Mr. Linos-Alexandre Sicilianos
President of the High Chamber
European Court of Human Rights
Council of Europe
F-67065 Strasbourg Cedex
France

February 28, 2020

Object: Request for amicus curiae third party intervention

Vavřička v. the Czech Republic (application no. 47621/13)

Markéta Novotná v. the Czech Republic (Application no. 3867/14)

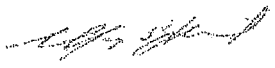
Adam Brožík and Radomír Dubský v. Czech Republic (Applications nos. 19306/15 and 19298/15)

Prokop Rol v. the Czech Republic (application no. 43883/15)

Dear President Sicilianos,

In accordance with article 36 § 2 of the Convention and Rule 44 § 2 of the Rules of Court, Children's Health Defense respectfully asks the President of the Grand Chamber for leave to submit written comments in the cases noted above. This decision on mandatory vaccination will be a precedent not only in member states but potentially throughout the world. We appreciate your attention to all the issues these cases raise.

Sincerely yours,



Mary S. Holland
General Counsel and Vice Chair
Children's Health Defense

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Vaccines are pharmacological preparations capable of providing the body with acquired active immunity by stimulating the production of antibodies against certain pathogens. They can and do provide immunity in some individuals but they are also known to be ineffective in some and to cause injury and death in some.

Compulsory vaccination violates fundamental rights.
This case involves the rights and health of individuals, families and the public. The Grand Chamber must decide whether the Czech Republic's compulsory vaccination law exclusively for children complies with the European Charter of Human Rights. The Czech law, like similar laws in other countries, affects the right to life, the right to informed consent, the right to freedom of religion and conscience, the right to bodily autonomy, the right to education, parental rights, the right to equal protection and the right to due process. Thus what appears on its face to be a simple balancing test between the individual and society is in fact extremely complex.

Compulsory vaccination violates the right to prior, free and informed consent.
The European Convention for the Protection of Human Rights and Fundamental Freedoms came into being in the aftermath of World War II to prevent a similar future catastrophe. Another building block to prevent future atrocities in the post-war era was the Nuremberg Code from the Trials of War Criminals. This Code has been the cornerstone of medical ethics since, leading to the Convention on Human Rights and Biomedicine (Oviedo Convention) and to the 2005 UNESCO Declaration on Bioethics and Human Rights adopted by over 190 countries, among other treaties and conventions.

The Nuremberg Code states in part:

1. The voluntary consent of the human subject is absolutely essential.
   This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, **without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion**; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. (emphasis added)

While this first Nuremberg article pertained only to experimentation on human subjects, its consent principle has come to cover all medical treatment as well. Thus the 2005 UNESCO Declaration states:

> Article 6: Any preventive, diagnostic and therapeutic medical intervention is **only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information**. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice. (emphasis added)

These universal, absolute human rights norms strongly suggest that compulsory vaccination laws on their face violate the right to prior, free and informed consent and that any medical compulsion except for the most dire circumstances violates fundamental human rights. The UNESCO Declaration specifically covers preventive medical interventions, such as vaccines. Many countries, including Japan, Sweden, Norway, Finland and Canada rely exclusively on voluntary compliance with vaccination recommendations and have comparable, if not better, public health than those countries that enforce vaccine mandates, such as the United States.

Vaccines are neither completely safe nor completely effective.

Most people believe that vaccines have been rigorously scientifically tested to ensure their safety. Sadly, this is simply not the case. In the United States, not a single state-compelled vaccine has been tested against a true inert placebo or tested for a long period of time[1]. Because vaccines are not considered drugs, they are not subjected to the same kind of rigorous testing as drugs. As "biologics" – products that potentially could be manufactured in a biological crisis of some kind – vaccines are routinely tested against other vaccines with biologically active ingredients, making it impossible to assess their true safety as in any standard scientific experiment. Many childhood vaccines, including the hepatitis B vaccine, were tested for under five days in clinical trials.[2]

Governments and medical associations exhort that vaccines are "safe and effective," and that serious injuries are one in a million. [cite to CDC and AAP] Yet reality does not bear this out. A U.S. study commissioned by the federal Health and Human Services Agency for Health Research Quality found that vaccine injury is as common as 1 in 38 vaccines administered.[3] Active surveillance of vaccine injury does not occur in most countries; most, like the U.S., have passive surveillance systems so that accurate information on injuries is unavailable.[4]

Vaccines are not uniformly safe and effective. Vaccines can and do cause serious injuries and death in some. Because of these physical risks, and the financial risks they posed to vaccine manufacturers, the U.S. Congress granted liability protection to vaccine manufacturers and created a federal compensation program for vaccine injury in 1986[5]. That tribunal has awarded over $4 billion to injury victims or survivors of those who died.[6]

Similarly, vaccines do not provide life-long immunity in the way that natural immunity typically does. Vaccines, including the measles vaccine, do not confer immunity in up to 10% of people vaccinated, and immunity wanes in people who receive initial immunity.[7] It is precisely because vaccines are not effective over the long term that booster doses are necessary.

U.S. Government health agencies have conflicts of interest around vaccines and influence the world health recommendation policies.

CHD is troubled by the conflicts of interest inherent in vaccine programs today. Government agencies that promote vaccines, such as the U.S. Centers for Disease Control and Prevention, own vaccine patents and work hand-in-glove with vaccine manufacturers. A revolving door culture means that those who leave high level government positions often go directly into industry, creating a culture of industry capture.

The World Health Organization which guides European and international vaccination policies is in turn largely influenced by its main funders: the United States, the Bill and Melinda Gates Foundation and the Global Alliance for Vaccination and Immunization (GAVI), which is a public-private partnership between by the U.S. government, the Gates Foundation, the World Bank and the pharmaceutical industry whose sole purpose is to increase vaccination rates thus increasing revenue.

Since the late 1980's, vaccine mandates in the U.S. have grown from 7 vaccines to 16 administered in 72 doses. In parallel, the percentage of U.S. children suffering from chronic health conditions has risen from 12% to 54%.
54% of U.S. children today suffer from serious chronic health conditions. America's highly vaccinated children have serious chronic health conditions, including severe allergies, asthma, attention deficit disorder, autism, arthritis, diabetes, learning disabilities, seizures, pediatric cancer and more. One in six has a learning disability; one in 34 has autism; one in two has some health ailment.[8] Certain racial and ethnic groups are at especially high risk for these problems. For instance, black children in the U.S. are six times more likely to die of asthma, twice as likely to die before one year of life and 52% more likely to suffer from severe autism than other children.

There is reason to believe that vaccines are playing a role in these childhood disorders. American children are the most vaccinated children in the world and the incidence of chronic diseases has been rising in parallel with the number of recommended vaccines on the immunization schedule. The USA now has the highest infant death rates amongst the developed nations.[9]

It is well understood that vaccines can cause autoimmune and neurological disorders.[id] It is also clear that females have different immune systems than males and African Americans have different immune systems than Caucasians.[10] One-size-fits-all vaccine mandates do not comport with the goal of precision medicine, i.e. tailoring healthcare to the individual to support that individual's biological make-up.

Discrimination against unvaccinated children leads to stigmatization and dehumanization.
The U.S. states of California and New York have recently removed all non-medical exemptions from vaccine mandates. These laws, eliminating religious and personal belief exemptions, have had wide-ranging, unintended and severely deleterious consequences. First, these laws have led to the *de facto* elimination of medical exemptions. Doctors fear for their licenses if they grant medical exemptions, so few grant them. Parents of medically fragile children cannot find physicians willing to write them. Thousands of families have been forced to move out of state because of their convictions. Others have had to leave jobs in order to stay at home to teach their children.

But the worst effects have been on the children themselves. The segregation from school of unvaccinated or partially-vaccinated children has made them easy targets for merciless stigmatization. This governmental exclusion has caused them to miss out on academics, friendships, sports, and all that communal education can provide. The children have been stigmatized and branded as disease carriers, despite their robust health, not just by other children, but by the schools and administrators.

Schools and children openly display hostility and fear of contagion, even though there is no basis for such fear or hostility. These segregated children suffer from the lack of opportunities, access and achievements that go with school. Many have suffered psychologically from separation from their peers and from the stigmatization that has ensued. One boy in New York excluded from school attempted suicide. Other families, unable to move or homeschool, decided to vaccinated their children against their will, leading to serious vaccine injuries, including seizures, asthma and anaphylaxis.[11] The kinds of dehumanization already occurring to these excluded children – excluding them from school; branding them as filthy, diseased, infectious, disgusting, subhuman – is precisely the kind of dehumanization that made the holocaust in Europe possible.

There is no scientific consensus on vaccine mandates.

Vaccine mandates rest on two unproven scientific assumptions, i.e. that (1) vaccination can induce herd immunity and that (2) vaccination can lead to disease eradication.

Vaccination does not induce herd immunity.

The notion that herd immunity through vaccination exists or can be achieved is illusory.[12] Herd immunity is defined as a form of indirect protection from infectious disease that occurs when a large percentage of a population has become immune to an infection, thereby providing a measure of protection for individuals who are not immune. The concept originally applied to a group of people who had developed lifelong immunity after acquiring a disease. When mass measles vaccination started in the 1960's, it was assumed that vaccination would achieve the same level of strong protection as the disease and that it would prevent infection from a circulating virus and block its transmission to others.

Decades of experience prove that this wrong. Epidemics still occur in fully vaccinated populations, including Mongolia[13] and China,[14] countries that have recurrent measles epidemics despite vaccination rates of close to 99% for almost a decade. The Portugal epidemic in 2018 also occurred in an almost fully vaccinated population. Furthermore, the U.S. Disneyland measles outbreak that led to the repeal of personal belief exemptions in California affected a highly vaccinated population. Surprisingly, 38% of the cases appear to have originated from the virus type in the measles-mumps-rubella vaccine itself.[15] These and other observations demonstrate that there is no settled scientific consensus and that science is in constant evolution.

Even the most renowned vaccine experts acknowledge that there are important unresolved issues concerning vaccine effectiveness. For example, Dr. Stanley Plotkin, who is a world expert in vaccinology and advisor to the World Health Organization, recently wrote an article about the failure of the measles vaccine to protect individuals from measles epidemics.[16] In another article, "Measles Vaccines: Is A New Approach Needed?,"[17] Dr. Didier Raoult, one of France's most

respected scientists, questioned the principle and efficacy of mass measles vaccination as a preventative tool against the new strains in today's epidemics.

In the U.S. association Physicians for Informed Consent demonstrated on the basis of official data and scientific findings that even in a fully vaccinated school, herd immunity does not exist because of differences in individual response to vaccines and waning immunity. Half of the children were still at risk.[18]

Experience since the 1960's shows that vaccinated individuals can still contract measles or be infected without showing symptoms.[19] In case of an epidemic, most doctors admit that the best recommendation for an immunosuppressed child or person is to avoid contact with others rather than risk being infected by asymptomatic carriers of the disease, who can be both vaccinated or unvaccinated individuals. Moreover, vaccination only applies to a very limited number of diseases and exclusively to children. Truly fragile individuals are exposed to many other infectious pathogens that can harm them and for which there are no vaccines.

Sending an immunosuppressed child to school or daycare while ignoring the limits of vaccine effectiveness would endanger the child rather than offering true protection. Barring a healthy child from any school to protect a mythical immunocompromised child is grossly disproportionate, especially because vaccinated children as well as unvaccinated children can infect others.

Disease eradication through vaccination is an illusion.
The second scientific notion used to support mandatory mass vaccination of children is the goal of eliminating diseases. The eradication of smallpox, a horrific disease that led to the development of the first vaccines, is often used as an example, in fact, the only example, of the success of mass vaccination. However, the goal of eradication is illusory.

In an interview titled "Dispelling the myths," Dr. Donald Henderson, the chief scientist in charge of the WHO eradication program, explained that the idea that mass vaccination led to eradication is a myth. It was rather the implementation of a strategy of disease surveillance and containment, along with the vaccination of patient contacts, that paved the road to success.

When further asked about the eradication of other diseases, such as polio, Dr. Henderson explained that what had been done with smallpox could not be repeated with other diseases. Smallpox shows very distinct signs of infections in contaminated subjects and contagion only starts with the onset of symptoms. Other diseases have an incubation period before onset and there is asymptomatic transmission. "Even towards the end of smallpox eradication, the senior staff never talked about potential eradication of any other disease. No other disease had so many of the attributes that made smallpox amenable to eradication...You could not do what we did with smallpox [with other diseases]." [20] [21]

Other scientists in charge of the smallpox eradication campaign, such as Dr. Thomas Mack, made similar statements when discussing the possible reintroduction of smallpox as a terrorist bioweapon:

> If people are worried about endemic smallpox, it disappeared from this country (USA) not because of our mass herd immunity. It disappeared because of our economic development. And that's why it disappeared from Europe and many other countries, and it will not be sustained here, even if there were several importations, I'm sure. It's not from universal vaccination....There is a substantial risk from a vaccine, as you'll hear in a moment. It is the single most dangerous live vaccine. We would still need to vaccinate and identify contacts. We would need personnel and resources for surveillance rather than mass vaccination. But that protection will not be maintained. It will gradually wane and we'll have to do it again and again. So the informed consent that you would have to prepare to vaccinate somebody in the public, if it's honest, you would have to say that the dangers would exceed the benefits.[22]

It is simply untrue to say that mass vaccination eradicated smallpox or that it is likely to eradicate any other disease. New challenges emerge from long-lasting vaccination campaigns. Current polio epidemics now mostly derive from polio vaccine strains that tend to recombine with wild viruses.[23] As for measles, failure of vaccine effectiveness and the pressure of selection of vaccine strains has stimulated the emergence of "escape mutant viruses," resistant to existing vaccines.[24] [25] This new phenomenon is comparable to antibiotic resistance.

The theory that disease eradication can simply be achieved by mandating mass vaccination is unproven and likely wrong. Assertions that "the science is settled," or that "there is nothing to debate" are not based in reality. These unproven assertion typically come from politicians, health policy makers, and industry spokespeople, not independent scientists.

Censorship of vaccine risks and injury poses grave risks.

Article 13 of the European Charter of Human Rights states: "The arts and scientific research shall be free of constraint. Academic freedom shall be respected." The notion that vaccine hesitancy and vaccine criticism endanger peoples' lives has grave consequences. European countries are already being pressed to adopt legislation making almost any exemptions from vaccination impossible. These laws permitting only the narrowest of medical exemptions to vaccination for children violate the art of medicine and scientific freedom.

In 2019, California passed SB276, a bill that strips medical doctors of their professional authority to make medical decisions based on their clinical judgement for children in their care. Doctors are now unable to independently write medical exemptions to protect children from the risks of serious harm. This legislation empowers the Department of Public Health to dictate medical exemption standards that doctors must follow. It forces doctors to vaccinate children, who they have reason to believe will be seriously harmed. Doctors who comply with the state law will be violating their moral and professional oath to "first do no harm." To ensure compliance, California public health officials will be authorized to review doctors' exemptions if they have issued more than five in a year – without regard for the children's condition, the doctors' specialties, or how many children they treat. Additionally, medical doctors practicing in California will be subjected to monitoring by state officials.

Physicians in clinical practice are under extreme pressure to disregard parents' legitimate safety concerns and objections. Many doctors, opposed to the "one-size-fits-all" government-dictated vaccination schedule, are intimidated. Doctors who sign exemption certificates are at risk of losing their medical license – even as the number of children who suffer serious harm following vaccination increases.

In March 2019, U.S. Congressman Adam Schiff wrote several public letters urging the heads of *Amazon, Facebook*, and *Google* to censor and delete content that raises doubt about vaccine safety. Other social media and internet giants followed suit, including *YouTube, GoFundMe, Twitter, Instagram, Wikipedia, Pinterest, Etsy,* and *MailChimp*. Many of these companies have a financial interest in promoting vaccination. Google, for example, is owned by Alphabet, a holding corporation that also invests in the research and production of new vaccines.[26]

On Jan 15, 2020, the Association of American Physicians and Surgeons, with Katarina Verrelli, filed suit in the U.S. District Court for the District of Columbia. Plaintiffs allege that Congressman Adam Schiff abused his authority and infringed on free speech rights by calling for corporate censorship of vaccine-related information.

Richard Horton, chief editor of the Lancet, one of the most prestigious medical journals, has openly admitted this:

> The case against science is straight forward: much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness.[27]

<u>Mandatory mass vaccination poses the risk of unintended genocide.</u>
Although this idea may seem shocking at first, accidental genocide is possible when vaccines are designed quickly for fast marketing approval. Responses to vaccination vary from one individual to another. Individuals and specific genetic groups can be at higher risk to suffer vaccine damage. For example, some families, ethnic groups and genders have genetic predispositions that make them more vulnerable.

During the WHO vaccine safety summit in December 2019, scientists discussed Pandemrix, a vaccine that was hurriedly developed against the H1N1 flu "pandemic." This vaccine caused an alarming number of narcolepsy cases in the Finnish population,[28] an unforeseen effect later attributed to a genetic factor among Finns (a specific HLA group). Another example is the increased risk of injury from the rubella vaccine for Afro-Americans.[29]

Gender too can be a differentiating factor. A recent publication of Dr. Peter Aaby,[30] an eminent vaccinologist, showed that the Diphtheria-Pertussis-Tetanus vaccine was 5 times more likely to provoke death in girls than in boys. Finally some families seem to have a history vaccine injury over several generations. Vaccine risk must be taken into account, just like other inherited medical risk factors.

Mass vaccination may change the human genome in unintended ways.
Finally, questions should be raised about modifications of the human genome through vaccination. Almost all vaccine product inserts state that they have not been tested for their effects on mutagenicity. In other words, vaccines can and do cause gene mutation, which may affect future generations. Some vaccines like the MMR vaccine are produced with DNA material (MRC-5 line) grown on aborted fetal cell lines. This not only raises questions of personal and religious beliefs regarding abortion, but also of the medical consequences of the introduction of genetic material into human hosts.

Additional concerns are raised with novel vaccines (HPV, Zika, AIDS or even Coronavirus) that aim to replace the use of antigens by the injection of selected DNA or RNA material that penetrates the cells or plasma of the host to trigger the production of the proteins for the desired immune response. These genetic medication technologies are now being applied to human beings through vaccination.

The use of such vaccines, especially in circumstances of fast tracking approval, can have both unexpected and long term consequences. Changing or altering the genetic heritage of an individual by coercive measures also constitutes a violation of human dignity.

The use of culture techniques that involve the use of fetal cells for the preparation of vaccines causes concern. At the end of the vaccine production process, a certain quantity of DNA fragments remains in the final product which, if injected, could trigger a process known as *homologous recombination*[31] (that is to say, it occurs only in the same species), which involves the modification of the genetic heritage of the recipient of the vaccine.[32]

In this way genomic insertions or mutations are formed through the recombination between viral DNA, fetal cells and the vaccinated subject, causing the development of original new cells. The cells thus created *ex novo* can be recognized as foreign by the vaccinated person and therefore trigger an immune response in the recipient to eliminate them. Since the cells attacked are those of the person that creates the reaction, a so-called autoimmune response is triggered, from which the autoimmune pathologies and any disorders of the autistic spectrum can arise.[33] [34]

The FDA, while recognizing the existence of oncogenic risks associated with the residual presence of DNA in vaccines, has also established that these risks do not exist where the amount of human DNA is limited to no more than 10 ng (nanograms).[35]

The WHO in 2005 had established this safety limit in the amount of residual DNA in vaccines.[36] However, independent research,[37] most recently commissioned by the Italian organization Corvelva, has shown that this limit is not being observed at all.[38] In the analysis of the *Priorix Tetra* (MMRV) vaccine, the presence of fetal DNA was found in high quantities, 1.7 µg (micrograms) in the first batch and 3.7 µg in the second, therefore well beyond the maximum limit of 10 nanograms (= 0.01 micrograms) established by the FDA, WHO and EMA.

In addition to the limits established by these authorities, there are also international treaties (Oviedo Convention - art.13, EU Regulation 536/2014 - art.90, second paragraph, Convention on the rights of childhood and adolescence (1989) - art. 24) that prohibit the modification of the genetic identity of the human being. Nevertheless, the maximum limits of injectable alien genetic

material are being exceeded, thus *de facto* permitting that a recipient's DNA can be lawfully modified with his or her knowledge or consent.

In the technical data sheets of some vaccines on the U.S. market (for the measles, mumps and rubella vaccine produced by Merck, for instance), you can read: "not evaluated for oncogenesis, mutagenesis and impairment of fertility,"[39] yet this product is being mandated in fifty states.

These problems require the need to search for valid alternatives to vaccines currently on the market to be offered to all those who feel obliged to object to vaccinations for ethical and religious reasons.

Religious exemptions to vaccination protect fundamental human rights.

In January 2018, the U.S. President Donald Trump issued new guidelines to broaden the scope of protection of conscientious objection to medical interventions.[40] Conscientious objection to medical interventions for religious reasons is also allowed in the Czech Republic.[41]

The fact that many vaccines[42] are produced using cell lines derived from voluntarily aborted fetuses makes vaccination absolutely unacceptable morally, ethically and religiously to many believers. Worse is the pharmaceutical industry's practice of procuring live fetuses[43] for corporate use. By accepting vaccines containing human fetal DNA, this business *de facto* condones and exploits abortion and the desecration of fetuses, which many people find abhorrent on ethical and religious grounds.

In March 2019, the "Science and Consciousness"[44] conference took place in Rome expressly to address the use of cells derived from aborted fetuses in drugs. Cardinal Burke, Patron of the Sovereign Order of Malta, considered one of the most prominent exponents of the College of Cardinals and of the Church in general, took part. He reiterated that "even the most desirable of the aims can NEVER justify the use of means contrary to the moral law."[45]

More recently, on November 14, 2019, religious leader Father Copenhagen[46] in the United States highlighted religious objections to the use of aborted fetal cell lines in medicine. He argued that the use of these aborted cells is a form of depredation and desecration of human remains that should not be used in any way, but respectfully buried. Exploiting such cells in perpetuity is anathema to people of many faiths.

The Orthodox Church has also taken a stand against drugs prepared from aborted human fetal cells, believing that one is an accomplice to evil in the use of such a vaccine.[47]

The pharmaceutical industry and parts of the scientific community remain insensitive to those who oppose the use of vaccines derived from aborted fetal cell lines. And the Catholic religion is not the only one to condemn abortion. It also represents an unacceptable practice for the Muslim[48], Jewish[49], Buddhist[50], Hindu[51], Jehovah's Witnesses[52], Protestants and Orthodox[53] faiths.

Until recently, 48 of the 50 U.S. states had lawful religious exemptions to vaccination. Only Mississippi and West Virginia had only medical exemptions. In 2015, California began a new trend to eliminate conscientious and religious exemptions to vaccination. Maine and New York have now followed California's example, and the pharmaceutical industry is pressuring the

legislatures in New Jersey, Connecticut, Virginia, Colorado, Illinois and other states to repeal religious and philosophical exemptions now.

Mandatory vaccination requires strict government accountability for any harm caused.
Dr. Kenneth Hartigan Go at the WHO Vaccine Safety Summit[54] recently described the *Dengvaxia* vaccine crisis in the Philippines and the "perfect storm" vaccine legislation created. The vaccine *Dengvaxia*, a fast tracked vaccine, was introduced in the middle of a dengue fever epidemic. The vaccine soon caused death, injury and an increased risk for individuals who had already been infected by the dengue virus to become seriously ill. Doctors were first afraid to speak out and to report injuries. But when the scandal broke out in the newspapers and on social media, the population accused the Philippine government of mandating unsafe experimental products. Vaccine policy makers alleged that they had not been fully informed by the vaccine producer about the risks. As a result, 32 people now face criminal charges in the Philippines, including not only the Department of Health, but also the heads of the drug safety agency, project leaders of clinical safety trials, and representatives of the pharmaceutical industry. As Dr. Hartigan Go said, "At that point [when the vaccine is causing severe injury and death and you next have to face criminal charges], you find you are all on your own." In another comment during the session he added that he was advocating for informed consent.

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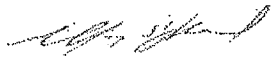
For all the reasons above, we ask that you carefully consider your decision.



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