

Protecting Individual Rights in the Era of COVID-19

By [Children's Health Defense](#)

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Below is the Executive Summary of the Children’s Defense Fund Report entitled

“Protecting Individual Rights in the Era of COVID-19”

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- Compulsory vaccination violates fundamental human rights, notably the right to prior, free and informed consent for medical interventions. Common law, state and federal statutes, the Nuremberg Code (1947), and the 2005 UNESCO Declaration on Bioethics and Human Rights establish the necessity of informed consent.
- COVID-19 must not become a pretext for forced vaccination.
- The legal edifice shoring up compulsory vaccination rests on a Supreme Court decision that is more than a century old. Subsequent lower court decisions about vaccine mandates differ radically from what the Supreme Court envisioned and have led to results that fail to safeguard health and individual rights.
- Twentieth-century progress in sanitation, hygiene, refrigeration, and the provision of clean water produced dramatic declines in infectious disease. The decline in infectious disease had little to do with vaccination.
- Vaccines cause injuries and death that are far from “rare” or “one in a million.” A 2010 study commissioned by the Department of Health and Human Services (HHS) reports at least one vaccine injury for every 39 vaccines given.
- The Vaccine Adverse Event Reporting System (VAERS) does an extremely poor job of capturing adverse events, with fewer than 1% reported. The CDC refuses to take recommended steps to strengthen VAERS data.
- A flawed and corrupt regulatory process enables vaccine safety shortcuts and fraud. No clinical trial for vaccines given to babies and toddlers has used an inert placebo control group, and most trials have followed young recipients for only a few days or weeks.
- Under the 1986 National Childhood Vaccine Injury Act (NCVIA), vaccine manufacturers and healthcare providers cannot be held liable for vaccine injuries from federally recommended vaccines. The Act allows companies to escape scrutiny and the document discovery associated with litigation.
- Under the 2005 Public Readiness and Emergency Preparedness (PREP) Act,

manufacturers, healthcare providers, and government officials will be immune from liability for potential COVID-19 vaccine injuries and deaths. Compensation through its Countermeasures Injury Compensation Program is likely to be minuscule.

- HHS has a statutory obligation to study vaccine injuries, improve vaccine safety, and report biannually to Congress—but it has never once done so in over 30 years.
- The National Vaccine Injury Compensation Program, also created in 1986, pits vaccine-injured claimants against HHS in an adversarial and usually unsuccessful process. In over three decades, the program has compensated only a third of the petitions filed. Even so, compensation awarded to date exceeds \$4.4 billion.
- Vaccine-induced immunity—if it occurs at all—waned over time, sometimes rapidly. Outbreaks of conditions such as measles, mumps, pertussis, and chickenpox in highly vaccinated populations are not uncommon. Herd immunity and disease eradication cannot be reliably achieved through vaccination.
- American children have never been sicker. The passage of the NCVIA enabled an explosion of liability-free vaccines and one of the most aggressive childhood vaccine schedules in the world. Over half (54%) of American children now develop at least one chronic health condition, and many have multiple health challenges.
- COVID-19 vaccines include gene-altering and inflammation-promoting technologies that may create genetic changes that may pass to future generations. Lawyers must not provide cover for liability-free medical interventions that carry profound unknown, de facto experimental risks.

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