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Mr Robert F. Kennedy Jr
2185 Mandeville Canyon rd
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ULTRA CONFIDENTIAL DOCUMENT

Dear Mr Robert F. KENNEDY Jr,

Your fight for more than 30 years to protect the world's population from forced vaccinations and the injuries they cause to vaccinated people has just ended with a victory in a historic lawsuit lost by the American government. The United States Department of Health and Human Services and all vaccine manufacturers have been convicted of acknowledging and certifying that they have never tested the quality, safety or toxicity of vaccines in the past 32 years.
They lied because, for both **Thimerosal** and **Aluminum,** the **Toxic Doses, which formally prohibit the administration to humans of these two deadly compounds** are known, and **have been officially published and promulgated by Health authorities around the world**, for a long time:

- **The minimum Toxic Dose of aluminum**, orally, **which formally prohibits the use of aluminum in drugs for human use (vaccines and gastric antacid dressings) was promulgated in 1996 by the FDA and WHO** (see **section 3**: **File for Aluminum**);

- **Lethal Doses LD50 of Thimerosal, which kill 50% of animals,** by oral, intravenous, subcutaneous, or intraperitoneal routes, have the product **classified in the category T+ of the most toxic products** (such as strychnine and hydrogen cyanide), according to Directive 67/548 / EEC. **These toxicological data have been published and promulgated for more than 50 years. As a result of what, the use of Thimerosal is formally prohibited in drugs for humans (vaccines and antiseptics)**, because it is classified in products which, by inhalation, ingestion, cutaneous or systemic penetration in small quantities, cause death or acute or chronic effects, by single, repeated or prolonged exposure (see **section 4**: **File for Thimerosal**).
As an Expert Pharmacologist-Toxicologist specialized in Pharmacokinetics with Health Authorities, I have successfully managed to retrieve these troublesome toxicological data, which the Health Authorities and the vaccine makers have lost their memory.

This is the subject of this letter that I am sending you, and which will help and allow you to finish the job.

Section 1- Allow me to introduce myself

My name is Jean-Bernard FOURTILLAN. I live in Poitiers, in the Center region of France. Chemical engineer and pharmacist by training, I have taught medicinal chemistry and pharmacokinetics as a professor at the University of Poitiers School of Medicine and Pharmacy from 1972 to 2008 (see my **Curriculum Vitae**, **Document 1** attached below). In addition, I was hospital pharmacist, and created, in 1981, with my wife Marianne, pharmacist, the company CEMAF. A private Biomedical Research Center equipped with a clinical centre (24 beds) and a bioanalysis laboratory, CEMAF was a Phase I center, approved by Health Agencies around the world, which carried out pharmacokinetics and tolerance studies for new drugs when they were first administered to humans on behalf of pharmaceutical laboratories.
It is in this private Biomedical Research Center that I was able to identify, from 1994, the Sleep-Wake System which regulates totally, according to a circadian rhythm, the functioning of the organism. It is made up of 2 hormones, secreted by the pineal gland overnight, together with the Melatonin: Valentonine, the real sleep and nighttime hormone, which I discovered in 1994, and 6-Methoxy-Harmalan, the vigilance and daytime hormone

This is a significant scientific advance in the history of medicine, considering innumerable therapeutic applications in the form of patches that deliver these two hormones transdermally, that I developed as part of a non-profit endowment Fund, the Josefa Fund (see my discovery and its therapeutic applications on the **Fonds-Josefa.org** website). They make it possible to effectively treat, with spectacular results, neurological diseases, such as: Sleep disorders, nervous breakdown, Parkinson's disease, Multiple sclerosis, Charcot's disease, Alzheimer's disease, epilepsy, probably autism, and many other neurological disorders.

When testing the transdermal patches from the discovery, I discovered that in the group of 140 patients with Parkinson's disease, multiple sclerosis, and dementias with Lewy bodies, included in the trial as such, all patients had received, 10 to 30 years ago, heavy metals, such as Aluminum of vaccines, Aluminum of gastric antacid dressings, Mercury of mercury-silver dental amalgams, and Thimerosal.

This allowed me to discover, for the first time, the origin of these neurodegenerative diseases due to the destruction of the D_1 dopaminergic motoneurons of *Substantia negra* by heavy metals: mercury, aluminum and lead.

This is how we discovered the origin of these neurodegenerative diseases, which would not exist without the intervention of these neurotoxic heavy metals.
It is clear that the number of patients is literally exploding since the use of Thimerosal and aluminum as adjuvants in vaccines. It is likely that other neurologic disorders, such as autism, fibromyalgia, and many other neurological diseases are the consequence of Thimerosal and aluminum in vaccines, as their considerable increase is correlated with such vaccinations.

Section 2- Under what circumstances did I become interested in aluminum vaccines ?

In May 2018, a few days before the lawsuit on appeal of my friend, Professor Henri JOYEUX, before the disciplinary chamber of the National Council of the Order of Medicine (CNOM), I decided to help him in my capacity as Expert Pharmacologist-Toxicologist specialized in

Pharmacokinetics. Indeed, he is wrongly accused of being anti-vaccines when he is only, and rightly so, against vaccines that contain aluminum. I specify that I am the only expert of this type in Europe, to practice this expertise.

Two days before the lawsuit, a friend sent me an article from the Bulletin of the National Academy of Medicine of June 26, 2012 (Pierre BÉGUÉ, Marc GIRARD, Hervé BAZIN, Jean-François BACH - Vaccine adjuvants: what's new in 2012? Bull. Acad. Natle Méd., 2012, 196, n ° 6, 1177-1181, session of June 26, 2012)

In this article, it is written, in the Summary, on page 1177, as well as in Question 2, on page 1179:
« Recommendations (WHO, FDA) have made it possible to establish toxicological reference values for food aluminum, determined from animal experiments and extrapolated to humans: ***the minimum risk level*** *or MRL (minimum risk level)* ***is set at 1 mg / Kg / day****. It essentially takes into account the risk of neurotoxicity.* ***Vaccines on the immunization schedule contain a prescribed aluminum dose of less than 0.85 mg / dose****. The kinetics compared between ingested aluminum and injected aluminum is well studied, and it indicates that by digestive aluminum of the current food is very little absorbed, while administered by blood it concentrates mainly in the bone, then that its presence in the brain is in very small quantities. A single experimental work, using the labeled adjuvants, shows that* ***the quantity of aluminum imported by the vaccines injected into infants, and foreseen by the vaccination calendar, expose to a risk much lower than the minimum safety dose currently defined for food.»***

Reading this article, I am flabbergasted because:

- **Not only** did **these 4 professors of medicine**, totally incompetent, and extremely dangerous for the man whom they are supposed to protect, **have not thought for a moment that the minimum Toxic Dose for the oral route, applied to gastric antacid dressings such as MAALOX®**, for example. Each tablet of this medication, available over the counter on drugstore shelves, contains 400 mg of aluminum hydroxide, $Al(OH)_3$, which corresponds to 139 mg of aluminum. Thus a 60 kg man, who swallows 1 tablet of **MAALOX®**, absorbs 2.3 times the minimum Toxic Dose (139 mg / 60 kg). In addition, since, according to the instructions, you can swallow up to 12 tablets per day, people who have gastric burns can swallow freely 28 times the minimum Toxic Dose each day. **It is unlikely that the ANSM and its experts did not even think about it**. In our transdermal patch test, we treated several Parkinson's patients because they had used MAALOX®, completely unaware of its toxicity.
Same thing with the bags of **PHOSPHALUGEL®**, available over the counter on pharmacies shelves, for which patients can freely absorb up to 55 times the Minimum Toxic Dose each day.

- **But still**, **they applied, without modifying it, the value of the minimum Toxic Dose of aluminum for the oral route to the value of the minimum Toxic Dose of aluminum by IM route, for vaccines, which is a grotesque error**. In doing so, they concluded that when 0.85 mg of aluminum was injected into a vaccine to a 5 kg infant, there was no danger, whereas, on the contrary, the IM injection of this vaccine which contains 0.85 mg of aluminum adjuvant corresponds to 17 times the minimum Toxic Dose by IM route, for this 5 kg infant. **It's frightening !**

The experimental work, related in the previous article, is the only reference study of aluminum toxicity in the world to date.

These toxicological reference values, for dietary aluminum, have been determined by the FDA, in order to measure the toxicity inherent in the quantities of aluminum, of food origin, which a man can ingest every day, in particular in drinking water. The experimental bases of this toxicological study (**toxicokinetic study**) have been carried out in animals (rats), by 2 independent aluminum scientists, who work in 2 different fields. **They used aluminum marked ^{26}Al.**

- **Christopher EXLEY** is an English chemist, an undisputed specialist in aluminum and its toxicity in biological environments of the organism, such as the brain. He clearly demonstrated the great toxicity of aluminum in the body, by calculating its **minimum Toxic Dose in animals**, which he set at **0.01 mg of aluminum / kg of weight**. (reference: Christopher Exley, Ellen Burgess, J. Philip Day, Elizabeth H. Jeffery, Srikumaran Melethil, Robert A. Yokel. ALUMINUM TOXICOKINETICS, in RESEARCH ISSUES IN ALUMINIUM TOXICITY, Edited by Robert A. Yokel and Mari S. Golub, Volume 48, number 6, August 30, 1996, p. 117-132). **This preclinical toxicological data was obviously sufficient to prohibit aluminum in all drugs for human use**, regardless of the amount of aluminum in these drugs. Especially since Christopher EXLEY has recently further reduced this minimum toxic dose in the body, in animals, to 0.001 mg of aluminum / kg of weight, so that aluminum is a zero-tolerance compound, for humans.

- **Philippe JOUHANNEAU** is a French scientist, who works at CEA, at GIF-sur-Yvette. He measured the **bioavailability of aluminum in rats**, that is to say the amount of aluminum which enters the body, **when given orally**, in the form of marked aluminum chloride $^{26}AlCl_3$. **He showed that the absorption of aluminum by the oral route was very low, and between 0.1 and 1%** (reference: Jouhanneau, P., Raisbeck, GM, Yiou, F., Lacour, B., Banide , H., and Drüeke, TB 1995. Gastrointestinal absorption, tissue retention and urinary excretion of dietary levels of aluminum in rats as determined by 26Al. Clin. Chem., 1997).

The calculation of this minimum Toxic Dose (minimum Risk Level) was carried out by an expert of the FDA, according to the rules of the art, from the results of their work. This FDA expert calculated the minimum Toxic Dose of aluminum for the oral route in animals, by placing itself in the worst conditions of toxicity for the oral route, that is to say for a maximum absorption of 1 %, as shown by Philippe JOUHANNEAU. They multiplied the minimum Toxic Dose in the body, defined by Christopher EXLEY, or 0.01 mg of aluminum / kg in the body, by 100. And they added per day, because this study was intended to assess the inherent toxicity aluminum present in food (mostly drinking water) ingested daily.

Thus the **FDA** and the **WHO were able to promulgate, in 1996,** the following toxicological reference data, for oral route:

Minimum Toxic Dose of aluminum, by oral route:
1 mg aluminum / kg body weight / day

This is a **FDA** and **WHO commandment**, above all laws, that **strictly prohibits the administration to humans of all gastric antacid dressings containing aluminum**

Because this minimum Toxic Dose of aluminum, by the oral route, has been calculated from the value of the minimum Toxic Dose equal to 0.01 mg of aluminum / kg of weight, in the body, for oral absorption (passage of the gastrointestinal tract into the body) equal to 1 p. percent of the aluminum dose given orally. Consequently:

Minimum Toxic Dose of aluminum in Vaccines:
0.01 mg / kg body weight

This is a **FDA** and **WHO commandment**, above all laws, **that strictly prohibits the administration to humans of all vaccines containing aluminum**

Section 3- File for Aluminum

As I explained in **section 2**, when I understood how the Minimum Toxic Dose of Aluminum had been calculated by an FDA expert and promulgated in 1996 by the FDA and the WHO (for extension to the whole world), I wrote **documents 2, 3, 4, 5**, **6** to, allow people who are forced to vaccinate, to be able to legally refuse vaccinations imposed by Health Authorities. These documents, distributed as widely as possible to French people, are attached to this letter (and on the USB key) , and can be distributed to American people and others:

- **Document 2**: attached below**: Preclinical toxicological data on aluminum prohibit its presence in medicinal products for human use**

- **Document 3**: attached below**: Certificate of expertise which prohibits the administration of vaccines containing aluminum, and its justification**

- **Document 4**: attached below**: All medicines, for human use, containing aluminum, are administered in toxic deadly doses**

- **Document 5**: attached below**: The Scandal of Aluminum**

- **Document 6**: attached below**: FDA and WHO have banned human administration without realizing it of all medicines for human use that contain aluminum**

Section 4- File for Thimerosal

Considering the widespread use of Thimerosal in vaccines, particularly in the U.S., during the last decades, and the serious blessures it has caused in vaccinated children and adults, I investigated whether toxicity studies of Thimerosal had been done. And to my great surprise, I succeeded to find these studies, carried out over 50 years ago, which formally prohibit the administration of Thimerosal in humans in any form whatsoever: as an antiseptic (Merseptyl®) was banned in 1996) and in vaccines.
These documents are attached to this letter:

- Document 7: attached below**: The presence of Thimerosal in vaccines was strictly prohibited by the results of its acute toxicity in mice (Lethal Doses LD50)**

Section 5- Mechanism of the neurotoxicity of Aluminum (Al), Mercury (Hg), and Thimerosal

Below is a report I wrote to explain the mechanism of neurotoxicity, carcinogenic properties, and other toxicity, of aluminum, mercury and Thimerosal

- Document 8: attached below**: Mechanism of the neurotoxicity of Aluminum, Mercury and Thimerosal**

Section 6- Mode of action of mixed patches in neurological diseases due to insufficient secretion of Valentonine and 6-Methoxy-Harmalan by the pineal gland. Application to the treatment of Parkinson's disease

I have attached to this letter a summary document which shows, in the particular case of Parkinson's disease and Multiple Sclerosis, one of the innumerable therapeutic applications of my discovery of the Sleep-Wake system.

-- Document 9: attached below**: Mode of action of transdermal patches of Valentonine and 6-Méthoxy-Harmalan in the treatment of Parkinson's disease**

In conclusion, I think that the revelation of these critical toxicological data, which have been hidden by vaccine makers and health authorities around the world, will help us, in addition to the very important victory you have just won, to put a definitive blow to stop these deadly vaccinations imposed to humans of the world, only for financial purposes.

I am ready to move very quickly to the U.S., in order to meet and help you to finish the job, if you find it useful.

Best regards

Jean-Bernard FOURTILLAN