

Citizen Memorandum on Childhood Vaccines, Transparency, and Public Health Ethics

I. Oath and Declaration

The sender of this memorandum is of sound mind, of lawful age, and acting voluntarily, and hereby swears under penalty of perjury that the statements contained herein are true and correct to the best of their knowledge, information, and belief. The sender submits this memorandum freely and voluntarily, invoking their constitutional right to petition for redress of grievances and to place this document into the public record.

The sender of this memorandum makes this declaration as a parent, citizen, and beneficiary of the Constitution of the United States Of America and the Hawai'i State Constitution. They do not waive any rights and do not consent to any violation of children's bodily autonomy or parental authority.

II. Purpose

The purpose of this Citizen Memorandum is to assert and protect the constitutional rights of parents and children in matters of medical decision-making. The United States Of America Constitution, along with long-standing Supreme Court precedent, recognizes **bodily autonomy**, **parental authority**, and **informed consent** as fundamental liberties. Any public policy involving compulsory medical interventions, including childhood vaccination, must operate within these constitutional boundaries and may not override them.

This Citizen Memorandum demands full transparency and constitutional accountability regarding:

- Childhood vaccine development and authorization
- Long-term safety and immunopathology risks
- Parents' constitutional right to make medical decisions for their children
- Children's inherent right to bodily integrity and bodily autonomy
- The right to refuse unwanted medical treatment or injections
- Protection from coercive policies or mandates that interfere with parental authority or educational access

Because children have developing immune systems and cannot consent for themselves, the highest ethical and constitutional standards must apply.

Constitutional Foundations (with case explanations)

1. Bodily Integrity – 14th Amendment (Substantive Due Process)

The Supreme Court has repeatedly held that individuals have a constitutional right to bodily integrity and to refuse unwanted medical procedures.

- ****Cruzan v. Director, Missouri Dept. of Health (1990)**¹**
Case: Nancy Cruzan was in a persistent vegetative state, and her parents sought to withdraw life-sustaining feeding tubes.
Finding: The Court ruled that a competent person has a constitutionally protected liberty interest in refusing unwanted medical treatment—even if that treatment is life-sustaining.
Significance: This case firmly established that bodily autonomy and the right to refuse medical treatment are protected liberty interests under the 14th Amendment.
- ****Washington v. Harper (1990)**²**
Case: A prison inmate objected to being forcibly injected with antipsychotic drugs.
Finding: The Court acknowledged that an individual has a “significant liberty interest” in avoiding the unwanted administration of antipsychotic medication. Forced treatment requires procedural safeguards and due process.
Significance: The state cannot simply medicate a person against their will; it must justify any forced medical intervention with strong reasons and legal process.
- ****Rochin v. California (1952)**³**
Case: Police officers forcibly pumped a suspect’s stomach to obtain evidence.
Finding: The Court held that such forced bodily intrusion “shocks the conscience” and violates due process under the 14th Amendment.
Significance: Rochin stands for the principle that the government may not physically invade the body in a way that offends fundamental fairness and human dignity.

Together, these cases affirm that **forced injections or medical procedures are constitutionally suspect** and require the highest level of justification and due process.

2. Parental Rights – 14th Amendment (Family Integrity Doctrine)

The Supreme Court has consistently affirmed that parents—not the state—hold the primary right and duty to direct the upbringing, education, and care of their children, including medical decisions.

¹ **Cruzan v. Director, Missouri Dept. of Health**, 497 U.S. 261 (1990)

² **Washington v. Harper**, 494 U.S. 210 (1990).

³ **Rochin v. California**, 342 U.S. 165 (1952).

- **Meyer v. Nebraska (1923)**⁴
Case: A law prohibited teaching foreign languages (German) to young children.
Finding: The Court ruled that the law violated the “liberty” protected by the 14th Amendment by interfering with parents’ rights to control their children’s education.
Significance: Meyer established that “liberty” includes the right of parents to direct the upbringing and education of their children.
- **Pierce v. Society of Sisters (1925)**⁵
Case: Oregon passed a law requiring all children to attend public school, effectively abolishing private and parochial schools.
Finding: The Court struck down the law, holding that it unconstitutionally interfered with the liberty of parents to direct the education and upbringing of their children.
Significance: The Court famously stated, “The child is not the mere creature of the State.” Parents have a fundamental right to choose the form of education and upbringing they deem proper.
- **Troxel v. Granville (2000)**⁶
Case: A Washington statute allowed third parties (e.g., grandparents) to petition for child visitation rights over a fit parent’s objection.
Finding: The Court held that the statute violated a fit parent’s fundamental right to make decisions concerning the care, custody, and control of their children.
Significance: Troxel reaffirmed that parental decision-making is a fundamental right protected by the Due Process Clause.

These cases apply directly to medical decisions: **parents—not the state—are the constitutionally recognized decision-makers for their children’s healthcare**, including whether to accept or refuse vaccinations.

3. First Amendment – Religious Liberty

The First Amendment protects the free exercise of religion. Parents may object to medical procedures, including vaccines, on religious grounds. Any law that burdens religious exercise must meet strict constitutional standards, particularly where less restrictive alternatives exist (such as informed consent, education, or non-coercive policies).

4. Ninth Amendment – Unenumerated Rights

The Ninth Amendment states that the enumeration of certain rights in the Constitution shall not be construed to deny or disparage others retained by the people. This has long been

⁴ **Meyer v. Nebraska**, 262 U.S. 390 (1923).

⁵ **Pierce v. Society of Sisters**, 268 U.S. 510 (1925).

⁶ **Troxel v. Granville**, 530 U.S. 57 (2000).

understood to protect **natural rights** such as bodily autonomy, self-ownership, and the right to refuse medical interventions, even if not explicitly spelled out in the text.

5. Informed Consent Doctrine

Informed consent emerges from the combined principles of bodily integrity, privacy, and due process. It requires that:

- Individuals (or parents, for minors) receive full and honest information about risks, benefits, and alternatives
- Consent is given freely, without coercion, discrimination, or threats
- The right to refuse is fully protected and respected

Where refusal is punished—by excluding children from education or services—it is **not true consent**; it becomes coercion.

III. Constitutional Protection of Medical Choice

Although the Constitution does not use the word “choice,” the Supreme Court’s bodily integrity and parental rights doctrine together affirm that:

- Individuals have a constitutional right to refuse unwanted medical treatment
- Parents have a constitutional right to direct the medical care of their children
- The state must respect bodily integrity, parental authority, religious liberty, and informed consent

Therefore:

- Mandates that effectively force medical interventions on children
- Policies that penalize vaccine refusal through exclusion or discrimination
- Or attempts to override parental decisions about medical care

...are constitutionally suspect and must survive **strict scrutiny**, the highest standard of review. The government must show a compelling interest and that it is using the least restrictive means—not blanket mandates, coercion, or punishment.

IV. Background: Growing Vaccine Exposure in Early Childhood

Today’s U.S. childhood vaccine schedule is vastly different from past generations:

- Children now receive roughly **30–35 injections before age 12**, compared to **7–8** in the 1980s
- They are exposed to **150–160 total antigens** in a short time frame
- Many vaccines are concentrated in the **first year of life**, when the immune system is still developing

Vaccines are designed to trigger antibody formation and immune “memory.” However, when dozens of doses are delivered in tight clusters to infants and toddlers, scientific evidence and emerging data indicate that there may be unintended long-term consequences to the immune system, neurological development, and overall health.

Short-term clinical trials—often lasting only months—are not designed to measure:

- Long-term neurodevelopmental outcomes
- Autoimmune conditions
- Chronic respiratory or allergic disease
- Cumulative or delayed effects that emerge years later

This raises serious ethical questions about rapidly expanding mandatory vaccine schedules **without matching long-term safety surveillance.**

V. Major New Study on Long-Term Childhood Health Outcomes

A recent U.S. study, “**Impact of Childhood Vaccination on Short- and Long-Term Chronic Health Outcomes in Children,**”⁷ examined over ten years of pediatric clinical records from 2005–2015. It compared children vaccinated in their first year of life with those who were vaccinated later or not at all.

Key Findings

- **Developmental delays:**
Children vaccinated before age 1 were **twice as likely** to develop developmental delays.
- **Asthma:**
Risk was roughly **4.5 times higher** in early-vaccinated children.
- **Ear infections:**
Risk was about **2 times higher.**

Dose–Response Pattern

The study found a consistent pattern:

⁷ National Library of Medicine: Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders, by Brian S Hooker and Neil Z Miller, May 27, 2020. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7268563/>

- Children who received the **most doses** in their first year (upper quartiles) had the **highest rates** of chronic health problems.
- This suggests a “**more doses, more risk**” trend rather than random variation.

Age Matters

Researchers also examined different cut-off ages:

- 6 months
- 12 months
- 18 months
- 24 months

They observed that the **older** the child at the time of vaccination cut-off, the **higher** the risk detected in long-term outcomes. For example:

- Developmental delay risk was about **2× higher** at the 6-month cut-off
- Growing to about **3.5× higher** by the 24-month cut-off

Longer Follow-Up = More Problems Found

When the follow-up window was extended to age **5** instead of age **3**, all measured risks **increased**, indicating that many problems may only become visible with time.

Conclusion: Early-life vaccine exposure—especially high doses in the first year—may have **cumulative, delayed, or long-term effects** that short clinical trials cannot detect. This demands caution, full transparency, and respect for parental choice.

VI. Supporting Evidence From Multiple Recent Studies

Multiple lines of research raise serious questions about one-size-fits-all pediatric vaccine policies:

A. Tseng et al. (2012) – Eosinophilic Immunopathology⁸

Animal studies showed that certain vaccines, when followed by viral exposure, led to **worse disease**, not better outcomes. The vaccinated animals had an immune system overreaction that caused too many inflammatory cells (eosinophils) to rush into their lungs.

⁸ Tseng C-T, Sbrana E, Iwata-Yoshikawa N, et al. *Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus*. PLoS One. 2012;7(4):e35421. <https://pubmed.ncbi.nlm.nih.gov/22536382/>

B. Vaccine-Associated Enhanced Disease (VAED) & Immune Enhancement⁹

Studies by **Gartlan, Halstead, Bigay** and others (2021–2024) have documented:

- Children often mount stronger Th2-type immune responses, which can increase the risk of certain vaccine-related immune reactions.
- Past pediatric vaccine attempts—such as the early RSV and measles vaccines—did lead to more severe illness in some vaccinated children when they later encountered the natural virus.
- Immune enhancement and vaccine-associated enhanced disease (VAED) are recognized risks that require careful evaluation and monitoring in all new vaccines.

C. 2023–2024 FDA Infant RSV Vaccine Trial Halt¹⁰

A recent infant RSV vaccine trial was halted when vaccinated babies developed **more severe respiratory disease**, showing **again** that vaccine-virus interactions can produce unexpected harms.

D. Non-Specific Effects of Vaccines¹¹

Some studies have suggested that certain **non-live vaccines** may increase vulnerability to other infections, particularly in girls, raising concerns about how vaccines interact with the broader immune system over time.

VII. COVID-19 Vaccine Transparency Failures

(The COVID-19 Vaccine Controversy: Data, Censorship, and Design)

The COVID-19 vaccine rollout revealed deep problems in transparency, censorship, and scientific freedom—problems that directly affect public trust and informed consent.

⁹National Library of Medicine: Vaccine-associated enhanced disease in humans and animal models: Lessons and challenges for vaccine development, by Julie Bigay, Roger Le Grand, Frederic Martinon, Pauline Maisonnasse, Aug. 10th, 2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9399815/>

¹⁰ The bmj: FDA pauses all infant RSV vaccine trials after rise in severe illnesses, *Elisabeth Mahase*, Dec. 23, 2024. <https://www.bmj.com/content/387/bmj.q2852>

¹¹Science Direct: Do vaccines increase or decrease susceptibility to diseases other than those they protect against? Alberto Rubio-Casillas, Cesar Manuel Rodriguez-Quintero, Elrashdy M. Redwan, Munishwar Nath Gupta, Vladimir N. Uverskf, Mikolaj Raszek, Jan. 25th, 2024. <https://www.sciencedirect.com/science/article/abs/pii/S0264410X23015062>

1. The FDA's 75-Year Data Withholding Attempt¹²

In 2021, the U.S. Food and Drug Administration (FDA) requested up to **75 years**—until **2096**—to fully release the data underlying the Pfizer–BioNTech COVID-19 vaccine authorization.

- This request was unprecedented
- It would have meant the public would not see the complete clinical data set in any meaningful time frame
- A federal court later ordered an **accelerated release** of the documents

When the documents began to be released, many were:

- Heavily redacted
- Missing key data
- Confusing or inconsistent in how adverse events were reported

For many, this became a clear symbol that **openness had been replaced by secrecy**, and that **informed consent** was being undermined.

2. Emergency Use Authorizations (EUAs) Without Long-Term Data

COVID-19 vaccines were released under **Emergency Use Authorizations (EUAs)**—a mechanism that allows products to bypass the full, long-term safety review normally required for standard approval.

- Follow-up periods in pivotal trials were often measured in **months, not years**
- Control groups were **vaccinated mid-trial**, effectively destroying long-term comparisons
- The public was repeatedly told that the vaccines were “safe and effective,” even though genuine long-term data did not yet exist

The intense policy focus on vaccination:

- Marginalized early outpatient treatment strategies
- Dismissed or censored discussion of low-cost repurposed medications
- Ignored individualized approaches that might have reduced severe outcomes without imposing mass mandates

3. Censorship and Professional Sanctions

From 2020–2022, many physicians, scientists, and researchers who questioned aspects of COVID policy or vaccine safety reported:

¹² Bio Space: Judge: FDA Cannot Have Until 2076 to Disclose Pfizer/BioNTech Vaccine Data, Alex Keown, January 7, 2022.
<https://www.biospace.com/non-profit-group-wins-transparency-lawsuit-over-fda-records-of-pfizer-vaccine-authorization>

- Censorship on social media platforms
- Removal of lectures, interviews, and even **congressional testimony**
- Professional retaliation, investigations, or threats to licensure

Government agencies worked with technology companies to “combat misinformation,” but in practice this often meant:

- Suppressing lawful speech
- Labeling peer-reviewed studies as “dangerous”
- Silencing dissenting views that should have been part of normal scientific debate

4. Dr. Peter McCullough – Suppression of Early Care & Heart Injury¹³

Dr. Peter McCullough, a board-certified internist and cardiologist, testified that there was a “**near-total block**” on early outpatient treatment information despite peer-reviewed guidance. His videos and summaries were repeatedly taken down.

He has:

- Reported thousands of post-vaccination **myocarditis** cases
- Cited autopsy findings of fatal myocarditis shortly after mRNA doses
- Argued that the **spike protein** response can injure heart tissue

He testified before the U.S. Senate on **November 19, 2020**, warning that:

- The one-dimensional focus on vaccination
- Combined with suppression of early care strategies

...“contributed to avoidable harm on a national scale.”

5. Dr. Mike Yeadon – The Insider’s Alarm¹⁴

Dr. Mike Yeadon is a British respiratory pharmacologist and former **Vice President and Chief Scientist for Allergy and Respiratory Research at Pfizer**. He spent more than thirty years in the pharmaceutical industry.

He has raised several concerns:

¹³

<https://www.audible.com/podcast/Dr-Peter-McCullough-Early-COVID-19-Treatment-Sacrificed-to-Promote-Vaccine/B09SX2M83N>

¹⁴

https://drmikeyeadon.substack.com/p/silver-bullet?utm_source=podcast-email&publication_id=2172783&post_id=152136607&r=ie8ww&utm_campaign=email-play-on-substack&utm_content=watch_now_button&triedRedirect=true

- **Development Time:** Genuine drug and vaccine development typically takes **6–12 years**. Producing and authorizing a new, gene-based vaccine platform in **under 10 months**, he argued, is incompatible with genuine long-term safety assessment.
- **Systemic Distribution:** The lipid nanoparticle (LNP) carriers used in mRNA vaccines can distribute the product far beyond the injection site, including accumulation in organs such as the ovaries.
- **Autoimmunity Risk:** By instructing the body’s cells to produce a foreign **spike protein**, the vaccines may trigger immune-mediated damage resembling autoimmune reactions.
- **Uniform Platforms:** The similar mRNA/LNP or viral vector designs used by Pfizer, Moderna, AstraZeneca, and Johnson & Johnson raised concerns about coordination rather than true competition.

Yeadon warned that:

“You can no more make a baby in one month with nine women than make a safe vaccine in ten months. Medicines are built through rational design, not rush and propaganda.”

He argued that mistakes were not accidental but reflected deeper structural problems in how these products were conceived and deployed.

6. Doctor Testimonies on Vaccine Effects (U.S. Senate Hearing, May 26, 2025)¹⁵

In a U.S. Senate hearing on vaccine injuries, several physicians reported what they have seen in clinical practice:

- **Dr. Peter McCullough – Internist & Cardiologist (Dallas, TX)**
Reports thousands of myocarditis cases temporally associated with mRNA vaccination, far exceeding historical baselines. Cites peer-reviewed reports and autopsies documenting fatal myocarditis shortly after vaccination.
- **Dr. Jordan Vaughn – Physician & Clinical Researcher (Birmingham, AL)**
Treats patients with long-COVID and long-term vaccine injury. He reports lab findings of:
 - Inflammation
 - Endothelial damage (injury to blood vessel linings)
 - Fibrin that resists normal breakdown
 - Micro-clotting
- He connects these findings to the spike protein and suggests that lipid-nanoparticle delivery enables wide distribution, including to the **heart and reproductive organs**.
- **Dr. James Thorp – OB/GYN & Maternal-Fetal Medicine Specialist**
With decades of experience in high-risk pregnancy, he has raised concerns about:
 - Miscarriage
 - Stillbirth

¹⁵Congress.Gov: Hearings to examine science and Federal health agencies, focusing on Myocarditis and other events associated with the COVID-19 vaccines.05/21/2025
<https://www.congress.gov/event/119th-congress/senate-event/336985>

- Preterm birth
- Newborn complications
- He criticizes early claims that the vaccines were “safe in pregnancy,” asserting that key data were missing, misrepresented, or downplayed.
- **Dr. Joel Walskog – Orthopedic Surgeon (Retired)**
Suffered a serious neurological injury (transverse myelitis, autonomic dysfunction) after a single mRNA dose, leading to medical retirement. As co-chair of React19, he reports that many vaccine-injured individuals face dismissal, lack of recognition, and difficulty accessing care or compensation.

These testimonies, combined with data suppression, delayed releases, and censorship, show why the public has a right—and a duty—to demand transparency, accountability, and full informed consent.

VIII. Constitutional, Medical, and Ethical Implications

Given the constitutional principles and medical evidence summarized above:

- Parents retain a **fundamental constitutional right** to direct their children’s medical care, including the choice to accept, delay, or refuse vaccinations
- Children have a right to **bodily integrity and bodily autonomy**, protected through parental authority and judicial precedent
- Government, schools, or agencies may not lawfully coerce vaccination by threatening exclusion, discrimination, or punishment without meeting strict scrutiny
- Short-term safety studies and incomplete data **do not** meet the ethical standard required for imposing long-term medical interventions on minors
- Censorship and retaliation against physicians and scientists violate the spirit of open inquiry and undermine informed consent

Public health policy must operate **within** constitutional limits—not above them.

IX. DEMANDS

In light of the foregoing, I hereby demand the following actions to restore and protect the constitutional rights of parents, the bodily integrity of children, and the transparency of vaccine policy:

1. **Absolute Protection of Parental Choice Under the Constitution**
 - Formal recognition that parents have a fundamental right, rooted in the 14th Amendment, to direct the medical care of their children, including the right to opt out of childhood vaccinations without penalty or discrimination.

2. **Constitutional Informed Consent in All Pediatric Care**
 - Full disclosure of known and unknown risks, long-term uncertainties, immune-enhancement risks, and financial conflicts of interest.
 - Explicit acknowledgment that parents may freely refuse without penalty.
 3. **No Mandates Without Long-Term Pediatric Evidence**
 - No vaccine should be mandated for school, daycare, sports, or services without transparent, independent, multi-year safety data in children.
 4. **Full Legal Liability for Vaccine Injury**
 - Repeal or reform liability shields so that manufacturers, providers, and agencies can be **held directly accountable** in court for injury.
 5. **A Bipartisan Commission on Childhood Vaccine Risks and Immunopathology**
 - Establish a commission with subpoena power to investigate safety, regulatory failures, and long-term impacts.
 6. **Immediate Release of All Pediatric Vaccine Data and Trial Records**
 - Require public access to raw data, trial protocols, safety reports, and regulator–manufacturer communications.
 7. **Mandatory 10–20 Year Follow-Up of Pediatric Vaccine Recipients**
 - Long-term outcome tracking for immune disorders, neurodevelopment, autoimmune disease, respiratory health, and all-cause morbidity and mortality.
 8. **Legal Protection for Medical Professionals Who Honor Parental Choice**
 - Ensure that doctors and nurses can discuss risks, alternatives, and delayed schedules without retaliation.
 9. **Ban on Discrimination Against Unvaccinated Children**
 - Prohibit denial of education, medical care, or public services based solely on vaccination status.
 10. **Enforcement of Bodily Integrity for Minors**
 - Forbid compelled injections or medical interventions without parental consent and strict constitutional justification.
 11. **Penalties for Violating Parental Medical Rights**
 - Impose civil and administrative liability on any agency, school, or authority that coerces or punishes parents for vaccine refusal.
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X. Affirmation

The sender affirms that children deserve full medical protection, parents deserve full constitutional freedom, and the public deserves full transparency. The Constitution safeguards bodily autonomy and parental authority. These rights must not be infringed.
