

National Coalition of Organized Women

From Laboring Women to Labor Unions, We Move as One

From the desk of the Director:

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Regarding:

- **Gary Goldman, Ph.D.** “Comparison of VAERS fetal-loss reports during three consecutive influenza seasons: Was there a synergistic toxicity associated with the 2-dose 2009/10 season?” The review of the Goldman submission with an analysis of and comments on the flaws in the two Moro studies (cited below) resulted in a rejection January, 2012
- **CDC’s Dr. Pedro Moro-led** first study (Moro 1) was published on-line by the *American Journal of Obstetrics and Gynecology* (AJOG) in the fall of 2010, titled: Adverse events in pregnant women following inactivated trivalent influenza vaccine and live attenuated influenza vaccine in the Vaccine Adverse Events Reporting System, 1990-2009.¹
- **CDC’s Dr. Pedro Moro-led** second study (Moro 2) published on-line by AJOG in the spring of 2011 titled: Adverse events following administration to pregnant women of influenza A (H1N1) 2009 monovalent vaccine reported to the Vaccine Adverse Event Reporting System.²

¹ Moro PL, Broder K, Zheteyeva Y, Walton K, Rohan P, Sutherland A, Guh A, Haber P, Destefano F, Vellozzi C. Adverse events in pregnant women following administration of trivalent inactivated influenza vaccine and live attenuated influenza vaccine in the Vaccine Adverse Event Reporting System, 1990-2009. *Am J Obstet Gynecol*. 2011 Feb; **204**(2): 146.e1-7. Epub 2010 Oct 20. PMID:20965490.

² Moro PL, Broder K, Zheteyeva Y, Revzina N, Tepper N, Kissin D, et al. Adverse events following administration to pregnant women of influenza A (H1N1) 2009 monovalent vaccine reported to the Vaccine Adverse Event Reporting System. *Am J Obstet Gynecol* 2011; **205**(5):473:e1-e9. Epub 2011 Jun 21. PMID: 21861964.

The Goldman submission was intended as a first-right-of-refusal submission to AJOG – as an opportunity for self-correction regarding a flawed and biased CDC study¹ authored by Pedro L Moro et al. (Moro 1) and published by AJOG. AJOG’s current rejection of the Goldman manuscript represents a missed opportunity for AJOG to correct the record. The details of the scientifically flawed Moro studies will be discussed later in this communication.

The “Moro 1” study was initially submitted in June of 2010, revised and resubmitted in late August of 2010, and then published online in late October of 2010. As apparently evidenced by this timeline, the CDC *pre-planned* its publication of the “Moro 1” study in AJOG to correspond with the start of the 2010/11 fall flu season. Its purpose was to set a credible basis for a publicity campaign that would increase the coverage of the influenza vaccination for pregnant women and to allay any public or industry fears that the vaccine was not safe. On September 15, 2010, a joint letter orchestrated by the CDC and signed by 10 major health organizations, including some well-known non-profits, urged all OB/GYNs to vaccinate their pregnant patients. The worldwide publicity campaign that was released on November 11, 2010, targeted pregnant women and was based on the October 20, 2011, “Moro 1”, AJOG on-line publication.

- [Flu shots safe for pregnant women, study finds](#) | Reuters

Nov 11, 2010 ... Flu shots safe for *pregnant women, study finds* ... that the (flu shot) is safe for *pregnant women*,” lead researcher Dr. Pedro L. Moro, ...
www.reuters.com/article/idUSTRE6AA5P620101111 - Cached

- [Flu shots safe for pregnant women, study finds: MedlinePlus](#)

Nov 11, 2010 ... Flu shots safe for *pregnant women, study finds*. ... that the (flu shot) is safe for *pregnant women*,” lead researcher Dr. Pedro L. Moro, ...
www.nlm.nih.gov/medlineplus/news/fullstory_105463.html - [Cached](#)

- [Flu shots safe for pregnant women, study finds | Updated News](#)

Nov 17, 2010 ... Flu shots safe for *pregnant women, study finds* ... that the (flu shot) is safe for *pregnant women*,” lead researcher Dr. Pedro L. Moro, ...
updatednews.ca/?p=40375 - [Cached](#)

- [Flu shots safe for pregnant women, study finds: Health News ... 1 post - 1 author - Last post: Nov 15](#)

This is a discussion on Flu shots safe for *pregnant women, study finds* ... is safe for *pregnant women*,” lead researcher Dr. Pedro L. Moro, ...
unhypnotize.com/.../34284-influenza-shots-safe-pregnant-women-study-finds.html - [Cached](#)

- [Health News](#)

Nov 11, 2010 ... Flu shots safe for *pregnant women, study finds*. By Amy Norton ... (flu shot) is safe for *pregnant women*,” lead researcher Dr. Pedro L. Moro, ...
www.sutterauburnfaith.org/health/.../reutershome_top.cfm?fx...id... - [Cached](#)

- [Flu shots safe for pregnant women, US study | Women's Views on News](#)

Nov 13, 2010 ... Flu shots safe for *pregnant women, new US study* adds to growing ... But Dr. Pedro L. Moro of the CDC says that the current numbers they have ...
www.womensviewsonnews.org/.../flu-shots-safe-for-pregnant-women-us-study/ - [Cached](#)

- [Pregnant women 'can have flu jabs' | International Federation of ...](#)

Nov 15, 2010 ... Lead researcher Dr. Pedro L. Moro, of the US Centers for Disease Control and Prevention in Atlanta, told Reuters the findings of the *study* ...
www.figo.org/news/pregnant-women-can-have-flu-jabs-003027 - [Cached](#)

- [Flu Shots Safe for Pregnant Women, Study Finds](#)

Flu Shots Safe for *Pregnant Women, Study Finds*. Source: Reuters. By: Norton, Amy. 11/11/2010. Researchers led by Dr. Pedro Moro of the Centers for Disease ...
www.immunizationinfo.org/.../flu-shots-safe-pregnant-women-study-finds - [Cached](#)

- [Flu shots safe for pregnant women, study finds \(Reuters\) | New ...](#)
Nov 13, 2010 ... Flu shots safe for pregnant women, study finds (Reuters) ... the (flu shot) is safe for pregnant women,” lead researcher Dr. Pedro L. Moro, ...
[fotoday.net/.../21790-flu-shots-safe-for-pregnant-women-study-finds-reuters.html](#) - [Cached](#)
- [Tehran times : Flu shots safe for pregnant women, study finds](#)
Nov 13, 2010 ... Flu shots safe for pregnant women, study finds ... that the (flu shot) is safe for pregnant women,” lead researcher Dr. Pedro L. Moro, ...
[www.tehrantimes.com/index_View.asp?code=230376](#) - [Cached](#)
- [Flu shots safe for pregnant women, study finds](#)
Nov 12, 2010 ... Bringing dog to work good for productivity: Study that the (flu shot) is safe for pregnant women,” lead researcher Dr. Pedro L. Moro, ...
[www.ottawacitizen.com/health/shots...pregnant...study.../story.html](#) - [Cached](#)
- [Flu shots safe for pregnant women, study finds](#)
Nov 12, 2010 ... As body mass index increases, so does risk of death: Study (flu shot) is safe for pregnant women,” lead researcher Dr. Pedro L. Moro, ...
[www.theprovince.com/health/...pregnant...study.../story.html?cid...](#) - [Cached](#)
- [This Week in Flu News: Friday, 11/12/2010](#)
Nov 12, 2010 ... 4) “Flu shot safe for pregnant women, study finds” Reuters Health ... shot) is safe for pregnant women,” lead researcher Dr. Pedro L. Moro, ...
[info.findaflushot.com/blog/this-week-in-flu-news-friday-11122010](#) - [Cached](#)
- [Adverse events in pregnant women following administration of ...](#)
by PL Moro – 2010
Reprints: Pedro L. Moro, MD, MPH, Immunization Safety Office, Division Of ... The objective of the study was to characterize reports to the Vaccine Adverse ...
[www.ajog.org/article/S0002-9378\(10\)01105-1/abstract](#) - [Cached](#)
- [Flu shots safe for pregnant women, study finds](#)
Nov 12, 2010 ... Studies suggest - but don't prove - value of flu shot ... the (flu shot) is safe for pregnant women,” lead researcher Dr. Pedro L. Moro, ...
[www.globallethbridge.com/story.html?id=3818135](#) - [Cached](#)
- [Flu shots safe for pregnant women, study finds](#)
Nov 12, 2010 ... Canadian study finds Botox atrophies muscles far from injection. shot) is safe for pregnant women,” lead researcher Dr. Pedro L. Moro, ...
[www.edmontonjournal.com/health/...pregnant...study.../story.html](#) - [Cached](#)

Let us now focus attention on the “Moro 1” study cited above, that was electronically published online by AJOG on October 20, 2010.

Flaws associated with the Moro 1 study period: “1990-2009”

1. The “Moro 1” study looked at reports in the Vaccine Adverse Event Reporting System (VAERS) database (including reports of spontaneous abortions and stillbirths) of pregnant women from 1990/91 through the end of the 2008/09 influenza season—‘20’ years (or 19 influenza seasons). The AJOG reviewers assigned to the CDC study led by Dr. Moro were clearly not as critical as Dr. Goldman’s peer reviewer. Not challenged was that the “Moro 1” study covered a ‘20-year’ study period that only during the final 26.3% of that period (since 2004) were influenza vaccines recommended for pregnant women during their 1st trimester. Thus, for 14 of the 19 flu seasons reviewed (or 73.7% of the flu seasons), the Moro 1 study reviewed a period when a more precautionary vaccination approach prevailed (i.e., only those pregnant with special circumstances or those beyond their 1st trimester of pregnancy were to be vaccinated).

2. The general perception, worldwide, was that 2009 was the “year” of the experimental monovalent, 2009 A-H1N1, pandemic influenza vaccine. The title of the Moro 1 study (1990-2009) gave the false impression that at least part of the 2009/10 pandemic flu season was covered in the study. However, in fact, the study did not cover the pandemic flu season that began in the fall of 2009. However, a cursory glance at the title’s “1990-2009” could have easily led obstetricians and gynecologists, as it indeed misled the media and the general public, to believe that the “year” of the novel H1N1 emergency pandemic vaccine was covered in the study and that no out-of-the-ordinary adverse events had occurred following the administration of the “experimental H1N1 flu vaccine of 2009.”
3. The misleading study directly served as the foundation for the strategically conceived, fraudulent CDC publicity campaign, deliberately allowing the press to specifically mislead pregnant women as well as the public at large with a headline that read, “FLU SHOT IS SAFE FOR PREGANT WOMEN.” The worldwide press amplified the CDC’s entrenched position that all flu shots were absolutely ‘safe’ for women at any stage during pregnancy.

After all, there were only 23 fetal-demise reports in VAERS during the 19 flu seasons from 1990/91 through 2008/09 for a rate of 1.9 fetal-death reports per million pregnant women vaccinated. However, the more recent 2004/5 through 2008/9 flu seasons (where flu shots were recommended to women pregnant in their first trimester) had a higher mean fetal-loss reports’ rate that was averaged with a lower rate found in 14 earlier flu seasons. Thus, in spite of the fact that it is statistically invalid to report a single mean rate for a bimodal distribution during that longitudinal period, Moro 1 intentionally averaged the data from the two distinctly different flu-season groups. Based on the flawed “Moro 1” study, embargoed until the start of the 2010 flu season, the flu vaccine was promoted worldwide by the press as ‘safe’ for pregnant women. The campaign included a CDC-initiated joint letter co-signed by 10 organizations targeting OB/GYNs nationwide, urging them to vaccinate their pregnant patients.

4. By the end of 2009, months before the first “Moro 1” manuscript was submitted to AJOG in mid-2010, the CDC, Dr. Moro, and his team were well aware of the significant spike in VAERS reports of spontaneous abortions and stillbirths following the administering of the 2009 A-H1N1 vaccine. Against a claimed background of roughly “1” flu-vaccination-

related fetal death per year, actually more than “100” spontaneous abortion and stillbirth reports in temporal association with the 2009 A-H1N1 flu shot had already been submitted to VAERS and would have certainly been accessed by the Moro team of scientists. The final count was 174 fetal-death reports. That is, Dr. Moro and his team had to be well aware at the time they published in AJOG reporting that they found only 23 fetal-death reports to VAERS in ‘20’ years, that there were, in fact, more than 100 fetal-death reports already registered in VAERS during the 2009 portion of the 2009/10 flu season.

Clarified and put forward as the “two-dose” 2009/10 pandemic season, Goldman’s lone voice pointed out uniquely in his rejected AJOG submission that the CDC had urged OB/GYNs to give pregnant women two flu vaccines, seasonal (the trivalent ‘seasonal’) and pandemic (the monovalent 2009 A-H1N1). Because the overwhelming majority of the doses of both inactivated-influenza vaccine formulations were preserved with Thimerosal and other doses contained a reduced level of Thimerosal, Goldman, therefore, asks the question never before publically considered in a peer-reviewed journal: “Was there a synergistic toxicity associated with the 2-dose 2009/10 season?” The Goldman study found a total of 174 VAERS fetal-death reports in 2009/10 flu season as compared to “4” and “21” fetal-demise events in the prior 2008/9 and subsequent 2010/11 flu seasons, respectively. It is alarming that the CDC, in Moro 1 chose to hide from OB/GYNs and the public the two-dose Thimerosal anomaly – the massive spike in fetal-death reports to VAERS – as well as the potentially causal relationship between the two.

The CDC had to be aware of the VAERS data, the 40-fold spike in fetal-demise reports relative to the prior year, or considered in light of the Moro study, the greater than 100-fold increase relative to the annual mean of fetal-loss reports over the 19 prior flu seasons. The omission of the VAERS spike in the Moro 1 study led the press to believe that, since the study headlined “1990-2009”: **(a)** the pandemic A-H1N1 season of 2009(/10) was duly covered and **(b)** no out-of-the-ordinary events had taken place. However, both Moro and the CDC knew better.

The question begs an answer as to whether: AJOG was innocently deceived by the vaccine agenda-driven CDC, AJOG was complicit with the CDC, or AJOG’s reviewers were incompetent. How or why did the AJOG reviewers miss these flaws (and perhaps others) in both Moro studies? Why did the AJOG reviewer reject Dr. Goldman’s submission, which in a most dignified spirit of academia, pointed out critical flaws in the Moro studies and highlighted the uniqueness of the A-H1N1

pandemic season for its 100-fold increase in fetal deaths—heretofore un-discussed in the scientific community. Finally, most significantly, the Goldman study pointed out that it was the only flu season during which pregnant women could be concomitantly given two influenza vaccine shots, which in most cases delivered a double-dose of the neurotoxin Thimerosal (nominally 50 micrograms of mercury for 2 Thimerosal-preserved shots). Based on the FDA-accepted Environmental Protection Agency (EPA) reference dose (RfD) for organic mercury (0.1 microgram of mercury per kilogram of body weight per day) this level of organic mercury exposure would only be safe for a pregnant women who weighed more than 500 kilograms (1102 pounds) on the day of injection.

A recap of the flaws that the AJOG editors/reviewers failed to correct, comments and consequences in Moro 1 and Moro 2 include the following:

1. Moro 1 stopped just short of the 40-times spike in VAERS reports of fetal deaths in 2009/10, as compared to the previous season. If, instead, we use the average of 1.21 fetal-loss reports per flu season (over 19 flu seasons starting in 1990) as reported in Moro 1, then there was a greater than 100-fold spike in VAERS fetal-loss reports during the two-dose 2009/10 flu season. Moro 1 misleadingly implied that there was a ‘20’-year (1990-2009), long-term safety profile for the flu shot for pregnant women that, based on the study’s title, apparently included all of 2009 and, therefore, gave the impression that the Moro 1 study covered the world-recognized emergency experimental 2009 H1N1 pandemic flu season.
2. In addition to the spike in fetal-loss reports, there was also a corresponding spike in fetal-loss report *rates*. The CDC which jointly maintains the VAERS database with the FDA must have been aware of the statistically significant 30-fold increase in the fetal-loss rate, from 1.9 reports per million vaccinated pregnant women (representing the average over the previous 19 flu seasons) to about 57 reports per million during the two-dose 2009/10 flu season.
3. Due to the bimodal distribution of fetal-loss reports with high rates (from 2004/5 onward) and low rates (1990/91 through 2003/4) it was statistically invalid to present a single average fetal-loss rate for the entire study period; whereby, the more-recent, elevated, fetal-loss rate was diluted by this improper averaging.

4. Many months prior to publication, the Moro team, having studied VAERS in detail, had to be well aware of the increases cited in points “1.-3.” above. However, the CDC failed to ensure that these findings were disclosed in Moro 1.
5. Furthermore, for the ’20’-year study period used in Moro 1, only during the final 26.3% (five flu seasons) of that period (since 2004) were influenza vaccines recommended for all stages of pregnancy, including the 1st trimester. Thus, 73.7% (14 of 19 flu seasons) of the study covered a period when a more precautionary vaccination approach prevailed during which only those pregnant with special circumstances or those beyond their 1st trimester of pregnancy were vaccinated.
6. Because of the purposeful omissions, flawed science, false impressions, and rapid implementation of subsequent misleading public relation events in the fall of 2010, orchestrated by the CDC, it is evident that AJOG’s publication of Moro 1 was pre-planned to function as the very core of the CDC’s major fall 2010/11 flu season vaccine propaganda initiative. The AJOG publication and the CDC publicity campaign gave the public the deceptive impression that 2009 H1N1 pandemic season had been at least partly included in the study and that it was safe to give pregnant women two flu shots in the 2009/10 flu season.

During the same time period, fall of 2010, prior to the start of the 2010/11 flu season, NCOW officially exposed the blatantly false report by the chairperson of the H1N1 Vaccine Safety Risk Assessment Working Group (VSRAWG), Dr. Marie McCormick, who claimed there were no adverse events for pregnant women connected with the H1N1 pandemic vaccine (**Official transcript**, p37), www.ProgressiveConvergence.com. On Oct. 28, 2010, shortly after NCOW’s presentations, CDC’s Dr. Shimabakura, *when asked about fetal losses*, ‘reluctantly’ presented a slide show at the behest of an NCOW representative in Atlanta, Georgia — owning up to and confirming the CDC’s heretofore omitted disclosure of the spike in VAERS fetal death reports for the pandemic flu season of 2009/10. **Influenza Vaccine Safety Monitoring (slide 20)** www.ProgressiveConvergence.com.

Subsequently, having been thoroughly exposed for omitting and hiding data from the public, the CDC was forced do some damage control – apparently receiving ‘easy’ access to AJOG once again. AJOG’s Moro 2 study was strategically but tragically timed for publication in the Spring of 2011, well after the end of the 2010/11 flu season. This

placement conveniently allowed most flu-shot vaccinations for pregnant women in the 2010/11 flu season to take place before the CDC's Moro 2 revealed the '100-fold spike' in VAERS fetal-death reports in the prior (2009/10) flu season to AJOG readers and the public—too late for the pregnant women carrying and birthing dead babies, or those expecting in the following flu season (2010/11). These women unwittingly consented to being vaccinated at the aggressive urging of their doctors who had been duly propagandized and urged to vaccinate their patients via a CDC-initiated Sept. 2010 joint letter co-signed by 10 leading healthcare organizations that promoted the safety of giving flu shots, including Thimerosal-preserved flu shots to pregnant women.

7. As with Moro 1, Moro 2 also went unchallenged by the AJOG reviewers. Based on faulty analysis, the Moro 2 study gave AJOG readers the false impression that the spike was simply due to enhanced reporting associated with a newly marketed vaccine—referred to as a “Weber-like” effect. This assertion was flawed and its obvious flaws were either missed or disregarded by the AJOG reviewer. Dr. Goldman’s quantitative and qualitative analyses, which were rejected by AJOG this January, clearly demonstrate that, to the contrary, the spike could not be attributed to such a “Weber-like” effect. Furthermore, Goldman estimated the large extent of under-reporting of flu-vaccine-associated fetal-demise reports inherent to the passive VAERS database.
8. Moreover, in its conclusion, Moro 2 made sure to marginalize the exponential increase in fetal-demise, presenting the CDC’s biased view of the data, simply stating (emphasis added):

“CONCLUSION: Review of reports to VAERS following H1N1 vaccination in pregnant women did not identify any concerning patterns of maternal or fetal outcomes” in its abstract, and, in its “COMMENT” section, *“Review of reports to VAERS following H1N1 vaccination in pregnant women did not identify any concerning patterns of maternal or fetal outcomes.”*

Clearly, the purpose of these statements was to distract the reader from realizing what had truly happened to pregnant women in 2009/10. The Moro team was already aware of the error in double-dosing pregnant women and that the double-dosing was already slated to be discontinued in the following season. As expected, the VAERS reports significantly declined in the single dose 2010/11 season.

Specifically, on the heels of this undisclosed fetal holocaust, for the following 2010/11 flu season, the FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) recommended that the 2009 A-H1N1 influenza virus serve as one of the three strains in the inactivated seasonal influenza vaccine with its associated one dose of mercury in most formulations rather than the two-vaccine protocol in the 2009/10 season where each such vaccine could nominally contain 25 mgs of neurotoxic organic mercury (Thimerosal). The reason for this adjustment was never disclosed to the public.

What could have become a “concerning pattern” was ‘aborted’ by discontinuing the practice of double-dosing. Clearly, the new recommendation of single dosing in 2010/11 as articulated in the joint letter co-signed by the 10 health organizations, released September 15, 2010 demonstrated that the CDC was well aware of its public-health blunder in the prior season.

The CDC’s willful failure to notify³ the medical community caused healthcare professionals to continue to over-vaccinate their pregnant patients. Or looking at it from the internal perspective... continued to deliver as much as 50 micrograms of organic mercury, from Thimerosal, to each pregnant woman, indirectly exposing their maturing fetus *in utero* to potentially damaging and lethal doses of neurotoxic mercury.

³ Ensuring that vaccines are as safe as possible is a public health priority and national expectations for vaccine safety are high. A robust plan for monitoring adverse events following immunization (AEFI) during mass vaccination for 2009 H1N1 influenza is an important component to ensure the safety of this novel vaccine. At the federal level, within the United States Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), National Institutes of Health (NIH), Health Resources and Services Administration (HRSA), and Indian Health Service (IHS) are involved in vaccine safety research, surveillance, or programmatic activities as well as Department of Veterans Affairs (VA), and the Department of Defense (DoD). The HHS National Vaccine Program Office (NVPO) is responsible for coordinating federal vaccine activities, including vaccine safety.

If the 2009 H1N1 monovalent vaccine is widely used as expected, the immunization program requires and the public expects that the federal government has the ability to quickly and effectively ascertain the safety profile of the vaccine to inform vaccine benefit—risk decision making. **Proactively communicating this information to the federal government leadership and to the American people is critical to maintaining confidence in vaccine programs.** Safety is carefully assessed during pre-licensure, yet some rare adverse events cannot be detected in clinical trials. **Therefore, on-going monitoring allows for the detection of rare adverse events.** http://www.flu.gov/planning-preparedness/federal/monitor_immunization_safety.html#intro

NCOW, having measured the AJOG peer-reviewer's comments against Goldman's submission, suspects that the particular reviewer used may be either lacking in some significant basic epidemiological skills or is covering up AJOG's cozy relationship with the CDC.

The AJOG reviewer recoiled from the peer-reviewed publications cited by Goldman that show neurological disorders including autism may be linked to vaccination/mercury poisoning. With this, the reviewer clearly revealed CDC lockstep alliances, and with a sham review set the fuse for an Elsevier/AJOG time bomb.

AJOG knew the Moro study covered the 2008/09 flu season and not the pandemic 2009/10, yet AJOG allowed the press to continue to misrepresent the science without correction by its use and reference to the AJOG Moro 1 study and its misleading title phrase, "1990-2009". AJOG knew that the worldwide publicity, referring to their publication as source, was being distorted. AJOG had the opportunity but, by turning a blind eye to the misrepresentations of worldwide press, did nothing to correct the public deception/perception that the "Flu Shot is Safe for Pregnant Women." Hence, it is argued that AJOG was complicit in a whole host of misleading events stemming from, and based on, its Moro 1 publication.

The "Moro – Goldman" debacle magnifies the necessity for the parent publisher, Elsevier, to keep an eye on its assets, one of which is the brand "peer reviewed".

AJOG has violated not one but all four of its foundational principles, stated as their role and mission as (emphasis added):

- A venue for new ideas to move from anecdote to well planned research
- An interface among basic & clinical researchers in reproductive health
- A forum where controversies are fully ventilated and opinions expressed
- A place for peer-reviewed reports & reviews from affiliated societies

Unlike Moro 1 and Moro 2, the Goldman study does everything to engage the scientific community in a dialogue where controversies are fully ventilated and opinions expressed—in this case, Thimerosal, its use in pregnant women, the availability of non-Thimerosal vaccines, the use of emergency powers by HHS, and the purpose of transparency to save lives and correct error.

As in many of the Elsevier assets, in this case AJOG, controversies are meant to be fully ventilated and sound evidence-based science expressed. Based in such engaging conversations, ideas may arise to develop new research—additional studies that may uplift humanity. The publishing of the

Goldman study in AJOG may have, for example, engaged researchers' interest in tracking the surviving 2009/10 double-dosed fetuses. Currently, without the Goldman study, the existence of the surviving double-dosed fetuses goes unnoticed and their fate remains cloudy and uncertain. However, it is our goal that the Goldman study receives public attention, as we suspect it will, in another journal.

In keeping with the original and ethical purpose of peer-reviewed journals to publish contrasting studies, given that the Goldman study is a preliminary observation, other researchers may be inspired to perform additional investigations in different pregnant populations. Such studies, if scientifically sound, may lend further support to, or may even refute, the observations in the current study. Toxicological evaluations and investigations of the fetus post mortem would also prove invaluable. However, unfortunately in the case of the latter, despite the fact that pregnant women are increasingly but unnecessarily injected with mercury, the current autopsy techniques that preserve tissue use a solution that makes it impossible to reliably evaluate mercury levels in such fetal tissues. For those mothers that receive a Thimerosal-containing vaccine, hospitals would have to be required in the future, by some authority, such as the Secretary of Health and Human Services, to keep the aborted fetal tissue in a pure frozen state.

Journals like AJOG have the opportunity to enliven and excite such valuable research studies and to facilitate rapid changes that may eliminate needless suffering of the human family and increase the general comfort of mankind. By the thoughtless rejection of the independent, non-stakeholder Goldman study, not only has AJOG subverted its purpose, integrity and credibility and exposed the strings of its puppet master, but it has single handedly sabotaged what could have been, and still may be, salvaged out of the CDC fiasco – the great 2009 H1N1 pandemic experiment – namely, the effects of Thimerosal-containing vaccines on the pregnant women who received them, the resulting outcomes to the developing fetuses who failed to survive, and/or the neonates who survived their unwarranted double exposure to the organic mercury.

In conclusion, being first in line, AJOG's Editor-in-Chief, Dr. Thomas J. Garite, passed on the opportunity to publish Goldman's submission, which provides a truer view of the outcomes from the two-dose 2009/10 influenza vaccination programs (seasonal and pandemic A-H1N1). AJOG lent a false credibility to the CDC's "Moro" studies by publishing them without critical review. It is no doubt that qualified, *unbiased*, peer reviewers would have caught these discrepancies, and perhaps others, as easily as Dr. Goldman and NCOW did. The rejection of Goldman's manuscript in

January 2012 leads NCOW to believe that the publishing of the CDC's "Moro" studies, replete with false and biased science, was purposeful. And that AJOG, if not stopped by its publisher or through public exposure, audaciously intends to continue to mislead its readers and perpetuate a cover up.

AJOG's publication of the CDC's agenda-driven pseudoscience coupled with its rejection of Goldman's critical manuscript serves to: confirm its complicity with the CDC, discredit the journal and its parent publisher, and tarnish AJOG's status as a "peer reviewed" journal. Without demanding integrity from its journals, opportunities to help mankind in science are lost and the value of Elsevier's assets are diminished.

Thank you for your time and consideration. Our organization continues to investigate the CDC fraud on the public. We, however, wanted to make absolutely sure that Elsevier's management is aware of the recent Goldman submission and the circumstances surrounding its rejection.

The following documents are attached:

- Dr. Goldman's rejected submission [abstract, updated manuscript and tables]
- AJOG's reviewer's comments
- Dr. Goldman's response to reviewer
- Dr. Goldman's CV

Best regards,

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