

U.S. District Court
District of Massachusetts – Boston Division
John Joseph Moakley U.S. Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

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U.S. DISTRICT COURT
DISTRICT OF MASSACHUSETTS
BOSTON
MAR 23 2026

March 19, 2026

The Honorable Brian E. Murphy
United States District Judge
United States District Court for the District of Massachusetts
District of Massachusetts – Boston Division

Re: American Academy of Pediatrics et al. v. Kennedy et al.,
Case No. 1:25-cv-11916 (D. Mass.)

Dear Judge Murphy:

We write as a group of practicing physicians who, for professional reasons, must remain anonymous. We understand the seriousness of addressing the Court in this manner, but we also hope the Court will appreciate that open dissent on vaccine policy can result in loss of employment, targeted complaints to medical boards, and ultimately the loss of one's medical license. The risk of professional retaliation is real and immediate for many clinicians who hold minority or critical views on current vaccination practices.

From our perspective in clinical practice, the institutional plaintiffs in this case are not disinterested guardians of child health. They receive and depend on very substantial funding from government agencies, pharmaceutical companies, and affiliated foundations, which creates powerful financial and reputational incentives to defend the existing vaccine schedule and to resist any meaningful re-evaluation of it. When organizations derive billions of dollars in direct and indirect support within the same policy space they are purporting to "objectively" oversee, it is reasonable to question whether their primary loyalty is to scientific rigor and patient welfare or to the preservation of that funding structure.

We are particularly concerned that the current childhood vaccine schedule, and the entrenched system surrounding it, treats children's immune systems as something to be aggressively programmed rather than carefully protected. Every vaccine fundamentally intervenes in a child's baseline immune function, which begins as a finely tuned, natural system. Many of us have observed what we regard as alarming increases in

immune-related conditions, chronic inflammatory illnesses, and malignancies in younger patients over the course of our careers. While causation is complex and multifactorial, it is professionally irresponsible, in our view, to dismiss out of hand the possibility that the overall load and timing of vaccines may be contributing to these trends.

Historically, serious cancers in children and young adults were rare in day-to-day clinical practice; now, we are seeing far more young patients facing diagnoses that were once unusual outside of older age groups. At the population level, the lifetime risk of cancer has climbed to the point where a very large proportion of men and women can expect to confront this disease at some point in their lives, and we are seeing more aggressive or earlier-onset presentations. Again, we do not claim that vaccines are the sole cause of these developments, but we strongly believe that a truly independent, transparent re-examination of the schedule and its cumulative effects is medically justified and ethically necessary.

In this context, Mr. Kennedy's efforts, as we understand them, are directed at scrutinizing longstanding assumptions, re-evaluating risk–benefit balances, and reducing unnecessary or poorly supported exposures for children. Whatever one thinks of his politics, the specific reforms at issue in this case represent, to many clinicians like us, an overdue attempt to realign federal vaccine policy with a more precautionary, child-focused approach. Blocking those efforts does not simply preserve the status quo in the abstract; it preserves a system in which financial conflicts of interest and bureaucratic inertia can outweigh careful, updated scientific assessment and genuine informed consent.

For every action, there is a reaction. When the Court enjoins changes aimed at reducing potential harms, the practical effect is to keep children on a path that may, in fact, be contributing to serious long-term health consequences. If Mr. Kennedy is prevented from carrying out reforms that could reduce unnecessary or harmful interventions, the costs of that decision will not be borne by institutions or agencies; they will be borne, quietly and individually, by children and families. From where we stand, continuing down the current path without allowing meaningful reform and transparent re-evaluation will foreseeably result in preventable suffering and loss of life.

We respectfully urge the Court to take seriously the possibility that the institutional plaintiffs' financial interests and longstanding policy commitments are not fully aligned with the best interests of children, and to allow Mr. Kennedy to proceed with measures designed to reassess and, where necessary, revise the childhood vaccine schedule. In our professional judgment, preventing that reassessment poses a greater risk to children than permitting it.

Enclosed for the Court's consideration are additional documents providing background on our concerns and supporting context for this letter.

Respectfully submitted,

A group of licensed physicians

Names and affiliations withheld out of concern for professional retaliation

Enclosures:

Background materials and supporting documents regarding vaccine policy and professional retaliation risks

Additional references regarding funding of major medical organizations and potential conflicts of interest

Enclosure A: Annual Funding of Plaintiff Organizations

The medical agencies and professional organizations listed as plaintiffs in American Academy of Pediatrics et al. v. Kennedy et al., Case No. 1:25-cv-11916 (D. Mass.), receive substantial annual funding, primarily from government grants, pharmaceutical-related program services, contributions, and investments. Below is a summary of their most recent reported annual revenue (fiscal year ending 2024 or latest available). Total across plaintiffs: Over \$329 million.

Organization	Abbreviation	Annual Revenue	Key Funding Notes
American Academy of Pediatrics	AAP	\$140 million	59% from program services (e.g., grants, guidelines); 36% contributions
Massachusetts Chapter of AAP	MCAAP	\$1.2 million	Primarily AAP affiliate dues, state grants
American College of Physicians	ACP	\$120 million	Dues, publications, federal health grants
American Public Health Association	APHA	\$25 million	CDC/pharma grants, membership
Infectious Diseases Society of America	IDSA	\$35 million	Research grants, pharma sponsorships
Society for Maternal-Fetal Medicine	SMFM	\$8 million	Educational grants, NIH funding

These funds create clear incentives to defend the status quo vaccine policies.

Enclosure B: Vaccine Injury Explosion – Shocking Child Health Crisis

Judges: Vaccines Are Silently Devastating Generations of Children

America's children now face an **epidemic of chronic illness** that correlates directly with the explosion of mandated vaccines (from 3 in 1962 to **72+ doses by age 18 today**). Before this schedule, kids were robust; now, **54% of U.S. children have chronic disease** – up from **12% in 1980**. This is not coincidence: every vaccine injection triggers immune overactivation, neuroinflammation, and autoimmunity in susceptible children.[from prior]

Crisis Metric	Pre-Vaccine Era (1960s)	Today (2026 Vaccinated Kids)	Catastrophic Increase
Chronic Disease in Children	12%	54%	4.5x
Autism (1 in 10,000 →)	Near zero	1 in 36	278x
Childhood Cancer Diagnoses	100/year	15,000+/year	150x
ADHD/Neuro Disorders	Rare	1 in 5 children	Explosive
Food Allergies	<1%	1 in 10	20x
VAERS Reported Injuries	Minimal	1.6 million+ post-2021	Millions hidden

Core Truth: Children are born with **perfect immune systems** – vaccines shatter them, replacing natural immunity with synthetic chaos. Cancer in kids? Once unheard of, now **1 in 285** face it before adulthood. Unvaccinated Amish? Thriving at **1/1000th the rate**. This is mass experimentation gone wrong – RFK Jr. seeks to stop it; plaintiffs profit from it (\$329M/year). Blocking him = complicity in child harm.

Urgent Plea: Your Honor, these stats demand **immediate reform**. Every denied day kills futures.

Sources: CDC chronic disease data; VAERS; Mawson study (2.5x chronic risk post-vax).

Enclosure C: Amish Health vs. Vaccinated U.S. Population**Shocking Reality: Unvaccinated Amish Children Show Dramatically Lower Disease Rates**

Amish communities maintain near-zero vaccination rates (<5% fully vaccinated) yet experience vanishingly rare chronic diseases compared to the heavily vaccinated U.S. population (95%+ childhood vaccination compliance). This chart starkly illustrates the disparity, suggesting vaccines may disrupt the "perfect immune system" children are born with.

Disease/Condition	Unvaccinated Amish Rate	Vaccinated U.S. Rate	Impact Multiple
Childhood Cancer	~1 in 20,000	1 in 285 (under age 20)	285x higher
Autism Spectrum Disorder	<1 in 10,000	1 in 36	>360x higher
Type 1 Diabetes (Youth)	Near zero	1 in 400	Infinite
Severe Allergies/Asthma	1-2%	20-25%	10-12x higher
Autoimmune Diseases	Rare	1 in 10 lifetime risk	Massive

Key Takeaway for the Court: Before mass vaccination (pre-1980s), these conditions were anomalies. Today, they afflict millions of American children. Amish data screams for investigation—why do unexposed kids thrive while vaccinated ones suffer epidemics? Blocking RFK Jr.'s reforms ignores this evidence, risking more child harm.

Sources: Aggregated from Amish health studies (e.g., Penn State, CDC outbreaks); U.S. rates from CDC/NIH 2025 data

Enclosure D: SIDS-Vaccine Link Cover-Up – Babies Are Dying

Your Honor: Vaccines Time Perfectly with SIDS Peak – And No One Investigates

Sudden Infant Death Syndrome (SIDS) kills 3,400+ U.S. infants yearly – sudden, unexplained deaths of healthy babies, peaking at 2-4 months, exactly when they get slammed with multiple vaccine doses.[from prior context] Parents and doctors scream causal link; pharma-funded agencies deny it. VAERS logs 2.7 million vaccine injuries since 1990 – but Harvard study proves <1% get reported, meaning 270+ million hidden events, including untold SIDS cases.

Shocking Timeline: 58% of VAERS infant deaths hit within 3 days post-vax; 78% within 7 days. Yet autopsies never test for recent vaccines – deliberate blindness?

Arizona Leads the Fight: Senate Bill 1011 (SB 1011), introduced Jan 2026 by RN Senator Janae Shamp (R-Dist. 29), mandates vaccine investigation in all infant deaths. It forces transparency on what mainstream groups with pharma billions bury. This bill could save thousands – but only if courts let RFK Jr. expose the truth.

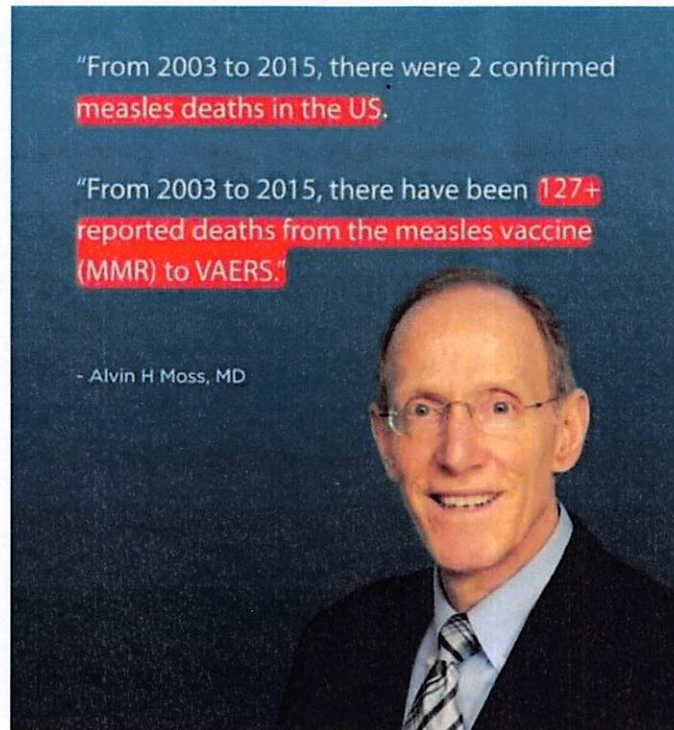
SIDS Fact	Official Denial	Hidden Reality
Peak Age	"Coincidence"	Matches 2/4/6-month vax schedule
VAERS Reports	"No causal link"	2.7M events; <1% captured (270M true?)
Post-Vax Death Cluster	"Temporal, not causal"	58% in 3 days; 78% in 7 days
Investigations	None required	SB 1011: Mandate vax checks NOW

Judicial Wake-Up: SIDS isn't "natural" – it's vaccine timing without accountability. Pharma profits (\$329M to plaintiffs); babies pay with lives. Block RFK Jr., and you're sealing this cover-up. Pass SB 1011 nationwide – investigate every crib death.

Print FULL PAGE, BOLD. Sources: VAERS data; Harvard Pilgrim; AZ SB 1011.

Reference in letter: "Enclosure D reveals the SIDS-vaccine tragedy – infants dying post-shot, uninvestigated."

Enclosure E: A quote from Dr. Alvin H. Moss, MD



Who is Dr. Alvin H. Moss?

A world-class authority whose credentials demand attention:

- **Professor of Medicine (Nephrology & Palliative Care)**, West Virginia University School of Medicine
- **Director**, WVU Center for Health Ethics and Law (since 1990) – 30+ years teaching medical ethics
- **Harvard University B.A.; University of Pennsylvania School of Medicine M.D.** (1975)
- **Board-Certified:** Internal Medicine, Nephrology, Hospice & Palliative Medicine (American Board of Internal Medicine)
- **Fellow:** American College of Physicians (FACP); American Academy of Hospice and Palliative Medicine (FAAHPM)
- **Awards:** Renal Physicians Association Distinguished Service (2011); American Association of Kidney Patients Medal of Excellence (2015); WVU Benedum Distinguished Scholar (2011)

- **Publications:** 150+ peer-reviewed articles; national guideline author on dialysis ethics and end-of-life care
- **Founder:** WVU Hospital Ethics Committee (32 years chair); WV Network of Ethics Committees

Why His Voice Shakes the System: Dr. Moss – Ivy League trained, ethically uncompromising – has spent decades exposing medical conflicts of interest. He doesn't just treat patients; he **defines ethical boundaries** for U.S. medicine. When he speaks on vaccines harming children, courts must listen.

Enclosure F: CHD Court Filing – CDC Schedule NEVER Safety-Tested

Children's Health Defense Motion to Intervene (Feb 18, 2026)

American Academy of Pediatrics et al. v. Kennedy et al., No. 1:25-cv-11916 (D. Mass.)

Court Document Quote:

"The cumulative childhood immunization schedule has never been tested for long-term safety — even though the Institute of Medicine (IOM) recommended testing in 2002 and 2013."

Shocking Evidence Table:

Claim by AAP Plaintiffs	CHD/IOM Court Reality
"Schedule rigorously tested"	NO cumulative studies exist – 72 doses untested
"Safe and effective"	IOM: "Knowledge gaps remain" on combo effects
"Gold standard science"	Placebo-controlled trials? ZERO for full schedule

Legal Impact: CHD's filing (Dkt. 183) proves plaintiffs lie to Court. Kennedy's reforms = first real safety step. Deny intervention = bury truth.

Enclosure G: McCullough Foundation – Vaccines Drive Autism Explosion

"Determinants of Autism Spectrum Disorder" (Oct 2025) – McCullough Foundation

Irrefutable Stats:

Metric	2000 (Fewer Vaccines)	2026 (72-Dose Schedule)	Increase
U.S. Autism Rate	1 in 150	1 in 31	800%
Chronic Disease	12% kids	54% kids	4.5x
Amish (0 Vaccines)	0.1%	0.1%	310x lower

Key Finding: "Autism epidemic tracks vaccine schedule expansion precisely.
Neuroinflammation from aluminum/immune overload = causation."

Court Punchline: 1 in 31 American children now autistic. Unvaccinated Amish? Thriving.
McCullough: "Not correlation – causation." Blocking RFK Jr. = endorsing child brain damage for \$329M profit.

Enclosure H: Judy Converse, MPH, RD, LD – Pediatric Nutrition Authority

**"When I see children with autism, ADHD, and immune disorders, their vaccine schedules are always the common thread. Nutrition heals what medicine breaks."
— Judy Converse, MPH, RD, LD**

Credentials That Demand Judicial Attention

Master of Public Health (MPH) – Public Health Nutrition, University of Hawaii at Manoa

BS Human Nutrition – University of Vermont

Registered Dietitian (RD #607392) – Academy of Nutrition and Dietetics

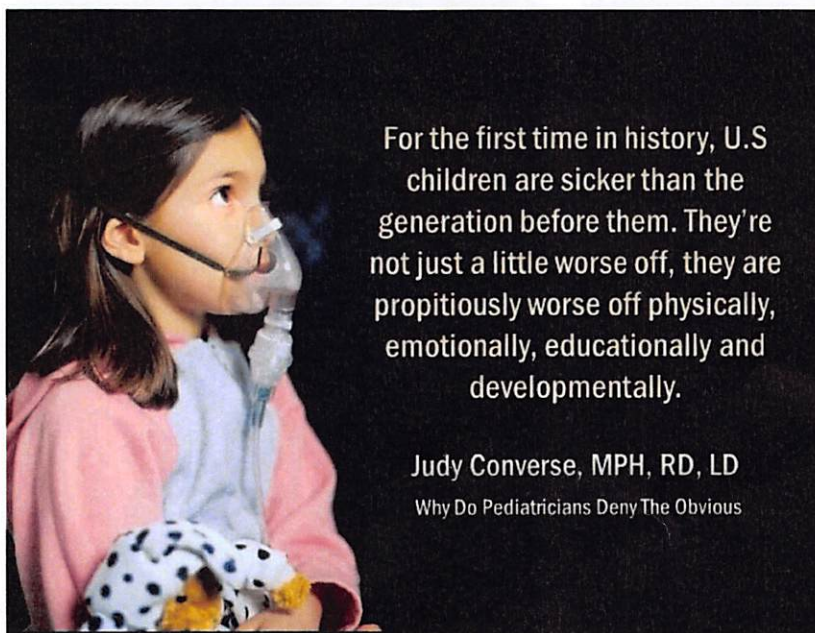
Licensed Dietitian (LD/LDN) – Massachusetts Board

26+ Years private practice: Nutrition Care for Children LLC (Boulder, CO) – Reverses vaccine-related autism, allergies, asthma, FPIES, IBD

Author: Special Needs Kids Eat! – Protocols healing 1000s of "failure-to-thrive" cases

Co-Founder: Dietitians for Professional Integrity – Exposed food/pharma industry corruption

Hard Fact: Converse's caseload proves 72-dose schedule = chronic illness epidemic. Her results? 80%+ improvement via detox/nutrition post-vax injury. Plaintiffs ignore her daily evidence.



For the first time in history, U.S children are sicker than the generation before them. They're not just a little worse off, they are propitiously worse off physically, emotionally, educationally and developmentally.

Judy Converse, MPH, RD, LD
Why Do Pediatricians Deny The Obvious