." But this misses that the inherent nature of an investigational product in that there is no certainty on benefit or harm—and the risk is greater with two persons rather than one, with one of them not able to speak. In the article, "fair access" is boiled down to "a matter of fairness and respect," almost as if protecting pregnant mothers and their babies from experimentation is itself offensive.

But Why Would Pregnant Women Enroll in an Experimental Product?

After the Zika outbreak in 2016, when microencephaly was first attributed to the virus, researchers at Massachusetts General Hospital surveyed 128 patients of the obstetrics department to see how to persuade pregnant women to participate in a Zika virus vaccine trial. The medical center routinely screened participants for Zika exposure and "universally counseled [them] to avoid travel areas of active Zika virus transmission and to use condoms when the partners' travels were unavoidable." The researchers assured this emphasis on Zika was purely hospital protocol, not part of the study. All of the scenarios given of the hypothetical trials included the mothers living in Zika-saturated neighborhoods. Most of the women in this survey reported having taken vaccines during their pregnancy, and many changed travel plans to avoid exposure, and stated fear of the Zika virus. The results showed three-quarters of the participants said they would take part in one of the hypothetical trials, with the most willingness for an inactivated vaccine over a live vaccine because they believed inactive virus vaccines were a safe mode for pregnancy, despite the live scenario having more prior trials. Nearly all the women chose protecting their baby as the motivating factor in their decisions. From the setting of the survey, being cautioned against Zika and intimacy with their partners, to Zika being prevalent in their areas as part of the hypothetical situations, fear drove women's decisions to participate in a trial. So, the recipe seems easy—create a scenario where the disease is prevalent, ramp up testing and scare tactics and provide a vaccine that is presumed safe because it is in inactive form, and you have compliance. Women will choose to protect their babies from a looming threat, but if our regulatory agencies won't protect them from the pharmaceutical companies, who will?

ICAN Press, the new publishing division of The Informed Consent Action Network, is partnering with dynamic writers, medical professionals and subject matter experts to bring you a captivating library of published works that seeks to inform, empower, and deliver you the truth, one publication at a time. You already receive *The Informant,* now take a look at what's coming up from ICAN Press.

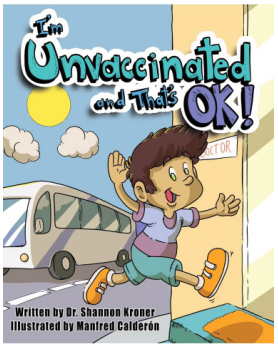


"Ivermectin is a dirty word in the media. It doesn't work. It's a deadly horse dewormer. Prescribe or promote it and you'll be called a right-wing quack, be banned from social media, or lose your license to practice medicine. And yet, entire countries wiped out the virus with it, and more than ninety-five studies now show it to be unequivocally effective in preventing and treating COVID-19. If it didn't work, why was there a coordinated global campaign to cancel it? What's the truth about this decades-old, Nobel Prize-winning medication?

The War on Ivermectin is the personal and professional narrative of Dr. Pierre Kory and his crusade to recommend a safe, inexpensive, generic medicine as the key to ending the pandemic.

Written with Jenna McCarthy, and foreword by Del Bigtree, Dr. Kory's story chronicles the personal attacks, professional setbacks, and nefarious efforts of the world's major health agencies and medical journals to dismiss and deny ivermectin's efficacy. Part personal narrative, part scathing expose, *The War on Ivermectin* highlights the catastrophic impacts of the mass media censorship and relentless propaganda that led to the greatest humanitarian crisis in history.

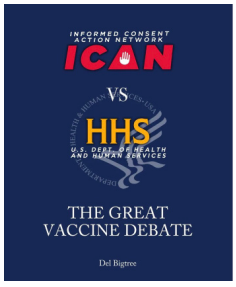
Although numerous studies and epidemiologic data have shown that millions of lives were saved globally with the systematic use of ivermectin, many more millions perished. This carnage was the direct result of what Dr. Kory eventually discovered to be the pharmaceutical industry's silent but deadly war on generic medicines and the corrupt, captured medical and media systems that allow it to continue. For anyone who thought COVID-19 was the enemy, Dr. Kory's book will leave no doubt that the true adversary in this war is a collective cabal of power-hungry elites who put profits over people and will stop at nothing in their quest for control."



"*I'm Unvaccinated and That's OK!* is the story of an unvaccinated child named Nicholas Novaks, who shares the many reasons why his parents have chosen not to vaccinate him. Nicholas explains his parents' personal concerns about vaccine injury, the importance of finding a doctor they can trust and openly speak with, the research they did before making this decision, and what life is like for an unvaccinated child who has an older, vaccine-injured sibling.

Inspired by the personal stories of vaccine-injured children, which have been shared with Dr. Shannon Kroner over many years of working with special needs families, Dr. Kroner aims to raise awareness of the importance of vaccine choice and the necessity of doing the research before making an important decision such as vaccination.

Join Nicholas as he shares what it means to be an unvaccinated child in today's world and why one's personal choice regarding vaccination must always be respected."



Over the course of one year the U.S. Department of Health and Human Services engaged in a written debate with The Informed Consent Action Network regarding the safety of vaccines. This book contains all of the unedited correspondence which represents the most thorough discussion on vaccine safety in history.

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