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**Douglas Hulstedt, MD Declaration**

I, Douglas Hulstedt, MD, FAAP, ABHM, hereby declare:

1. I am a licensed physician in the State of California. As a physician I have been practicing medicine for over 40-years. I am also Board certified as a pediatrician.

**Professional Background & Experience**

2. For the last 20+ years, I have operated a private medical clinic in Monterey, California where I have gained substantial experience treating hundreds of fully vaccinated, partially vaccinated, and unvaccinated children. In particular, I have developed substantial experience treating neurodevelopmental disorders related to vaccination.

3. Attached as Exhibit A is a true and correct copy of my *Curriculum Vitae* that details my extensive education, career, and certifications. On the basis of such education and experience, I am qualified to provide the professional opinion in this declaration.

**Petitioners Are Likely To Prevail On The Merits**

4. In December 2020, I professionally examined the following materials filed in this lawsuit:

- Petitioners’ Verified Petition
- Petitioners’ Requests for Judicial Notice (Appendices 1-2)
- The Graph Exhibits Attached to Petitioners’ Request to Utilize Demonstrative Evidence In Support of Motion for Preliminary Injunction
- The Declaration and Exhibits of Vicky Pebsworth, PhD in Support of Motion for Preliminary Injunction
- Exhibits attached to the declaration of Petitioner Joy Garner In Support of Motion for Preliminary Injunction

5. I strongly concur with the four facts that define this case (as stated in paragraph 24 of the Verified Petition), as well as the working hypothesis (as stated in the declaration of Dr. Pebsworth), “Vaccinations are a reasonable suspect in the Nation’s pandemic of chronic diseases, disabilities, and disorders, and result in injured and dysfunctional immune systems.” Indeed, vaccination is more than just a reasonable suspect in the National Health Pandemic; vaccinations are the cause.

1           6. The Petitioners' evidence submitted via Judicial Notice is compelling and appropriate to  
2 describe the vaccine predicament in our Nation.

3           7. The Control Group survey results in this case are reliable for the reasons stated in the  
4 above referenced exhibits, especially:

5           A. The survey provided a reliably objective metric (diagnoses) for participants.

6           Based on my experience as a physician, patients themselves (or the parents of the  
7 minor) are the very best and most accurate source of current health history  
8 information. Medical records are helpful, but are no substitute for a patient  
9 history written by the patient/guardian. This is why for example, in Petitioners'  
10 Request for Judicial Notice, Appendix One, section 7B1, the Petitioners cite to a  
11 Pediatrics article relying upon government survey data (NSCH data) which is a  
12 health survey given to parents without any involvement of doctors to verify the  
13 parent's answers, and this NSCH data is considered very reliable. Indeed, the  
14 Pediatrics study cited by Petitioners specifically says that parent survey reports of  
15 autism are 96% accurate to doctor diagnosed autism ("An ASD registry in the  
16 United Kingdom revealed the reliability of parent-reported ASD diagnoses of  
17 children was 96% when compared with clinical reports. In addition, there was a  
18 high level of agreement between parents and clinicians on ASD-related behaviors  
19 at 12 months of age.") Citation: Kogan *et al.* (2018). The Prevalence of Parent-  
20 Reported Autism Spectrum Disorder Among US Children. *Pediatrics*  
21 142(6):e20174161. <https://doi.org/10.1542/peds.2017-4161>. See Petitioners'  
22 Exhibit 58. Moreover, in the NSCH study the total sample rate for the  
23 population of interest (i.e., between the ages of 3-17) was 0.071%; whereas  
24 Petitioners report the sample rate for the Control Group survey was 0.5848% for  
25 the unvaccinated population between ages 3-17. So in this example, the Control  
26 Group has a 718% better sampling rate than the government survey (NSCH) used  
27 to set public health policy.  
28

1 B. Randomization is not required for this Control Group survey because there are  
2 other and more reliable methods of authenticity. For example, it is commonly  
3 claimed that if a surveyor robo-calls 100,000 people looking for 'pregnant  
4 women' to answer questions about a topic, then the result is the randomized gold  
5 standard. Let's say 412 pregnant women actually complete  
6 their telephone survey – logic and experience tell us those 412 women are (a) the  
7 type who complete cold-call phone surveys, which is generally thought to be  
8 women with time to spare rather than women with busy schedules, and (b) the  
9 women ultimately self-selected themselves to participate in the survey because  
10 they took some interest in providing answers *after* the surveyor told them what  
11 the study was about. The surveyor would receive an entirely different population  
12 pool depending on whether the surveyor says (a) 'this survey is about how you'd  
13 feel about felons becoming your neighbor' or (b) 'this survey is about the average  
14 longevity of Acme brand kitchen towels'. The first question is highly personal,  
15 and will draw a different population of responders, especially those highly  
16 interested in sharing their strong belief (i.e., that they don't want felon  
17 neighbors). The second is so mundane that perhaps only the genuinely bored  
18 pregnant woman would stay on the phone. And this example helps illustrate the  
19 point that it's good and right and scientific to listen to women even when they are  
20 passionate about a topic; our society surely must not be so procedural that we  
21 ignore every woman who declines robocalls. Similarly, the purpose of  
22 randomization (the procedure) is to achieve reliable results. But if the Control  
23 Group Pilot Survey results are proven reliable through another method (e.g.,  
24 large sampling rate coupled with the fact that results received in NY are fully  
25 consistent with the results received in CA and further with the remaining 46  
26 States surveyed), so the procedure for whether samples were randomized  
27 becomes a functional non-issue. In other words, substance is greater than form.  
28

1 C. Another verifiable metric for the reliability of The Control Group parent health  
2 surveys is that these parents of an unvaccinated child often have an older  
3 vaccinated child with chronic illness. The daily comparison of their children's  
4 health brings an educated awareness of the parent to the health status of everyone  
5 in the family.

6 D. Petitioners' calculated p-values and Pearson correlation coefficients are  
7 additional reliable proofs that vaccines are causing America's pandemic of  
8 injured and dysfunctional immune systems.

9 E. The mathematical methods employed by Petitioners to present this evidence are  
10 reliable, standard, and match my experience as a physician.

11 8. With the experimental Covid-19 vaccine being released at warp speed into CDC child &  
12 adult vaccines schedules already requiring 100+ lifetime vaccine doses per person, injury is  
13 imminent. Petitioners are likely to prevail at trial because the public has a right to decline forced  
14 vaccination while both the Court and the President weigh the extensive evidence presented in this  
15 case.

16 9. I recognize this case is a matter of national security, especially because confirming this  
17 new pilot survey evidence means confirming the scientific cause of the health pandemic described  
18 in the Verified Petition. Immediate judicial intervention is needed to protect control groups  
19 necessary to the scientific method. At a minimum, the Court should issue an Order to show cause  
20 to Respondent to numerically prove that benefits of vaccine exposure, at any level of exposure,  
21 currently outweigh the short-term and long-term risks associated with vaccine exposure. To shift  
22 such a burden, Respondent would need to provide a large data set comparing vaccinated individuals  
23 to fully unvaccinated control group(s), so that this Court can numerically identify risk/benefit ratios  
24 confirming whether or not vaccination is, in the aggregate, helping or damaging public health. In  
25 still other words, Respondent should have the burden to calculate and provide this Court with  
26 expert-verified data on the long-term effects of vaccine-triggered human immune-system alterations  
27 that can prove to this Court numerically that vaccines are not a material cause of injured and  
28 dysfunctional immune systems in America.

1           10.     A preliminary injunction is therefore necessary to preserve such evidence, namely, to  
2 preserve the ‘due process’ guaranteed bodies of scientific control groups. The scientific method  
3 requires true controls in product safety inquiry. In order for the surveying of unvaccinated  
4 individuals to be conducted scientifically and without fear of retribution, an unvaccinated control  
5 group must remain intact and remain free from discrimination and coercion with respect to their  
6 military service, education, livelihood, and religious freedom.

7           11.     This end can be achieved by the Court simply issuing a preservation of evidence  
8 order that upholds the right and ethic of informed consent/refusal, that prohibits discrimination on  
9 the basis of vaccination status.

10 **A Dire Emergency Exists and There is No Other Adequate Remedy at Law**

11           This section of my declaration will focus upon key highlighted evidence in Petitioners’  
12 Request for Judicial Notice, Appendix One.

13           **Health Crisis in America**

14           12.     The People of the United States of America, and particularly our Nation’s children, are  
15 suffering from an unprecedented pandemic of chronic diseases. More American children are sick  
16 today than in any previous generation. They are suffering from a wide range of conditions: from  
17 asthma and autoimmune diseases to neurodevelopmental and mental health disorders that are  
18 increasingly known to be associated with an underlying dysregulated immune activation. The  
19 fallout from this health emergency is an economic, healthcare and national security crisis for our  
20 Nation.

21           **High Infant Mortality**

22           13.     Notwithstanding that the United States spends more on healthcare than any country in the  
23 world, American children have poorer outcomes and are less likely to survive their first year of life  
24 than children born in many other high-income nations.

25           14.     On their first day of birth, American infants have the highest mortality rate of any  
26 industrialized nation in the world. Even when premature births are excluded, more apparently  
27 healthy American babies die in infancy of sudden and unexplained causes than infants in other  
28 wealthy countries.

1       **Pandemic of Chronic Diseases**

2       15. In recent decades, American children have experienced a decline in once common  
3 childhood infections, such as measles, whooping cough and chickenpox. At the same time, a  
4 growing number of children have begun suffering from a wide range of non-communicable, serious  
5 and often incurable illnesses, including neurodevelopmental disorders such as autism and learning  
6 disabilities, mental illnesses such as anxiety and obsessive compulsive disorder, and an array of  
7 other immune-mediated diseases such as asthma and autoimmune diseases. These once rare  
8 pediatric anomalies now afflict American children in pandemic proportions.

9       16. A 2011 Health Affairs assessment estimated that 43 percent (32 million) of American  
10 children currently suffer from at least one of twenty chronic health conditions, which increases to  
11 more than half (54.1 percent) when overweight, obesity or being at risk for developmental delays  
12 are included. Nearly one-fifth (14.2 million) of children have conditions resulting in a special health  
13 care need.

14       17. The Centers for Disease Control and Prevention (CDC) estimates that more than a quarter  
15 (27 percent) of American children have a chronic condition and one in fifteen are burdened with  
16 multiple chronic conditions.

17       18. It was reported in *The Journal of the American Medical Association* (JAMA) that chronic  
18 illnesses in children doubled from 12.8 to 26.6 percent between 1994 and 2006, with low-income,  
19 racial and ethnic minority children being disproportionately affected in an epidemic that has  
20 continued to grow.

21       19. Compared to children two generations ago (in the 1960s), as reported in *Health Affairs*,  
22 American children are now more than four times more likely to be burdened with a health condition  
23 so severe that it affects their usual daily activities.

24       20. A 2018 *Pediatrics* study reported that one-fifth of American children and adolescents  
25 regularly use prescription medication and 12% of boys aged six to 12 years are prescribed more  
26 than one drug.

27       21. Much of this disease burden has come from neurodevelopmental disorders, mental illness,  
28 and immune-mediated conditions.

1       **Neurodevelopmental disorders**

2       22. The profound neurodevelopmental disorder called Autism Spectrum Disorder, virtually  
3 non-existent less than a century ago, has increased to one in 54 in children aged 8 years in 2016.  
4 And some estimates place it significantly more prevalent.

5       23. ASD is projected to continue on its ascending trajectory into the future as its causes are  
6 unidentified and unaddressed.

7       24. In addition, the CDC reports that today more than seven million American children have  
8 been diagnosed with attention-deficit/hyperactivity disorder (ADHD), including 388,000 children  
9 aged just two to five years old.

10       25. The number of ADHD diagnoses swelled by 42 percent between 2003 and 2011 and  
11 continues to increase an average of five percent per year.

12       26. Per the NSCH, the estimate for learning disabilities in 2011–2012 was 8 percent for  
13 children of ages 3–17.

14       27. “The root causes of the present global pandemic of neurodevelopmental disorders are  
15 only partly understood,” according to a review in *Lancet Neurology*, which points to a significant  
16 role for environmental toxins in its causation. “Although genetic factors have a role, they cannot  
17 explain recent increases in reported prevalence, and none of the genes discovered so far seem to be  
18 responsible for more than a small proportion of cases.”

19       **Mental Illness**

20       28. According to the Child Mind Institute, 17.1 million American children have had or have a  
21 diagnosable mental illness.

22       29. The CDC reports that one in five children “experience a mental disorder in a given year,”  
23 and that the Nation spends an estimated \$247 billion each year treating and managing childhood  
24 mental disorders.

25       30. The CDC reports that 7.1 percent (4.4 million) of American children aged three to 17 are  
26 diagnosed with anxiety disorders that have been increasing in recent years. Another 1.9 million  
27 children have been diagnosed with depression.

28

1 31. According to the National Institute of Mental Health, “an estimated 49.5% of adolescents  
2 [aged 13-18] had any mental disorder. Of adolescents with any mental disorder, an estimated 22.2%  
3 had severe impairment.”

4 32. Self-harm-related emergency department visits by youth have skyrocketed, with 18.8%  
5 annual increase among females aged 10 to 14 years starting in 2009, from 109.8 (95% CI, 69.9-  
6 149.7) in 2009 to 317.7 (95% CI, 230.3-405.1) per 100 000 population in 2015.

7 33. In 2016, suicide became the second leading cause of death for those aged 10 - 34 years,  
8 with the greatest increases among those 10 to 24 years old.

### 9 **Immune-Mediated Disorders**

10 34. Immune-mediated disorders — those involving immune activation – have soared among  
11 American children in recent decades; allergies, asthma and autoimmune diseases are all  
12 inexplicably on a sharp upward trajectory.

13 35. Asthma is the most common chronic disease of childhood and, in the latter part of the  
14 20th century, has reached epidemic proportions and continues to increase. According to the CDC,  
15 asthma affects 25 million people, including six million children under 18 and is a “significant health  
16 and economic burden to patients, their families, and society.”

17 36. According to the Asthma and Allergy Foundation of America, more than 50 million  
18 Americans are affected by allergies.

19 37. This includes millions of American children with reported allergic rhinitis (5.2 million),  
20 respiratory allergies (7.1 million), food allergies (4.8 million) and skin allergies (9.2 million), in  
21 2018.

22 38. A growing number of young Americans die from a life-threatening form of allergy called  
23 anaphylaxis, as its occurrence is increasing across all ages in the United States, with highest risk of  
24 mortality in teenagers and young adults.

25 39. Autoimmune diseases, of which there are at least 80 distinct conditions, occur as a result  
26 of the immune system attacking the body’s own tissues and organs. Some of the more common  
27 autoimmune conditions include type 1 diabetes, rheumatoid arthritis, systemic lupus erythematosus  
28 and inflammatory bowel disease. Taken together, these conditions, once so rare they were virtually

1 unheard of, have increased from year to year for mostly unknown reasons and are now, “as a group  
2 afflict 5%–9% of the U.S. population,” according to a report in International Journal of Molecular  
3 Sciences.

4 40. In their judicial notice requests, Petitioners have done a good job evidencing the immune  
5 mediated nature of each condition. See also for example the citation in Joy Garner’s declaration,  
6 Amaya-Amaya J, Sarmiento-Monroy JC, Rojas-Villarraga A. Cardiovascular involvement in  
7 autoimmune diseases. In: Anaya JM, Shoenfeld Y, Rojas-Villarraga A, et al., editors.  
8 Autoimmunity: From Bench to Bedside [Internet]. Bogota (Colombia): El Rosario University Press;  
9 2013 Jul 18. Chapter 38. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459468/>  
10 (“Atherosclerosis (AT) was once considered to be a degenerative disease that was an inevitable  
11 consequence of aging. However, researchers in the last three decades have shown that AT  
12 is *not* degenerative or inevitable. It is an *autoimmune*-inflammatory disease associated with  
13 infectious and inflammatory factors, characterized by lipoproteins metabolism alteration that leads  
14 to immune system activation with the consequent proliferation of smooth-muscle cells, narrowing  
15 arteries and atheroma formation.” (Emphasis added.)) See also, Kurup, R. (2017). *How the immune*  
16 *system causes heart disease*. MedicalXpress. Available  
17 from: <https://medicalxpress.com/news/2017-07-immune-heart-disease.html>.

18 41. Another example I’ll add for emphasis and clarity is that vaccines are known to alter the  
19 metabolic system that regulates diet and therefore even common conditions like obesity are  
20 immune-mediated. See e.g., Perez de Heredia, F (2012). Obesity, inflammation and the immune  
21 system. Proc Nutr Soc. 2012 May;71(2):332-8. <https://pubmed.ncbi.nlm.nih.gov/22429824/>.

## 22 **Pediatric Cancer**

23 42. According to American Cancer Society, childhood cancer rates have been rising for the  
24 past few decades.

25 43. It has been reported in the Journal of the National Cancer Institute that children born in  
26 the 1990s have double the risk of colon cancer and quadruple the risk of rectal cancer compared to  
27 people born in the 1950s.

28

1 44. According to public health authorities, the reasons for the increase in one of America's  
2 leading causes of childhood death, pediatric cancer, are unknown.

3 **National Crisis**

4 45. The pandemic of childhood illness is straining the Nation, imposing an enormous and  
5 growing burden on individuals, families and society. Healing is possible, but on the whole we're  
6 observing chronically ill children become chronically ill adults.

7 46. According to the CDC, chronic disease and mental illness account for most American  
8 deaths, consume 90% of the Nation's \$3.5 trillion in annual health care expenditures and are  
9 projected to account for more than \$42 trillion in spending by 2030.

10 47. The burden of illness is straining America's school system as well, which is struggling to  
11 accommodate the demands of the growing population of students with special needs.

12 48. The health crisis of America's youth is a national security crisis as well; by conservative  
13 estimate nearly a third (32 percent) of all young people have health problems – other than their  
14 weight – that prevent them from military service.

15 49. The underlying causes of the soaring pandemic of childhood and adult chronic illness in  
16 America must be identified, addressed and corrected in order to avert a national crisis.

17 **The Role of Vaccination**

18 50. Numerous peer-reviewed studies in the medical literature about increasing chronic  
19 illnesses point to unidentified environmental agents as likely causes for the rise. Many toxins and  
20 environmental and sociological changes have been implicated in children's chronic diseases but one  
21 factor that is most likely to engage immune activation, and hence trigger immune-mediated  
22 conditions, has not been thoroughly assessed. That factor is exposure to vaccination.

23 51. Vaccination has been linked to a range of side effects, from febrile seizures to serious  
24 central nervous system autoimmune disorders, such acute disseminated encephalomyelitis and  
25 Guillaine-Barré syndrome. Numerous studies note a temporal association between vaccination and  
26 onset of a wide-range of chronic conditions and sudden infant death. Petitioners included an several  
27 important observations on SIDs in their requests for judicial notice.

28

1 52. Children in America receive more vaccines today than any previous generation in history.  
2 American children currently receive up to 79 vaccine doses against 16 diseases by age 18,  
3 compared to the 1983 schedule with just 22 recommended doses against eight diseases.

4 53. The safety of the ever-expanding CDC-recommended vaccination schedule for children  
5 has never been assessed against a control group—that is, no large-scale study has compared the  
6 health outcomes of children who receive currently recommended childhood vaccinations to those  
7 who receive none. This research gap leaves important questions unanswered about the role the  
8 current vaccination schedule plays in the development of immune-mediated dysregulation that  
9 underlies much of chronic childhood illness today.

10 54. Vaccine profit metrics have captured American pediatrician offices. While they are  
11 harder to find, pediatricians who do not vaccinate according to the CDC schedule are known to lose  
12 in excess of \$1,000,000 annually in “lost revenue” for their clinic. This makes it difficult for  
13 holistic-minded pediatricians to operate large scale clinics, and indeed many gravitate toward  
14 specialty and small-scale practice. I am not aware of any holistic pediatrician in the United States  
15 who publishes genuinely independent critique with regard to the CDC schedule and is able to work  
16 seamlessly at a major hospital. It is well known in my community of integrative physicians that we  
17 are ostracized (and penalized by the medical board) for independently examining and publishing  
18 information regarding vaccination risk.

### 19 **Trajectory Further Proves Emergency**

20 55. To understand the truly dire scope of this national health crisis, it is essential to  
21 understand the increasing trajectory. See for example this article laying out the trajectory for the  
22 children: <https://www.webmd.com/children/news/20100216/rise-in-childhood-health-problems#>  
23 ("Chronic health conditions were found in 12.8% of children studied in 1994, compared with 26.6%  
24 of another group of same-aged children studied in 2006, the researchers found." This study included  
25 obesity as a chronic condition. According to this study, chronic illness is more than doubling every  
26 12 years, or increasing at an average of 8.98% per year. And this was last documented in 2006, (the  
27 trajectory actually began being documented as early as 1988) which is consistent with the numbers  
28 that turned up about a decade later (2012, and a few diseases measured beyond, to as late as 2017).

1 It appears that public health agencies are now *desperate* to cover up this trajectory, which is why  
2 they stratify results to hide it, and continually attempt to blame race, poverty, etc. rather than the  
3 actual cause: vaccines.

4 56. In case I have not been clear enough already, I will be clearer now: this chronic illness  
5 trajectory is horrifying. Do we really need to wait until we see chronic illness in 90% of our  
6 children before we take action? At close to 54% chronic illness (including obesity, which does  
7 lower survival rate, increase diabetes, heart disease, etc) in 2017, this means the true chronic illness  
8 rate today is approximately 70% or more. Vaccination is the largest piece of malpractice in the 20<sup>th</sup>  
9 Century, and if we continue on the present trajectory it will be the largest in the 21<sup>st</sup> Century.

10 57. It is imperative that I make this point clear, so I will state it again: the percentage of  
11 American children with chronic illness more than doubles every 12 years. It more than doubles and  
12 there is no evidence to suggest it won't continue to do so. If the studies are correct that it was 54%  
13 in 2017, how much time do we have remaining? It's already close to 4 years since the year 2017  
14 when the 54% rate was established. If that number is rising at close to 9% per year, then we are  
15 already in the 'irreversible' zone unless we locate and implement the immediate cure – the Court  
16 must immediately issue an Order to prevent discrimination against unvaccinated Americans,  
17 because the unvaccinated hold the cure as the healthiest group in America.

18 **Petitioners Are Likely To Suffer Irreparable Harm in the Absence of Preliminary Injunction**

19 58. I have personally observed the predicament described in the Verified Petition, which  
20 manifests in the conventional medical community as discrimination and vilification against the  
21 unvaccinated. I have seen it happen to my patients in many forms: unfair denial of education,  
22 needless and harmful denial of medical care from other doctors, bogus complaints to child  
23 protective services, and the like. As their physician, I have had to help my patients navigate these  
24 myriad issues relating to mandatory vaccination. I have found this issue of mandatory vaccination  
25 is indeed a national predicament that no one agency or local authority could possibly remedy, for  
26 the issues are cross-jurisdictional and pervasive.

27 59. A preliminary injunction is necessary to protect Americans from mandatory vaccination.  
28 Every day that passes without a court order protecting unvaccinated Americans from discrimination

1 is another day where vital scientific evidence is lost regarding the above-referenced Working  
2 Hypothesis.

3 60. Petitioners' Requests for Judicial Notice also prove that without expedient scientific  
4 confirmation of the primary cause of this catastrophe, immediately followed by a swift reversal of  
5 our current trajectory, our National economy will ultimately collapse under the weight of  
6 disabilities, loss of workforce, explosive healthcare costs, plummeting fertility, and a profound loss  
7 of intellectual capacity within our remaining population.

8 61. As the Predicament worsens day-by-day, Americans will suffer great and irreparable loss  
9 if their personal health is compromised and the Nation is reduced to a vast majority of sick, interfile,  
10 mentally-handicapped, and dying Citizens who cannot work or contribute. This is, in fact, the  
11 trajectory the United States of America is on with immune-related diseases and disorders.

12 62. Another factor for irreparable injury is that vaccines today are produced utilizing  
13 genetically modified ingredients, and using methods that can manipulate the human genome.  
14 Vaccine package inserts confirm that vaccines are untested in humans for carcinogenic and  
15 mutagenic potential, or for impairment of fertility.

16 63. Attached hereto as Exhibit B is a true and correct copy of an educational document  
17 produced by Physicians for Informed Consent regarding the common vaccine excipient aluminum.  
18 The exhibit illustrates the type of information necessary to a true informed consent / refusal process  
19 in vaccination. And yet, it is common practice in America for conventional physicians to fail to  
20 give anything even remotely described as a thorough informed consent prior to vaccination. In  
21 short, the informed consent system is broken at the physician level, and a court order upholding  
22 informed consent (at the parent level) is necessary to protect the unvaccinated from further  
23 irreparable harm. In other words, Constitutional rights are not delegated from patients to physicians,  
24 but rather are retained by individuals.

25 **The Balance of Equities Weigh In Petitioners' Favor**

26 64. Public health authorities consistently admit they do not know the cause of the immune  
27 system related disorders, diseases and illnesses constituting the National Health Pandemic. Instead,  
28 they consistently and vaguely repeat that 'unidentified environmental factors' and 'genetic factors'

1 are the likely cause. Yet these authorities are engaged in a pattern and practice of omitting any  
2 reference to vaccination as the leading environmental factor altering the human immune system.  
3 Likewise, the same pattern and practice is championed by 'nonprofit' organizations who gain  
4 billions of dollars annually to perpetually study anything but vaccination.

5 65. If Petitioners' request is granted at trial or otherwise, such that a further and  
6 comprehensive nationwide survey of unvaccinated Americans is commenced, I would actively  
7 contact all of my unvaccinated patients to advise them of the unprecedented and important scientific  
8 opportunity. I would also gladly participate in the survey as a physician to the extent the health of  
9 my consenting patients would require any form of verification. Indeed, I am a member of the  
10 nonprofit organization Physicians for Informed Consent, which has hundreds of doctors like myself  
11 who would also likely be happy to help facilitate such a nationwide verified survey of our  
12 unvaccinated patients.

13 66. The Survey is necessary to tally up the "sacrifices" Americans have already made with  
14 this "unavoidably unsafe" product, to determine if this Nation can survive much more of this  
15 "therapy", or whether we are better off taking our chances with the likes of measles and chicken  
16 pox.

17 67. The generally accepted standard of care throughout the Nation requires doctors to  
18 physically examine a patient and review a detailed personal and family medical history prior to  
19 informed consent in vaccination. Together with acknowledgment of the common practice of  
20 including unvaccinated individuals in ethically designed surveys and studies, this provides direct  
21 evidence that it is ethical for researchers to survey unvaccinated individuals to obtain a detailed  
22 personal medical history. The Survey and Study requested by Petitioners is consistent with the  
23 medical ethic of informed consent.

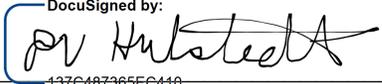
24 **The Requested Relief is Genuinely in the Public Interest**

25 68. Institutions profiting from vaccinations argue for the elimination/destruction of the  
26 remaining vital evidence (controls). This evidence is imperative to determining whether vaccines  
27 threaten the very survival of our Nation, and if so, to what extent. This evidence is also imperative  
28 to determining whether vaccines can be exonerated. The TCG American Survey described in the

1 Verified Petition is one such example of a scientific pilot control directly and imminently harmed  
 2 by the elimination/destruction of the remaining vital evidence (controls). Once unvaccinated  
 3 controls have actually been studied, and only if vaccines are exonerated, can institutions profiting  
 4 from vaccinations reasonably argue against the preservation of this evidence, *not before*. Institutions  
 5 profiting from vaccinations are currently arguing against employing the scientific method to  
 6 determine whether or not vaccines are now maiming and killing more children than they *might*  
 7 (hypothetically) be "saving". Our nation must demand an actual/factual body-count. It shocks the  
 8 conscience that institutions profiting from vaccinations actively discourage surveying the health of  
 9 the unvaccinated in order to avoid any comparison to the high number of vaccinated children who  
 10 are injured or disabled in some form.

11 69. Simply put, without a control group, the scientific method cannot be employed. Our  
 12 Nation will collapse without protections for the unvaccinated, whose very bodies hold the evidence  
 13 to heal our Country.

14 I declare under threat of penalty of perjury under the laws of the United States of America  
 15 that the foregoing is true and correct, and that this declaration was executed on the date set forth  
 16 below in Monterey, California.

17 DocuSigned by:  
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# Exhibit A

**Douglas Hulstedt MD FAAP ABHM**

Date of Birth December 31, 1953

Place of Birth Belvidere Illinois

Home Address 498 Van Buren Street  
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Wife Gloria Chavez

Education:

Oral Roberts University BA Biology/Minor Chemistry; 1973-1977.  
Graduated Cum Laude  
University Autonoma Of Guadalajara MD; 1979-1983.

Internship Education

5<sup>th</sup> Pathway, University of Arizona 1983-1984.

Pediatric Residency

U.S.C. County Hospital, Los Angeles CA; 1984-1987.

CERTIFICATION:

American Board of Pediatrics certification 1988  
American Board of Pediatrics, recertification 1997  
American Board of Pediatrics, recertification 2003  
American Board of Holistic Medicine certification 2007  
Defeat Autism Now clinicians Course #1 2008  
Defeat Autism Now clinicians Course #2 2009

Licenses

Washington MD 00034416  
California A42397

Employment

August 1987-January 1988 Maxicare, Los Angeles CA  
January 1988-June 1988 Cigna, Los Angeles CA  
June 1988-June 1989 Family Health Plan, Los Angeles CA  
June 1989-June 1997 Kaiser, Los Angeles CA  
July 1997-September 1999 Private Practice Aberdeen WA  
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Interests

Reading topics of origins, Mystery novels, Ancient History, Fishing,  
Nutritional adjuncts to health issues, Treasure hunting, bicycle collecting

Languages:

English and Spanish spoken fluently

References available on request

# Exhibit B

# ALUMINUM IN VACCINES

## What Parents Need to Know



Delivering Data on Infectious Diseases & Vaccines™

Available in other languages at  
[physiciansforinformedconsent.org/aluminum](https://physiciansforinformedconsent.org/aluminum)

### 1. WHAT IS ALUMINUM?

Aluminum is a silvery-white, moldable, and durable light metal. These qualities make it useful in numerous industries and products, including machinery, construction, storage, cookware, eating utensils, textiles, dyes, and cosmetics. Aluminum is also the most abundant metal in the Earth's crust, and virtually all aluminum in the environment is in soil. However, aluminum is not naturally found in significant amounts in living organisms (such as plants and animals), and aluminum has no known biological function. During the past century, aluminum usage in certain products has led to higher human exposure. The greatest sources of such exposure are aluminum-containing foods (e.g., baking powder, processed foods, infant formulas, etc.), medical products (e.g., antiperspirants, antacids, etc.), allergy shots, and vaccines.<sup>1-3</sup>

### 2. WHY IS ALUMINUM IN VACCINES?

Certain vaccines use aluminum compounds (i.e., aluminum hydroxide and aluminum phosphate) as adjuvants, ingredients that enhance the immune response to an antigen (foreign substance).<sup>4,5</sup> The U.S. Food and Drug Administration (FDA) states that if some vaccines did not include aluminum, the immune response they trigger may be diminished.<sup>6</sup>

### 3. WHICH VACCINES CONTAIN ALUMINUM?

The following vaccines contain aluminum and are administered to infants, children and adolescents (Fig. 1):

- Hepatitis B (HepB)
- Diphtheria, tetanus, and pertussis (whooping cough) (DTaP and Tdap)
- *Haemophilus influenzae* type b (PedvaxHIB)
- Pneumococcal (PCV)
- Hepatitis A (HepA)
- Human papillomavirus (HPV)
- Meningococcal B (MenB)

Figure 1: Up to 22 Doses of Aluminum-Containing Vaccines Are Administered from Birth to 18 Years of Age<sup>7,8</sup>



### 4. IS EXPOSURE TO ALUMINUM SAFE?

The FDA has considered aluminum to be generally recognized as safe (GRAS) since 1975.<sup>9</sup> However, before 1990, the technology did not exist to accurately detect small quantities of aluminum administered to subjects in scientific studies.<sup>10</sup> Consequently, the amount of aluminum that could be absorbed before the onset of negative effects was not known.

Since 1990, due to advancements in technology, small amounts of aluminum that remain in the human body have been observed to interfere with a variety of cellular and metabolic processes in the nervous system and in tissues of other parts of the body.<sup>1,10,11</sup> The greatest negative effects of aluminum have been observed in the nervous system and range from motor skill impairment to encephalopathy (altered mental state, personality changes, difficulty thinking, loss of memory, seizures, coma, and more).<sup>2,12</sup>

The U.S. Department of Health and Human Services (HHS) recognizes aluminum as a known neurotoxin.<sup>2</sup> In addition, the FDA has warned about the risks of aluminum toxicity in infants and children.<sup>13</sup>

“Term infants with normal renal function may also be at risk because of their rapidly growing and immature brain and skeleton, and an immature blood-brain barrier. Until they are 1 to 2 years old, infants have lower glomerular filtration rates than adults, which affects their kidney function. The agency is concerned that young children and children with immature renal function are at a higher risk resulting from any exposure to aluminum.”  
– U.S. Food and Drug Administration (FDA), June 2003<sup>13</sup>

### 5. HOW MUCH ORAL ALUMINUM IS UNSAFE?

In 2008, the Agency for Toxic Substances and Disease Registry (ATSDR), a division of HHS, used studies of the neurotoxic effects of aluminum to determine that no more than 1 milligram (1,000 micrograms) of aluminum per kilogram of body weight should be taken orally per day to avoid aluminum's negative effects.<sup>2</sup>

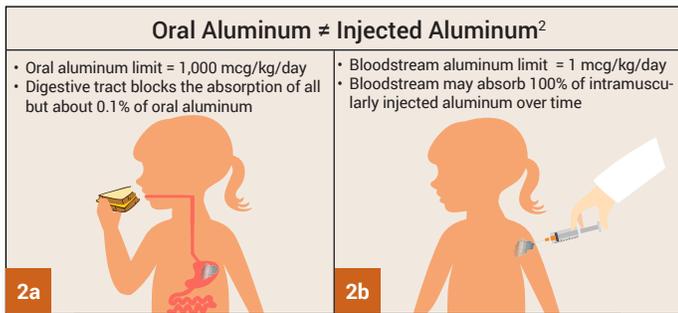


The U.S. Department of Health and Human Services (HHS) states that aluminum is a neurotoxin and exposure can lead to significant “alterations in motor function, sensory function, and cognitive function.”<sup>2</sup>



## 6. HOW MUCH INJECTED ALUMINUM IS UNSAFE?

To determine the amount of aluminum that can be safely injected requires a conversion of the ATSDR oral aluminum limit. The ATSDR oral aluminum limit (1,000 micrograms of aluminum per kilogram of body weight per day) is based on 0.1% of oral aluminum being absorbed into the bloodstream, as the digestive tract blocks nearly all oral aluminum (Fig. 2a).<sup>2</sup> In contrast, aluminum injected intramuscularly bypasses the digestive tract, and 100% of aluminum may be absorbed into the bloodstream over time (i.e., the proportion of absorbed aluminum is 1,000 times greater). To account for these different absorption amounts, the ATSDR oral aluminum limit must be divided by 1,000. This conversion results in an ATSDR-derived bloodstream aluminum limit of 1 microgram of aluminum (0.1% of 1,000 micrograms) per kilogram of body weight per day (Fig. 2b). Consequently, to avoid the neurotoxic effects of aluminum, no more than 1 microgram of aluminum per kilogram of body weight should enter the bloodstream on a daily basis. Figure 3 shows the ATSDR-derived bloodstream aluminum limit for infants of various ages based on their weight.

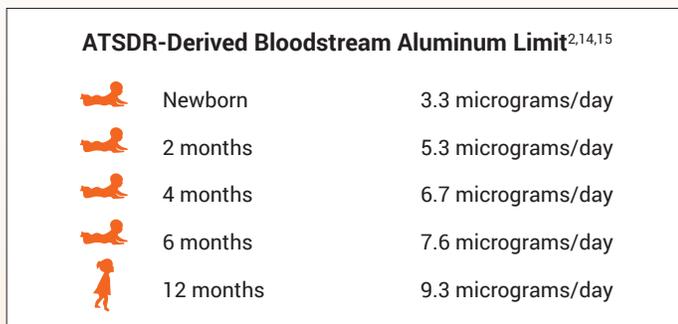


**Figures 2a, 2b:** When taken orally, only about 0.1% of aluminum is able to enter the bloodstream through the digestive tract (2a). In contrast, when intramuscularly injected, the proportion of aluminum that enters the bloodstream over time is 1,000 times greater (100%) because the digestive tract is bypassed (2b).



## 7. HOW MUCH ALUMINUM IS IN VACCINES?

The amount of aluminum in vaccines varies.<sup>16</sup> In 1968, the federal government set the limit for the amount of aluminum in vaccines to 850 micrograms per dose based on the amount



**Figure 3:** This chart shows the aluminum limit for infants of various ages, as derived from the Agency for Toxic Substances and Disease Registry, a division of the U.S. Department of Health and Human Services. The limit indicates that no more than 1 microgram of aluminum per kilogram of body weight should enter the bloodstream on a daily basis to avoid the neurotoxic effects of aluminum.

of aluminum needed to make certain vaccines effective.<sup>6,17</sup> Consequently, the amount of aluminum in aluminum-containing childhood vaccines ranges from 125 to 850 micrograms per dose. Figure 4 shows the aluminum content of one dose of various vaccines administered to children.



## 8. HAVE ANY STUDIES COMPARED THE AMOUNT OF ALUMINUM IN VACCINES TO THE ATSDR-DERIVED LIMIT?

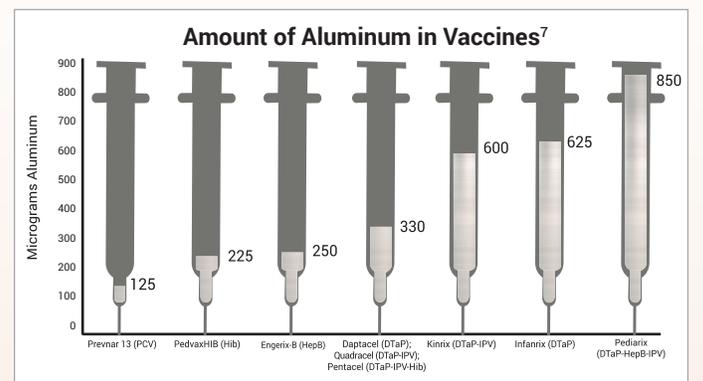
A recent study that intended to compare the amount of aluminum in vaccines to the ATSDR-derived bloodstream limit was published in 2011.<sup>18</sup> However, this study incorrectly based its calculations on 0.78% of oral aluminum being absorbed into the bloodstream rather than the value of 0.1% used by the ATSDR in its computations.<sup>19,20</sup> As a result, the 2011 study assumed that nearly 8 (0.78%/0.1%) times more aluminum can safely enter the bloodstream, and this led to an incorrect conclusion.



## 9. IS EXPOSURE TO ALUMINUM FROM VACCINES SAFE?

Vaccines are injected intramuscularly, and the rate at which aluminum from vaccines migrates from human muscle to the bloodstream is not known. Studies in animals suggest that it can take from a couple of months to more than a year for aluminum from vaccines to enter into the bloodstream, due to multiple variables.<sup>21-23</sup> Because the cumulative aluminum exposure from vaccines in children less than 1 year old exceeds the ATSDR-derived daily limit by several hundreds (Figs. 3 and 4), the limit would still be exceeded if aluminum from vaccines entered the bloodstream over the course of about a year. Moreover, studies have shown that aluminum from vaccines is absorbed by immune cells that travel to distant parts of the body, including the brain.<sup>24</sup>

The extent of the negative effects of aluminum in vaccines is not known, as safety studies comparing a population vaccinated with aluminum-containing vaccines to a population not vaccinated with such vaccines have not been conducted.



**Figure 4:** This graph shows the aluminum content of one dose of various vaccines administered to children. The administration of one dose each of Prevnar 13, PedvaxHIB, Enerix-B, and Infanrix at one visit delivers 1,225 micrograms of aluminum. PCV, Hib, HepB, and DTaP vaccines are administered multiple times by 6 months of age. The rate at which aluminum from vaccines migrates from human muscle to the bloodstream is not known.

All references are available at [physiciansforinformedconsent.org/aluminum](https://www.physiciansforinformedconsent.org/aluminum).

These statements are intended for informational purposes only and should not be construed as personal medical advice.

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