

Why Are Vaccine Adverse Events Not Acknowledged or Reported by Medical Professionals?

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*Legislators have the professional and moral obligation to protect children and support equality, but Senate Bill 276¹ by **Sen. Richard Pan**, which would eliminate almost all vaccine medical exemptions, aims to segregate a minority of children from their right to an education. And even worse, for families who can't afford homeschooling, SB 276 puts these vulnerable children at higher risk for repeat vaccine adverse events.*

As a pediatric intensive care nurse for 13 years, I believe in vaccinations and understand the desire for community immunity, but I have also observed many vaccine adverse events that shouldn't be ignored any longer.

I administered vaccines without hesitation until a previously healthy teen came into our unit with acute disseminated encephalomyelitis (ADEM)—brain swelling—after receiving the meningococcal vaccine earlier that week. The teen was paralyzed, in a coma, and had to be placed on a ventilator in the ICU for weeks. When I shared with the treating physician that ADEM was listed as a possible reaction to the meningococcal vaccine and asked whether we should report this to the Vaccine Adverse Event Reporting System (VAERS), I was told a firm “NO” without further discussion. Three weeks later, the teen left our unit still unable to walk or talk, and there was no discussion of the possible cause or the recent vaccination.

After that, I began to notice that most doctors never asked if a new patient was recently vaccinated, despite the child's diagnosis being listed as a possible adverse event on the vaccine insert. And if I informed the doctor that a parent mentioned their child was recently vaccinated, it was most often ignored. I have seen dozens of cases of seizures, SIDS, paralysis, diabetes, or immune system dysfunction following vaccination, yet I have only seen one report made to VAERS. It begs the question: why are these vaccine adverse events not being acknowledged or reported?

SB 276² will herd children who were unlucky enough to suffer a vaccine reaction, but lucky enough to have a doctor acknowledge it, into a database where the state will be able to track them, freely violate their rights, and kick them out of school.

Medical professionals agree that all pharmaceuticals carry potential risks. Just as there is a small percentage of children who are allergic to penicillin, there is a percentage of children who have serious reactions after vaccination. SB 276 proponents claim only “1 in a million”

reactions, but that's referring to anaphylactic reactions, not reactions like seizures and paralysis.

Currently, in California, only less than one percent of children have vaccine medical exemptions because of a previous adverse event or family history which puts the child or sibling at risk. Under SB 276,¹ as it's currently written, there would be a narrow scope of "approved" reactions—anaphylaxis and encephalopathy—and even if a child experienced those, there is no clause for family history so siblings would have to be vaccinated as well. I can't imagine the decision these parents will have to make, being coerced into risking repeat injury or death, just to keep their children in school.

Physicians are bound to their Hippocratic Oath to "First, do no harm," but government officials do not carry any liability for injury or harm, nor do pharmaceutical companies since the 1986 National Childhood Vaccination Injury Act protects them. SB 276³ would be a liability-free, government-mandated system that harms these vulnerable children again.

As a nurse, I understand the desire to maintain community immunity. In 2018, the CDC reported that California has immunization rates above 96 percent for its school children, one of the highest rates in the nation. The California Department of Public Health reported 15 pediatric measles cases this year, not one related to school children with medical exemptions.

Yet SB 276⁴ would systematically discriminate against these children with special needs, their rights to privacy, and their free and equal education would be eliminated.

Is this discrimination of less than one percent of children with medical exemptions really a public health crisis and worth the \$40 million it will cost taxpayers? The government should be focused on legitimate public health issues, like the Typhus, Typhoid Fever and TB outbreaks among our growing homeless population, rather than this minority of injured children.

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