Simpsonwood 23 Years Later

Theresa Wrangham, NVIC Executive Director June 8, 2023 - Liberty Park, Atlanta, Georgia

It's an honor to be here today to join and stand up with you for informed consent to vaccination and for transparency and accountability in government. As we connect the dots on the deception and fraud that has occurred before and after Simpsonwood, it is important to understand the history and put it into context because it helps us understand how we got here and where we go from here.

Reading the June 2000 Simpsonwood transcripts¹ many years ago began my journey to understanding that federal agencies deliberately withheld vaccine risk information from parents making vaccination decisions for children. However, as egregious as Simpsonwood is, it was not the first time vaccine risk information was withheld from parents. The deception started much earlier.

Forty-one years ago, in April 1982, the Emmy Award-winning documentary DPT: Vaccine Roulette aired in Washington, D.C. It noted that for 40 years, brain damage from whole cell pertussis vaccine in DPT shots had been documented in the medical literature.²

The viewpoints in the TV documentary argued both for and against the continued use of DPT vaccine. However, what an FDA doctor said about why parents were not fully informed about known DPT vaccine risks was stunning. He stated, "I think if you as a parent brought your child to a doctor for a DPT shot and the doctor said to you initially, 'Well, I have to tell you that some children who get this vaccine get brain damaged, there's no question as to what your reaction would be. As a responsible parent you would say, I wish not to take this vaccine."

Let that sink in. If you haven't seen this documentary, you can view it on NVIC's Rumble channel.

This and other statements made in the TV documentary revealed that, in 1982 and long before that, many pediatricians and government officials were promoting a one-size-fits-all vaccine agenda by hiding potential risks to the individual child for suffering a serious vaccine reaction.

Like many parents who tuned in that night in 1982, NVIC's co-founders understood for the first time that their children were vaccine injured. That same year, they established the charity now known as the National Vaccine Information Center with the mission of preventing vaccine injuries and deaths through public education and defending the informed consent ethic in vaccine laws and policies.

Later when pharmaceutical companies threatened to leave the market because of DPT vaccine injury lawsuits, prominent members of Congress pledged to protect the nation's vaccine supply, and NVIC's co-founders were invited to work with Congress on the National Childhood Vaccine Injury Act of 1986.⁴ This historic Act acknowledged for the

first time that government-licensed and state mandated vaccines can cause injury and death. It is the only law on the books in the US that does that.

NVIC co-founders were responsible for securing vaccine safety informing, recording, reporting, and research provisions that had not been in place before the law's passage. These provisions included:⁵

- Requiring doctors and all vaccinators to report vaccine adverse events to a new centralized federal vaccine adverse event reporting system, better known as VAERS. The reports are available to the public, and people who suffer vaccine reactions can also directly report to VAERS;⁶
- Requiring vaccinators to record in the permanent medical record the name of the vaccine manufacturer and lot numbers for each vaccine given and changes in health following vaccination;⁷
- Requiring vaccinators to give parents the federally published vaccine information statement containing vaccine and disease risk information before children are vaccinated;
- Requiring the Department of Health and Human Services to conduct ongoing vaccine safety research evaluating the side effects of government childhood recommended vaccines and developing vaccines with fewer and less severe reactions;⁹
- Requiring Congress to oversee and make changes to the federal vaccine injury table to expedite vaccine injury compensation; ¹⁰
- Creation of a federal vaccine injury compensation program that Congress promised would be a less adversarial, expedited alternative to a vaccine injury lawsuit. When signed into law in 1986, the Act protected the right of vaccine-injured persons to sue doctors for medical malpractice and drug companies for product design defect when there was evidence a company could have made a vaccine safer. The Act also preserved the right to file a civil lawsuit when federal compensation was denied or was inadequate, and when a vaccine manufacturer engaged in criminal fraud or neglect; 11

To date, the VICP has awarded \$5 billion to nearly 10,000 vaccine-injured individuals and families. But the ink had barely dried on the Act when, in 1987, the law was amended. Congress bowed to pressure from medical trade organizations like the American Academy of Pediatrics and AMA amended the law to shield pediatricians and other vaccinators from liability for vaccine injuries and deaths. 12

Over the next decade, Congress continued to amend the Act to further weaken it, allowing the Department of Health and Human Services and Department of Justice to undermine vaccine safety and injury compensation provisions through rule making, and water down vaccine risk-informing requirements.¹³ ¹⁴ Finally, in 2011 the U.S. Supreme Court majority reinterpreted the Act by ignoring its legislative history and essentially handed vaccine manufacturers a total liability shield, even if there is evidence a vaccine manufacturer could have made a vaccine less likely to cause harm.¹⁵ ¹⁶

For 27 years, Congress has refused to provide oversight on the 1986 law. As a result, ongoing independent vaccine safety research has not been funded; federal vaccine recommendations have become state-sanctioned mandates that rob Americans of their informed consent rights; and federal officials have been allowed to censor freedom of speech and promote self-serving false narratives.

It was Congress, federal agencies and, finally, the U.S. Supreme Court that betrayed parents by violating the spirit and intent of the 1986 Act. ¹⁷ ¹⁸ ¹⁹ And yet, that law is still the only law on the books in the US that admits vaccines can injure and kill and allows the public access to a vaccine adverse event reporting system describing the suffering of those injured and killed by government recommended and mandated vaccines. NVIC strongly opposes repeal of the 1986 Act and calls on Congress to restore the Act to its original form by restoring medical malpractice liability for doctors and other vaccinators; and restoring design defect liability for vaccine manufacturers as provided for in the Act when it was passed in November 1986; and funding of an independent long term study investigating the brain and immune function of highly vaccinated and unvaccinated children.

Vaccination decisions made 30 years ago were private medical decisions based on medical, religious, and personal conscientious beliefs. Over time, and particularly with the advent of warp-speed COVID-19 vaccines, those who do not conform to federal vaccine recommendations are now subjected to harassment, coercion, scapegoating, exclusion from medical care and access to a school education, and loss of employment, and during the COVID pandemic this same minority was barred from moving freely in society.

Why the history lesson? Because we knew this time would come, and if you are new to this issue, it is important to understand that Simpsonwood and all that has followed are simply part of a well-established trend in the erosion of parental and informed consent rights that began long before the 1986 Act was passed and the Simpsonwood meeting was held.

The simple truth is that not everyone responds the same way to vaccines²⁰ ²¹ and that is why voluntary, informed consent to vaccination is a human right because it involves taking a risk of harm. These medical risk decisions should not come with penalties and public health laws should not be predicated on a one-size-fits-all "greater-good" agenda that violates fundamental human rights.

The public-private business partnerships between government agencies and pharmaceutical companies and their A to Z monopoly on health care must be broken. Vaccine mandates must be rolled back, and an independent mechanism for vaccine safety monitoring and oversight must be established.

We stand here today to say we will not allow doctors to vaccinate children without their parents' knowledge or consent; and we will not allow people to be thrown under the vaccine injury bus in the name of the greater good. Human rights are not negotiable.

Now you may be asking yourself, what can be done? Get involved by educating your community and legislators about the need to be free from vaccine mandates. There are no safe states to move to because forced vaccination lobbyists are constantly pressuring all state legislatures to mandate more and more vaccines and take away exemptions.

In 2010, NVIC launched our mission control to tackle vaccine-related legislation – NVIC's free online Advocacy Portal – because we knew the fight for vaccine freedom of choice would be in the states. NVIC's Portal keeps you informed about vaccine-related bills moving in your state and provides links to contact your legislators so you can take action to protect your rights.

If you are wondering if getting involved will make a difference, I want to share the encouraging trends we have seen over time due to citizen advocacy. In 2014, NVIC tracked 91 vaccine-related bills, many of which NVIC opposed because they restricted the right to make voluntary vaccine decisions. Last year, NVIC tracked and analyzed an unbelievable 875 state vaccine bills.²² Over *half* of those bills were good ones that NVIC could support because they in some way protected the right to make voluntary vaccine choices.

And even though COVID-19 vaccines were heavily promoted by the government, industry, medical trade, and corporate media when introduced in 2020 – not one state legislature voted to mandate it! ²³

The blocking of COVID-19 vaccine mandates and the increase in the introduction of good vaccine legislation is due to citizens who have established relationships with their legislators over the past decade and educated them about the need to protect informed consent rights. It is also due to increased public awareness about threats to civil liberties brought on by oppressive COVID-19 pandemic policies and laws over the past three years. The public is waking up to what many of us have known for a very long time; federal agencies are not transparent about vaccine risks, and inherent conflicts of interest exist that have violated the public's trust.

This trend in legislation demonstrates that it is possible to turn back the tide of oppressive public health policies and laws. More legislators are willing to draft and introduce good legislation to protect voluntary vaccination, and NVIC is helping them do that. Connect with NVIC, and we will help you create positive bills in your state.

For those of you who are already vaccine choice advocates - thank you! But, for new people listening today, we cannot continue to grow and get legislation introduced and passed without more people defending health freedom.

There are many ways to get involved and become informed.

NVIC's website at NVIC.org provides referenced information about vaccines and diseases, information on vaccine exemptions in your state, and resources on how to file a VAERS report or federal vaccine injury claim. You can email us with your questions. NVIC's counselors respond to thousands of emails each year.

Visit the resource tables here today. At NVIC's table, you can learn more about NVIC's four websites, <u>download our resource flyer</u>, take educational brochures for yourself, your family, and friends, and sign up for our free newsletter, our weekly newspaper journal, and the Advocacy Portal.

In short, there has never been a better time to take action and make a difference.

I am closing with the sage words spoken by Benjamin Franklin after the Constitutional Convention concluded in 1787. When asked if America would be a monarchy or a republic, Dr. Franklin responded, "A republic, if you can keep it,"²⁴ acknowledging that we each have a responsibility to be involved if we are to continue to enjoy the civil liberties and Constitutional freedoms we treasure.

Act today, get involved. Thank you.

¹ U.S. Centers for Disease Control and Prevention. <u>Scientific Review of Vaccine Safety Datalink</u> Information. June 7-8, 2000; Simpsonwood Retreat Center Norcross, Georgia.

² Thompson, L. <u>DPT: Vaccine Roulette</u>. *WRC-TV – ABC Washington D.C. Affilliate* April 1982.

³ Thompson, L. <u>DPT: Vaccine Roulette</u>. *WRC-TV – ABC Washington D.C. Affilliate* April 1982.

⁴ Fisher BL. Myths & Facts. National Vaccine Informtion Center June 15, 2007.

⁵ National Vaccine Information Center. <u>NVIC Position Statement National Childhood Vaccine Injury Act of 1986.</u> February 2018.

⁶ National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C. §§ 300aa-15. Recording and reporting of information</u>. *U.S. Government Publishing Office* 2016.

⁷ National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C.</u> §§ 300aa-15. Recording and reporting of information. *U.S. Government Publishing Office* 2016.

⁸ National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C. §§ 300aa-26. Vaccine information.</u> *U.S. Government Publishing Office* 2016.

⁹ National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C. §§ 300aa-27. Mandate for safer childhood vaccines.</u> *U.S. Government Publishing Office* 2016.

¹⁰ National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C. §§ 300aa-14. Vaccine Injury Table.</u> U.S. Government Publishing Office 2016.

¹¹ National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C. §§ 300aa-11. Petitions for compensation.</u> *U.S. Government Publishing Office* 2016.

¹² National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C. §§ 300aa-11. Petitions for compensation.</u> *U.S. Government Publishing Office* 2016.

¹³ National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C. §§ 300aa-14. Vaccine Injury Table.</u> *U.S. Government Publishing Office* 2016.

¹⁴ National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C. §§ 300aa-26. Vaccine information.</u> *U.S. Government Publishing Office* 2016.

¹⁵ Fisher BL. <u>End Pharma Liability Shield Endangering Public Health and Human Rights.</u> *National Vaccine Information Center* Nov. 8, 2016.

¹⁶ Holland MS, Krakow RJ. <u>Brief of Amici Curiae National Vaccine Information Center, Its Co-Founders and 24 other organizations in support of petitioners.</u> In: *Bruesewitz v. Wyeth* filed with Supreme Court of the United States June 1, 2010.

¹⁷ National Childhood Vaccine Injury Act of 1986. <u>42 U.S.C. §§ 300aa-11. Petitions for compensation.</u> *U.S. Government Publishing Office* 2016.

¹⁸ Fisher BL. End Pharma Liability Shield Endangering Public Health and Human Rights. National Vaccine Information Center Nov. 8, 2016.

¹⁹ Holland MS, Krakow RJ. <u>Brief of Amici Curiae National Vaccine Information Center, Its Co-Founders and 24 other organizations in support of petitioners.</u> In: *Bruesewitz v. Wyeth* filed with Supreme Court of the United States June 1, 2010.

²⁰ National Vaccine Information Center. <u>Vaccine Safety Science Gap Key Points Summary of 2013 IOM Report on The Childhood Immunization Schedule and Safety.</u> 2013.

- ²² NVIC Advocacy Team. <u>NVIC's 2022 Annual Report on U.S. State Vaccine Legislation.</u> *National Vaccine Information Center* Nov. 17.2022.
- ²³ NVIC Advocacy Team. NVIC's 2022 Annual Report on U.S. State Vaccine Legislation. National Vaccine Information Center Nov. 17.2022.
- ²⁴ Levy J. <u>"A republic if you can keep it": Elizabeth Willing Powel, Benjamin Franklin, and the James McHenry Journal.</u> In: Unfolding History Manuscripts at the Library of Congress. *Library of Congress Blogs* Jan. 6, 2022

²¹ Institute of Medicine Committee on the Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule. <u>Conclusions and Recommendations</u>. *National Academies Press (US)* Mar 27, 2013; Pg 130.