THE
# INFORMANT
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THE UNTOLD STORY

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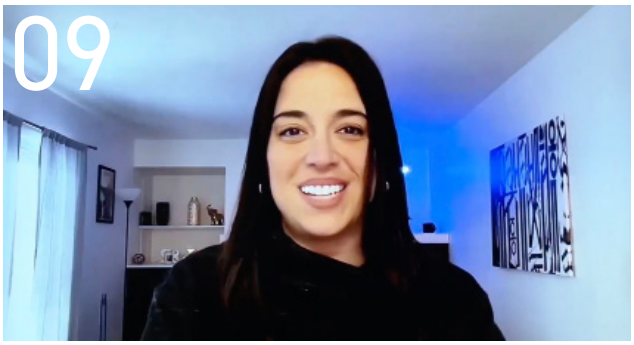
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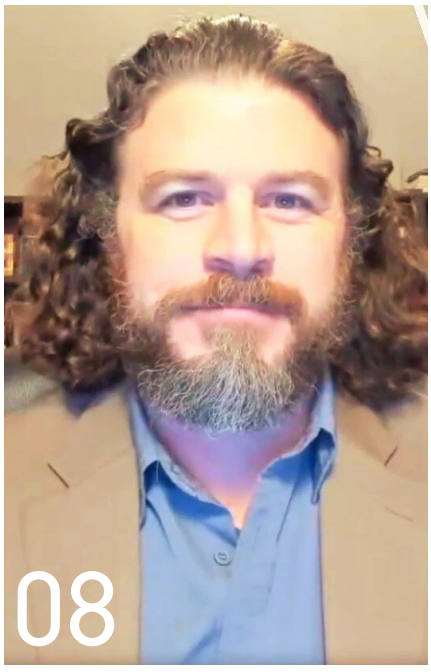
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**Catharine Layton**
**COO, ICAN**
**Supervising Producer,**
***The HighWire***

Welcome to *The Informant,* our new monthly magazine offering curated news and exclusive content to supporters of the Informed Consent Action Network. We really wanted to provide something more to those supporters who give something more. *The Informant* features exclusive interviews, articles, and a breakdown of our most impactful work over the past month.

When *The HighWire* premiered in 2017, we imagined a news program where we could report on the important news ICAN was making, but we hadn't considered at the time that there would be too much news for us to cover in our weekly show. During production meetings, we are often faced with the difficult decision of cutting important stories simply because there is not enough time to cover every breaking story, and every action ICAN is taking. *The Informant* provides a platform to bring you those important stories, highlight ICAN's most significant actions, and direct your eye to informative content you may have missed in the previous month.

ICAN's legal footprint is vast, spanning thousands of FOIA requests, numerous lawsuits & petitions to regulatory agencies, in-depth investigations of important health issues facing the public, publication of white papers, and more.

Also, expect to find behind-the-scenes interviews with our CEO, Del Bigtree, a breakdown of things we aren't able to cover extensively on *The HighWire,* and other articles only available here, for you.

Part of what I think makes ICAN unique is our relationship with our supporters, who make all that we do possible. Our team really has a passion for providing information directly to the public, so they can make truly informed decisions for themselves and their families. We have all been on a journey together since our founding in 2016, and *The Informant* is another exciting path along that journey. I hope that you find it insightful, interesting and informative.

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## MUST-SEE MOMENTS



## LEGAL UPDATES

# FEDERAL JUDGE ORDERS CDC TO RELEASE ALL V-SAFE FREE-TEXT ENTRIES IN A HUGE WIN FOR VACCINE SAFETY TRANSPARENCY

**WHAT YOU NEED TO KNOW:**

- V-Safe is the vaccine safety monitoring system rolled out for COVID-19 vaccines
- A previous lawsuit obtained the V-Safe check-box data, but not the free-text data
- V-safe's free-text fields allow users to describe in detail symptoms & medical care—unlike the checkbox data for minor reactions, these entries capture serious issues, including myocarditis
- This data is crucial for comprehensively assessing the safety profile of COVID-19 vaccines
- A federal judge ordered the release, within the next 12 months, of all 7.8 million free-text entries collected by V-safe


One year ago, on the heels of ICAN obtaining the check-the-box portion of the V-safe data, another lawsuit was brought to demand that CDC release the critical "free text" entries collected by V-safe—CDC's safety monitoring system for the COVID-19 vaccines. A federal judge has now ordered the release of all 7.8 million entries over the next 12 months! V-safe, the vaccine safety monitoring system rolled out for COVID-19 vaccines, was touted by CDC as part of "the most intensive safety monitoring effort in U.S. history." But despite continued claims that the vaccines are safe and effective, CDC refused to release the V-safe data to back this up. As ICAN supporters will recall, it took two previous lawsuits, for ICAN to finally obtain the check-the-box portion of the V-safe data, which can be found on our V-safe Dashboard.

**However, one critical part of V-safe data was missing: the free-text fields.** These are fields where users could type in up to 250 characters about anything they wanted, such as details on their additional symptoms or their medical care. One of the reasons the free-text data is so important is because the check-the-box data previously released to ICAN, beyond being able to report seeking medical care or being unable to perform normal life functions, only tracked minor and generalized reactions such as "Chills," "Headache," "Fatigue or tiredness," and "Vomiting." Thus, the only place for participants to report serious and anticipated adverse reactions, including myocarditis, was in these free-text fields, making this data crucial to understanding COVID-19 vaccines' safety profile and our federal health authorities' resulting actions.

We are therefore thrilled to announce that in a lawsuit against CDC, brought by the lawyers that regularly represent ICAN on behalf of the Freedom Coalition of Doctors for Choice, District Court Judge Matthew Kacsmaryk **ordered CDC to produce every single free-text entry sought within just over a year, by January 15, 2025!** This is a huge win for transparency.

Although CDC argued that producing the entries was too burdensome and therefore it should never have to do so, the Court vehemently disagreed and granted expedited processing, recognizing that:

The development and distribution of the COVID-19 vaccine was one of the greatest endeavors in recent history. Predictably, the American public now seeks access to COVID-related papers to ensure that relevant government policies were — and still are — supported and justified by the available data. That is precisely what FOIA contemplates and facilitates.

In this brilliant 29-page ruling, which you can read in full here, the Court also noted that the "Production of the free-text data will permit independent researchers to put the government agencies to their proof by considering all of the available data."

What an outstanding way to start the New Year! This ruling sends a clear message to our federal agencies: we are not moving on and forgetting about the pandemic or the actions they took.

**ICAN will not stop until ALL the data is released to the public and there is true transparency and accountability around COVID-19.**

The first production of at least 390,000 entries will be produced by February 15, 2024.

ICAN will be sure to alert you when this happens and will make the data available to the public.

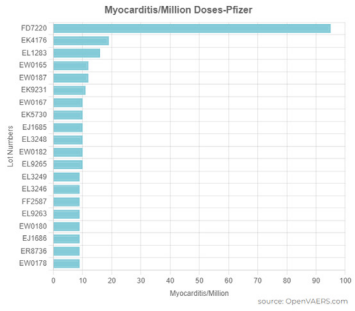
# ICAN OBTAINS DATA USED TO IDENTIFY "HOT LOTS" OF MODERNA AND PFIZER COVID VACCINES


ICAN has obtained exclusive, previously unreleased lot and dose data for the Moderna and Pfizer COVID-19 vaccines. This data makes it possible to determine the number of doses distributed per lot number. According to OpenVAERS' analyses of this data obtained by ICAN, there are several "hot lots."

Since March of 2022, ICAN has been working tirelessly to get full transparency on Moderna's and Pfizer's COVID-19 lot and dose data. Without this data, it's difficult to identify "hot lots" based on VAERS adverse reaction reports since, until now, we did not have the data on how many doses were distributed for each lot. Without knowing that number, it was not possible to conclude the rate of harm reported for each lot. But now we have the data to do this math!

ICAN is pleased to announce that its legal team extracted from the CDC the data needed to determine the number of doses distributed per lot.

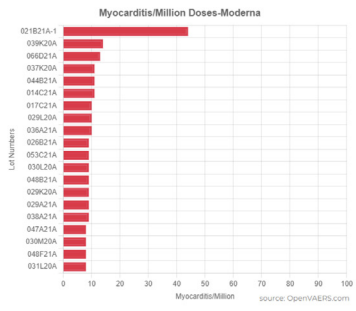
Obtaining this data took two-and-a-half years of effort, including multiple FOIA requests and a lawsuit resulting in some initial data being released in June 2022, October 2022, and July 2023. But ICAN wasn't satisfied with CDC's omission of crucial data, so ICAN's attorneys filed appeals for both the Pfizer lot data and the Moderna lot data. Based on our history, CDC likely knew ICAN would sue if the appeals were denied (as we have countless times before), so on December 13, 2023, CDC finally capitulated and released the updated data sets.




ICAN shared this data with the folks at OpenVAERS, who were able to match it to VAERS data and put together some eye-opening analyses which appear to reveal that certain lots had an unusually high number of adverse reactions. Their graph below, for example, shows that one lot from both Pfizer and Moderna was responsible for extremely large numbers of myocarditis reports. You can download the Moderna data here and the Pfizer data here and you can review all of OpenVAERS' analysis of the data here, here, and here. ICAN encourages all interested parties to conduct their own analyses from the raw data. **Stay tuned for J&J lot data and analyses.**

Thank you for supporting ICAN's ongoing fight to shine the spotlight on the information our public "health" agencies would rather remain hidden.

See below for more examples of ICAN's work in demanding truthful information about COVID-19 vaccines:




**WHAT YOU NEED TO KNOW:**

- ICAN obtained lot & dose data for Moderna & Pfizer COVID-19 vaccines which allows for determining the number of doses distributed per lot number
- Obtaining this data took 2.5 years of effort, including multiple FOIA requests & a lawsuit
- "Hot lots" are associated with a higher number of adverse reactions, particularly myocarditis
- ICAN shared the obtained data with OpenVAERS, whose analyses reveal certain lots with an unusually high number of adverse reactions, as shown in graphs

EXCLUSIVE: ICAN OBTAINS CRITICAL MODERNA COVID-19 VACCINE LOT INFORMATION

UPDATE: ICAN OBTAINS ADDITIONAL AND MORE COMPLETE PFIZER VACCINE LOT, DOSE, AND DISTRIBUTION DATA

EXCLUSIVE: ICAN OBTAINS CRUCIAL PFIZER VACCINE LOT, DOSE, AND DISTRIBUTION INFORMATION

FDA ADMITS IT HAS NO RECORDS INDICATING COVID-19 VACCINE SAFETY PROTOCOLS WERE FOLLOWED

ICAN DEMANDS ANSWERS ABOUT DEATH DISCREPANCIES IN PFIZER'S CLINICAL TRIAL

CDC ADMITS ONCE AND FOR ALL IT HAS NO BASIS FOR ITS CLAIM THAT COVID-19 VACCINES DO NOT CAUSE VARIANTS

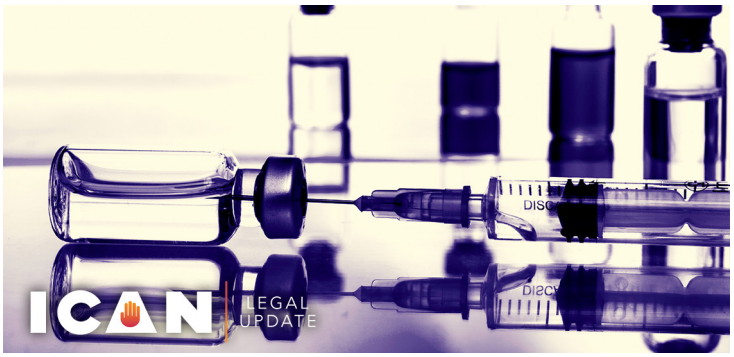
THE CDC'S RESPONSE TO SCIENTIFIC INQUIRY: BECAUSE WE SAID SO!

REPORT OF TODDLER'S DEATH DISAPPEARS FROM VAERS AND CDC HAS NO RECORDS AS TO WHY!

# ICAN ACQUIRES MORE LOT DATA — THIS TIME FOR THE J&J COVID-19 VACCINE

**WHAT YOU NEED TO KNOW:**

- ICAN's legal team has obtained detailed lot & dose data for the Johnson & Johnson COVID-19 vaccine
- OpenVAERS analysis of the data shows the most dangerous lots for the J&J vaccine appear to be among the first shipped




ICAN has procured exclusive lot and dose data for the Johnson & Johnson (Janssen) COVID-19 vaccine. As with the Pfizer and Moderna lot and dose data obtained by ICAN, this data may help make it possible to determine if certain lots were associated with unusually high numbers of adverse reactions or deaths. An analysis of this data has been conducted by OpenVAERS.

ICAN recently broke the news that its legal team had wrangled detailed lot and dose data for the Pfizer and Moderna mRNA vaccines from CDC. Now, ICAN is happy to announce that we have likewise also obtained the critical lot and dose data for the Johnson & Johnson (J&J) vaccine.

ICAN has again shared this data with OpenVAERS which has added the J&J data to its COVID-19 Vaccine Lots page. OpenVAERS has conducted its own assessment of the lot data and, according to that assessment, as with the Pfizer and Moderna vaccines, the most dangerous lots appear to be among the first shipped.

This data is a culmination of a two-and-a-half-year legal battle. While CDC begrudgingly released some lot data previously, ICAN's legal team persisted and was ultimately able to obtain the most complete data set yet, which includes previously unreleased lot and dose data. Now, this information may finally permit members of the public to determine if the dose they or a loved one received was part of a potential "hot lot."

Of course, when numerous lots come back "hot" it could just mean you have a "hot" product. Hence this data could also assist in showing that it was not any particular lot that was hot, but rather the COVID-19 vaccine products themselves that were "hot"!

You can download the J&J data here, the Moderna data here, and the Pfizer data here. Check out OpenVAERS' analysis of the data here, here, and here. As always, ICAN encourages everyone to pull the raw data and conduct their own analyses.

See the links below for some of ICAN's additional work on COVID-19 vaccines:

EXCLUSIVE: ICAN OBTAINS CRITICAL MODERNA COVID-19 VACCINE LOT INFORMATION

THE CDC'S RESPONSE TO SCIENTIFIC INQUIRY: BECAUSE WE SAID SO!

UPDATE: ICAN OBTAINS ADDITIONAL AND MORE COMPLETE PFIZER VACCINE LOT, DOSE, AND DISTRIBUTION DATA

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CDC ADMITS ONCE AND FOR ALL IT HAS NO BASIS FOR ITS CLAIM THAT COVID-19 VACCINES DO NOT CAUSE VARIANTS

# ICAN'S NOVEL FOIA APPROACH PRODUCES UNPRECEDENTED RESULTS

**WHAT YOU NEED TO KNOW:**

- ICAN's attorneys have submitted close to 1,800 FOIA requests to date
- The process is lengthy, often involving multiple steps: initial requests, appeals, and potential legal actions


A significant amount of the breaking news that ICAN has had about our federal health agencies is thanks to information it has uncovered under one single piece of legislation: The Freedom of Information Act (FOIA). ICAN's attorneys have used this Act to uncover an amazing amount of information that our government would prefer not to be public—including our recent update revealing that CDC knew about breakthrough infections as early as March 2021! But it's no simple process.

To date, ICAN's attorneys, led by Aaron Siri, have submitted close to 1,800 FOIA requests. Making the request is just the first step though. Siri outlined this complex process on a recent episode of *The HighWire*. Here are just some of the details on the FOIA request that led to our recent update about breakthrough infections, a related request regarding reinfection, and additional requests which resulted from these.

**July 16, 2021:** ICAN, through its attorneys, files a FOIA request for any documents received by CDC from the California Department of Public Health (CDPH) relating to COVID-19 vaccine breakthrough infections.

July 19, 2021: ICAN files a second FOIA request for any documents received by CDC from CDPH relating to cases of COVID-19 re-infections.

**September 8, 2021:** CDC denies both requests, stating that it cannot release the records due to a Data Use Agreement it has with the State of California.

**October 15, 2021:** ICAN submits a third FOIA request, this time asking for a copy of that Data Use Agreement.

**October 19, 2021:** ICAN files an appeal for both original FOIA requests, claiming that CDC's reliance on the Data Use Agreement to deny the requests was improper.

**December 9, 2021:** In an unusual move, CDC doesn't wait for the appeal to be decided and instead asks that the requests be remanded to CDC for further processing.

**June 24, 2022:** Finally, after 49 weeks, three requests, and an appeal, ICAN receives documents from CDC regarding the first FOIA request on breakthrough infections. And it was worth the wait! Read more about what the documents revealed in our previous update. The response also mentioned that there were five pages held back that were being evaluated by the Department of Defense (DOD).

**July 20, 2022:** CDC responds to the second FOIA request on cases of COVID-19 reinfections claiming it can't find a single record.

**July 20, 2022:** On the same day, CDC also responds to the third FOIA request for the Data Use Agreement claiming it can't find that either!

**August 17, 2022:** ICAN files an appeal for the third FOIA request arguing that CDC failed to conduct an adequate search for the Data Use Agreement given that CDC relied on it to deny the initial request – it must exist, no? Seems not.

**September 26, 2022:** ICAN files an appeal for the first FOIA request arguing that the CDC failed to conduct a thorough search for documents pertaining to breakthrough infections. While CDC had produced documents related to this request on June 24, there was evidence that other relevant documents had been left out.

**October 17, 2022:** ICAN files an appeal for the second FOIA request arguing that CDC failed to conduct an adequate search for records on re-infection.

**January 3, 2023:** The DOD produces the five pages from the first FOIA request which included July 2021 emails from a DOD contractor noting there were 80,000 breakthrough cases among 7 million fully vaccinated Medicare beneficiaries with a 10% hospitalization rate and 3% death rate.

This is just a taste of just part of the life cycle of two related FOIA requests, neither of which are complete and may require additional action, including potentially a lawsuit if CDC does not satisfy the pending appeals. As you can see, FOIA is a process that takes patience and persistence. It is not as simple as filing one request and receiving documents. Click here to see full legal update.

# MUST-SEE MOMENTS

THE HIGHWIRE WITH DEL BIGTREE

## DR. MICHAEL **NEHLS** | EP 354

**Del sits down with physician and molecular geneticist Dr. Michael Nehls to discuss his latest book, The Indoctrinated Brain, which delves into the intricacies of brain mechanisms, emphasizing the critical role of maintaining hippocampal health. Going beyond safeguarding against diseases like Alzheimer's, it extends to fortifying the mind against indoctrination.**

### WHAT TO KNOW

- Dr. Nehls explains that with influenza-type illnesses, it is not usually the virus that kills its host; it is the cytokine storm produced by the immune system itself.
- Dr. Nehls lines out the research showing that Vitamin D was a better prevention for serious COVID-19 than the "spiking program," or vaccination.
- Research shows that the key to preventing Alzheimer's is to stay curious which allows the hippocampus to continue growing new cells. As our curiosity wanes, we become more susceptible to being controlled by fear.

CLICK TO WATCH


## LTC (ret.) Brad **MILLER** | EP 351

**Former Lieutenant Colonel, for the U.S. ARMY, Brad Miller, discusses the recent 'Declaration of Military Accountability', an open letter to military leadership signed by over 230 service members, which calls for military leadership to be held accountable for the repercussions of COVID-19 vaccine mandates.**

### WHAT TO KNOW

- LTC (ret.) Brad Miller walked away from his career and pension after dLTC (ret.) Brad Miller walked away from his career and pension after deciding the best way to make good on his oath to the Constitution was to "take the uniform off."
- The DMED - Defense Medical Epidemiology Database - gives military leadership an early warning that something may be affecting military readiness.
- There are currently signals in the database indicating significant instances of adverse effects coming from something.
- Del acknowledges there were over 150,000 excess deaths last year in the US, but no one in the government has addressed or looked into this alarming fact.

CLICK TO WATCH

# MUST-SEE MOMENTS

THE HIGHWIRE WITH DEL BIGTREE

## JOHN **BEAUDOIN SR** | EP 355

**Systems Engineer & Analyst John Beaudoin, Sr., delves into his recent testimony before the New Hampshire Senate, where he shared the extensive data he has gathered from death certificates, revealing a concerning surge in blood and circulatory-related deaths aligning with the COVID-19 vaccine rollout.**

### WHAT TO KNOW

- Since 2022, Beaudoin has gathered 500,000 unredacted Massachusetts death certificates.
- We are seeing an unprecedented rise in deaths, myocarditis, and strokes worldwide.
- By cross-referencing data sets, Beaudoin was able to match death certificates to VAERS reports from those who died after a COVID-19 vaccine.
- Beaudoin was also able to track renal failure deaths to the period in 2021 when hospitals were incentivized to give their patients remdesivir.

CLICK TO WATCH


## JAIMEE **MICHELL** | EP 356

Jaimee Michell, founder & CEO of Gays Against Groomers, joins Del to discuss the organization's unified stance against child grooming from the medical, trans and gender diverse communities, as well as the media. They condemn exposing children to inappropriate sexual literature in schools and the casual prescription of life-threatening puberty blockers by healthcare professionals.

### WHAT TO KNOW

- Gays Against Groomers was founded in 2022 to unite voices within the LGBTQ community against the attack on and sexualization of children.
- Jamiee speaks out against gender ideology and the dangerously inaccurate idea that gender can be changed.
- Del and Jamiee acknowledge the social contagion that seems to be influencing children to identify as trans, non-binary, etc.
- Gays Against Groomers would like to see state and federal bans on puberty blockers used on children.
- There are 22 states now that ban or have limits on child sex changes.

CLICK TO WATCH


Barbara Loe Fisher & Del Bigtree, *The HighWire* EP 353, 2023

# DEL INTERVIEWS BARBARA LOE FISHER — 1986: THE UNTOLD STORY

By Lea Lacey

The year 1986 marked a pivotal moment in vaccine legislation with the inception of the *National Childhood Vaccine Injury Act* (NCVIA) in the United States. By the early 1980s, pharmaceutical companies faced crippling liability for injuries to children caused by their vaccines. Rather than allowing market forces to drive them to develop safer vaccines, Congress passed the NCVIA to strike a balance between shielding manufacturers from excessive liability and compensating those harmed.

However, as human rights activist Barbara Loe Fisher recounted in her recent interview with Del Bigtree, the aftermath of the 1986 Act revealed a narrative of betrayal and erosion of its original intent. Fisher, co-founder and president of the *National Vaccine Information Center* (NVIC), has been advocating for vaccine safety and transparency for four decades. Yet, it was only recently that she had the opportunity to share the entirety of her story, exposing the complex landscape of vaccine legislation in the United States and the devastating betrayal that allowed vaccine manufacturers to secure immunity from liability for their products.

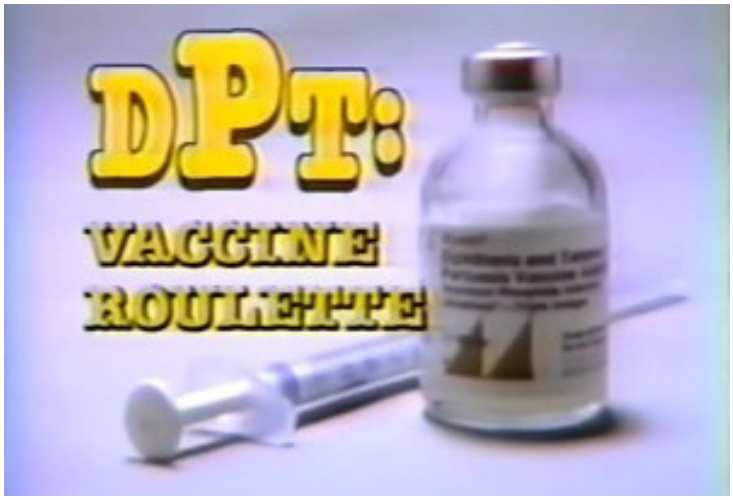
At the heart of Fisher's story is her journey as a parent of a vaccine-injured child. She vividly described the harrowing sequence of events that unfolded after her two-year-old son received his 4th DPT shot in 1980: "For the first time in his life, this happy, cheerful kid fought with every ounce of strength he had in his body to get away from that nurse who was giving him the oral polio vaccine; he spit it out in her face. The shot—my mother and I held him down on the table to give him that shot." Chris received a second dose of the oral polio vaccine that day because he had spit the first one out.


Barbara Loe Fisher's son Chris before 4th DPT vaccine

The majority of the vaccine injury lawsuits during that time were for brain damage from DPT vaccines and vaccine strain polio paralysis caused by the live oral polio vaccine. But Fisher didn't know that—nor was she aware of just how drastically their lives were about to change. Within hours of receiving the vaccine, Chris experienced acute encephalopathy, rendering him unresponsive before suffering a convulsion with his eyes rolling back in his head. In the following days and weeks, he regressed and was in extremely poor health: "He cried at the drop of a hat, was frustrated and angry...had constant ear infections, constant respiratory infections, constant diarrhea. He became emaciated and failed to thrive." Similar to today, the medical community did not readily acknowledge vaccine reactions. Fisher's pediatrician told her not to worry, that it was 'just a stage.' A different doctor tested for diseases such as cystic fibrosis and celiac, but all came back negative. No one knew what was wrong with him. At the time, resources for parents of vaccine-injured children were limited due to a lack of awareness of vaccine injuries. Eventually, Chris was diagnosed with "minimal brain damage, multiple learning disabilities, ADD, dyslexia, fine motor skill delay, and auditory processing deficit" which was so severe he had to be in a self-contained special education classroom.


Chris after 4th DPT vaccine

As a young mother, and like many parents, Fisher trusted that vaccines were safe and necessary. In fact, it wasn't until she saw a TV program called *DPT: Vaccine Roulette* that she realized the true extent of the harm that vaccines could cause. The documentary, produced by Lea Thompson at the NBC affiliate in Washington, DC, was a groundbreaking exposé that revealed the devastating effects of the DPT vaccine on children.



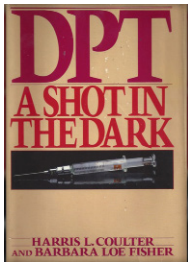

While watching the show, Fisher had a moment of clarity, realizing that her son's experience was not an isolated incident but part of a larger pattern of vaccine-related injuries. The next day, she called the station to request the medical literature used for the program and inquire if any other parents had called. Her revelation was confirmed as she read through the literature: "There in the pages of *Pediatrics and New England Journal of Medicine* and the *British Medical Journal* were descriptions of exactly what I had seen my son do that day. I walked in on his vaccine reaction. Within four hours of his shot, I witnessed his vaccine reaction, but I did not know what I was witnessing."

Her next step was connecting with other affected parents who had contacted the station, including Kathi Williams and Jeff Schwartz, an environmental law attorney. They quickly agreed on the need for a congressional investigation, aiming to secure a safer pertussis vaccine and ensure doctors provided information on recognizing vaccine reactions. They also pushed for doctors to record vaccine details and reactions in medical records, advocating for research on vaccine safety and vulnerability. This led to the formation of *Dissatisfied Parents Together* (DPT) in 1982, later evolving into the *National Vaccine Information Center* (NVIC), marking the beginning of their dedicated mission to address vaccine safety concerns.


Barbara described how the drug companies appealed to Congress, crying, "We're getting killed with these lawsuits on DPT because of this show and because of you paying attention to these parents. We are going to leave this country with no childhood vaccines if you do not protect us from liability. *All liability.*" She explained how Congress assured Jeff that their primary concern was protecting the vaccine supply, and while they invited participation in advocating for parental and children's rights, they made it clear that legislation would proceed with or without them. "What would you have done?" Fisher asked.

And so, they accepted a seat at the table and began advocating for vaccine safety provisions, including informed consent, adverse reaction reporting, and record maintenance. Supported by Congress members like Dan Mica and Paula Hawkins, the group testified in over 12 hearings during the four-and-a-half-year negotiation period for vaccine-related bills. Fisher emphasized the bipartisan nature of the effort, noting that despite Mica being a Democrat and Hawkins a Republican, both were aligned on the issue, stating, "*DPT: Vaccine Roulette* had caused a shockwave throughout the country...pediatrics would never be the same after that."

During this time, Fisher deeply immersed herself in medical literature, intending to document her son's vaccine injury experience. Along the way, she met medical historian Harris Coulter, Ph.D., who initially suggested writing an article together. However, Fisher proposed the idea of co-authoring a book. She described Coulter as an incredible researcher: "He knew the Library of Medicine like the back of his hand. Back then, there was no internet, cell phones, private fax machines, or personal computers; we had to go to the Library of Medicine. We would collect quarters, he would Xerox the studies, and we would analyze them." Fisher corresponded with published doctors and scientists worldwide and incorporated interviews with parents of vaccine-injured children, compiling case histories and medical records to shed light on the human side of vaccine injuries. In 1985, after 2.5 years of research, their efforts culminated in the publication of *DPT: A Shot in the Dark*.



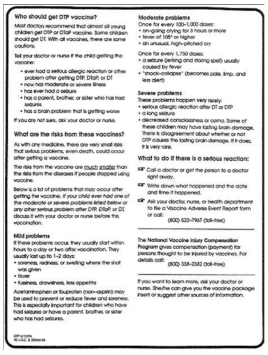

Similar to the limitations encountered during her research for the book, Fisher described the challenges *Dissatisfied Parents Together* faced in communicating their findings to the public: "We had radio, television, magazines, books, snail mail, and telephone." Yet despite these limitations, their efforts were instrumental in shaping vaccine safety legislation. Their advocacy led to the introduction of the *Vaccine Adverse Event Reporting System* (VAERS) and the federal *Vaccine Injury Compensation Program* (VICP), which aimed to protect parents' rights in cases of vaccine-related harm.

The legislation required doctors to provide benefit and risk information to parents before vaccination, mandated reporting of serious health problems following vaccination to VAERS, and instructed doctors to maintain a permanent record of vaccine and lot numbers administered. Fisher

explained how the VICP utilized a Table of Compensable Events to determine whether a child's injury would be automatically presumed to be vaccine-related in the absence of a more plausible explanation, facilitating compensation.

An additional provision mandated the *National Academy of Sciences and Institute of Medicine* to assemble physician committees to review the medical literature for evidence of vaccines causing injury and death. Unfortunately, the initial law, designed to prioritize national vaccine safety and ensure accountability for design defects, was compromised in several ways. Taking a moment to compose herself, Fisher explained, "The thing that breaks my heart and makes me so upset is that after the law was passed, they immediately *gutted it*."

Examples include the removal of residual seizure disorder as a basis for automatic compensation and the presumption of injury outlined in the compensation table. The definition of encephalopathy was also rewritten, making it more difficult, if not impossible, for families to qualify for compensation. The risk-benefit information booklet that doctors were obligated to give parents before vaccination initially spanned 15 pages but was later condensed to just *one page*. This reduction of the *Vaccine Information Statement* (VIS) raised substantial concerns about the sufficiency of the information provided and its impact on true informed consent. Medical malpractice liability protection for doctors was also introduced as part of the NCVIA provisions, shielding healthcare providers from legal action related to vaccine injuries.



Who should get DTP vaccine?

Most doctors recommend that almost all young children get DTP or DTaP vaccine. Some children should get DT. With all vaccines, there are some cautions.

Tell your doctor or nurse if the child getting the vaccine:

- ever had a serious allergic reaction or other problem after getting DTP, DTaP, or DT
- now has moderate or severe illness
- has ever had a seizure
- has a parent, brother, or sister who has had seizures
- has a brain problem that is getting worse

If you are not sure, ask your doctor or nurse.

What are the risks from these vaccines?

As with any medicine, there are very small risks that serious problems, even death, could occur after getting a vaccine.

The risks from the vaccine are much smaller than the risks from the diseases if people stopped using vaccine.

Below is a list of problems that may occur after getting the vaccine. *If your child ever had one of the moderate or severe problems listed below or any other serious problem after DTP, DTaP, or DT*, discuss it with your doctor or nurse before this vaccination.

Mild problems

If these problems occur, they usually start within hours to a day or two after vaccination. They usually last up to 1–2 days:

- soreness, redness, or swelling where the shot was given
- fever
- fussiness, drowsiness, less appetite

Acetaminophen or ibuprofen (non-aspirin) may be used to prevent or reduce fever and soreness. This is especially important for children who have had seizures or have a parent, brother, or sister who has had seizures.

Moderate problems

Once for every 100–1,000 doses:

- pain, crying, fever for 3 hours or more
- fever of 105° or higher
- an unusual, high-pitched cry

Once for every 1,750 doses:

- a seizure (jerking and shaking spell) usually caused by fever
- "shock-collapse" (becomes pale, limp, and less alert)

Severe problems

These problems happen very rarely:

- serious allergic reaction after DT or DTP
- a long seizure
- permanent brain damage or coma. Some of these children may have lasting brain damage. There is disagreement about whether or not DTP causes the lasting brain damage. If it does, it is very rare.

What to do if there is a serious reaction:

- Call a doctor or get the person to a doctor right away.
- Write down what happened and the date and time it happened.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Report form or call:

(800) 822-7967 (toll-free)

The National Vaccine Injury Compensation Program gives compensation (payment) for persons thought to be injured by vaccines. For details call:

(800) 338-2382 (toll-free)

If you want to learn more, ask your doctor or nurse. She/he can give you the vaccine package insert or suggest other sources of information.

The cumulative effect of changes to the program over the years has led to the overall deterioration of the entire system, according to Fisher. She argued that Congress's primary objective was to prevent lawsuits specifically targeting drug companies that manufacture vaccines. The crucial nuance here is that the immunity was intended to shield drug companies from legal action but not to absolve them entirely from liability, particularly in cases related to design defects in vaccines. Fisher expressed her frustration, stating, "There is no justice in the compensation program; it's a joke. It's a cruel joke. It's an imitation—*a poor imitation*—of a court trial in Washington, DC, in the US Court of Federal Claims."

Bigtree then addressed a common misconception surrounding the famous quote that 'the Supreme Court has admitted vaccines are unavoidably unsafe' and how many think that it negates the CDC's assertion that 'vaccines are safe and effective'. He clarified, "What they *really mean* is, 'therefore, you cannot sue these manufacturers. It's not their fault, as the nature of this product means some people will be injured'."

Referencing a recent interview with *The Epoch Times*, he posed a common question along with his thought-provoking theory: "What is the motive? *Why* would they be covering this up? And I say, it's simple. You have a product that everybody has to take in order for it to work. It's not like a drug. It doesn't just handle the person that's sick; everybody but the person that's sick—everyone else in the world has to take it. So, the confidence in the product has to be 100%. *It has to be 100%*. 'We want 100% of everybody to take it because if people don't, then we're not protecting, and it doesn't work.' And therefore, any admission that people are being injured wrecks the confidence of the 100%—and now people stop vaccinating because they personalize the idea that that could be my child. Therefore, I don't want to take that risk, and the whole system, in their minds, their whole system will fall apart."

Fisher brought up the challenges of setting up a compensation program without a proper funding mechanism, emphasizing one of the major motives behind denying injuries: "Every award is an admission that vaccines can do that. And that's been the biggest in the system; nobody wants to acknowledge the extent of the problem with vaccine injury and death. So it's minimize, cover up, deny."

Bigtree referenced a 2008 CBS News interview with the late Dr. Bernadine Healy, former Director of the *National Institutes of Health* (NIH), where she expressed concerns about the lack of research on children susceptible to vaccine injury.: "We have the opportunity to understand whether or not there are susceptible children, perhaps genetically, perhaps they have a metabolic issue, mitochondrial disorder, immunological issue, that makes them more susceptible to vaccines, plural, or to one particular vaccine, or to a component of a vaccine, like mercury. The fact that there is concern, that you don't want to know that susceptible group, is a real disappointment to me. If you know that susceptible group, you can save those children. The reason they didn't want to look for those susceptibility groups was because they're afraid that if they found them—however big or small they were—that that would scare the public away."

Dr. Bernadine Healy, former NIH Director

Fisher recalled a telling quote from German immunologist Wolfgang Ehrengut, an early critic of DPT vaccine, as to why would doctors knowingly participate in giving a vaccine that they knew had so many associated risks, "The prevailing mentality among doctors is...'what must not be, *cannot be*'." Fisher elaborated, "There's a psychological and emotional disincentive for doctors who have been schooled to believe that vaccines are safe and that they're doing something good for a child to actually grasp the idea that what they're doing is harming a child."

When Bigtree asked if Fisher felt the rewriting of the legislation was planned from the beginning, she admitted she didn't know the answer to that question but emphasized the profound sense of betrayal of trust towards the government. However, despite all of the devastating setbacks, disappointments, and betrayals, Fisher remained undeterred in her advocacy efforts. She recounted her collaboration with Dawn Richardson to secure a conscience belief exemption in Texas: "We worked for seven years from the late '90s to 2004 to get a conscientious belief exemption. I told Dawn, 'Let's do this in the rest of the states. Let's hold the line on these vaccine exemptions.' So she came in and created the *NVIC Advocacy Portal*."

Unfortunately, nearly 40 years later, we continue to grapple with widespread vaccine injury, inadequate government oversight, and a culture of systemic deceit. Fisher shared her experience from a 1986 ACIP meeting, drawing parallels to issues today. "I was able to question...'what's the criteria for separating out a pertussis vaccine death from a death that's not caused by pertussis vaccine?' 'Well, we don't, we don't really have a criteria.' I said, 'so coroners don't know how, they don't have any guidelines for how to distinguish a DPT death from a SIDS death?' 'No, not really.' And that situation still exists for all the vaccines, including the COVID vaccine. These coroners don't have any guidelines. There is no oversight on these people. Congress passed that law and walked away...In fact, I've been told this issue is so radioactive that Congress will not go near it...I told them a long time ago in public meetings, 'A system that will not bend will break. And if you do not listen to us right now and do the science that needs to be done to find out who is at risk for having these reactions, you're going to have to deal with younger generations coming up behind us. And they are not going to be the same as us.' We tried to work in the system. I stood on government vaccine advisory committees for more than 20 years as a consumer rep. I tried to work within the system to get it to change. By 2010, I said 'they're not going to change. They're not going to do the science'."

She continued, "There should be no vaccine mandates—that will put pressure on the companies to make a safer, better product. I also believe—if I could wave a magic wand—that the '86 Act should go back to the way it was when it was passed. Why should the companies get protection for failure to make a safer vaccine? Why should negligent doctors be protected from medical malpractice lawsuits? Why is nobody who makes, markets, makes a profit from, develops, regulates, makes policy for, and *mandates vaccines*—why is nobody accountable?"

Bigtree addressed the growing debate about amending or abolishing the 1986 Act, to which Fisher shared profound insight: "The way I feel about it is, the '86 Act is the only law on the books that says vaccines that are licensed, recommended and mandated by the government, cause injury and death. And that vaccine safety should be made a national priority. Have they fulfilled what the act said? No. Did they gut it? Yes. Did the Supreme Court do the wrong thing? Yes. Is the answer to scrap the only law that says vaccines can injure and kill, has a number of safety provisions, and has awarded more than $5 billion—even though it's not enough. I don't think the answer is to take down that law. I think the answer is to go back to what it was...before it was ruined. You would have lawsuits—you would definitely have lawsuits on mRNA vaccines. I would just caution you to take a look at the history because past is prologue, and I think it's very, very important for this generation, those who are looking at that law and thinking that it should come down, to really be careful; look at who you're coming up against, look pragmatically at the chances for success or failure. Once you open up a law for amending...anything can happen. And the forces that you'll come up against are the same forces that we came up against in Bruesewitz versus Wyeth, and I would just urge caution about that."

In response to any accusations of blame for the liability protection, Fisher stated with heartfelt sincerity, "I believe, if that was done today, the parents of vaccinated children would do the same as we did." Bigtree warmly acknowledged Fisher's resilience and praised her impactful work, stating that his own efforts wouldn't be possible without her contributions. He concluded the interview by asking about her dream for the future. With tears in her eyes, Fisher replied,"My dream is that when I take my last breath, we have the freedom to make medical decisions, including vaccine decisions, without being punished by the government or doctors or anyone else. To me, that's a basic, natural right given to us by God. And I, like you, will continue to do this work until I can no longer do it."

Barbara Loe Fisher CDC march 1986


Barbara Loe Fisher & infant son Chris


Barbara Loe Fisher & son Chris

Barbara Loe Fisher CDC march 2015


Barbara Loe Fisher speaking at SB 277 Rally, CA



Barbara Loe Fisher speaking at SB 277 Rally, CA


Barbara Loe Fisher testifying at Hep B hearing 1999

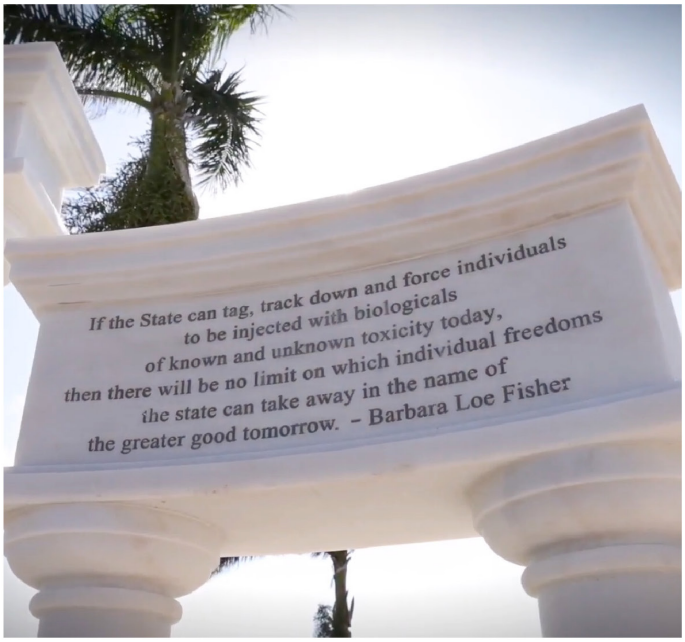

Barbara Loe Fisher at The White House


Barbara Loe Fisher interview with Del Bigtree, 2023

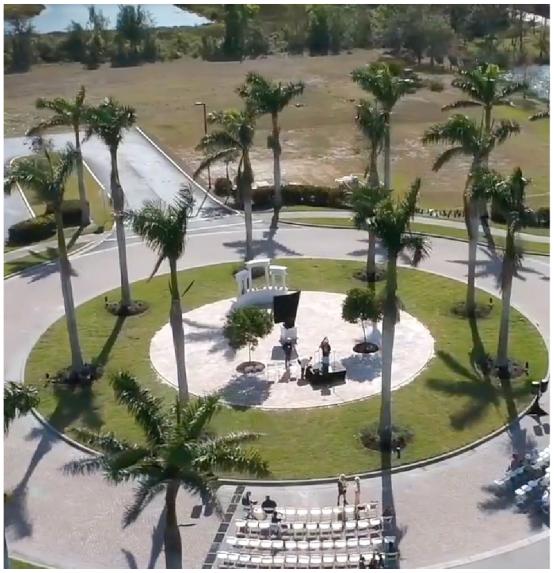
Barbara Loe Fisher testifying at US House hearing 2003

Barbara Loe Fisher & son Chris, Capitol Hill 2009


Del Bigtree & Barbara Loe Fisher




The *Truth and Freedom Monument*, created and sponsored by the NVIC, is located on land donated by Dr. Mercola at the Mercola Market. It is a tribute to civil liberties, honoring those impacted by vaccination policies, particularly children harmed by vaccines. The monument features a centerpiece designed by Fisher's daughter, Jessica, depicting a silver-bronzed guardian angel holding a child, symbolizing humanity and carrying a torch of truth.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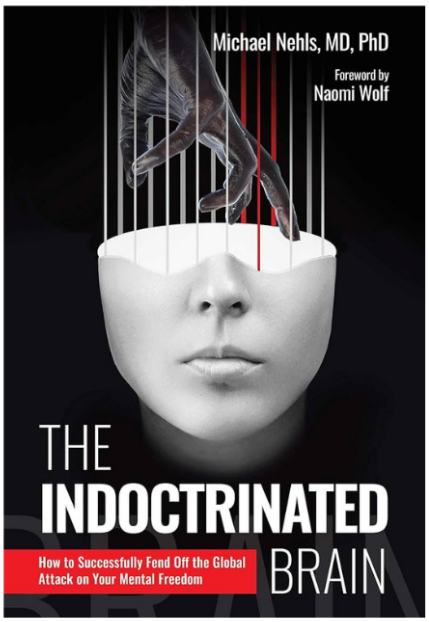
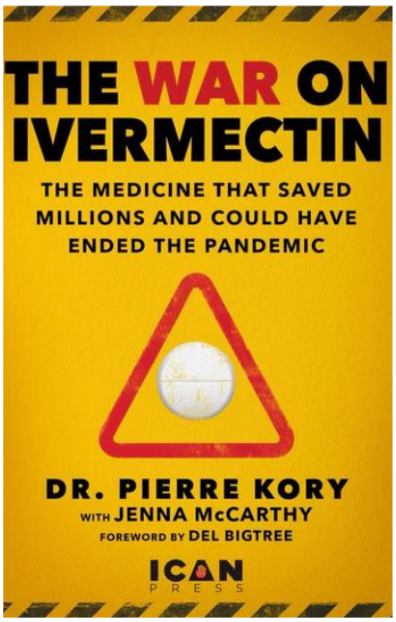
### *The Indoctrinated Brain*

Throughout the world, mental capacity is declining, especially among young people, while depression rates are rising dramatically. But the causes are not being eliminated, quite the opposite. Can this just be coincidence? *The Indoctrinated Brain* introduces a largely unknown, powerful neurobiological mechanism whose externally induced dysfunction underlies these catastrophic developments.



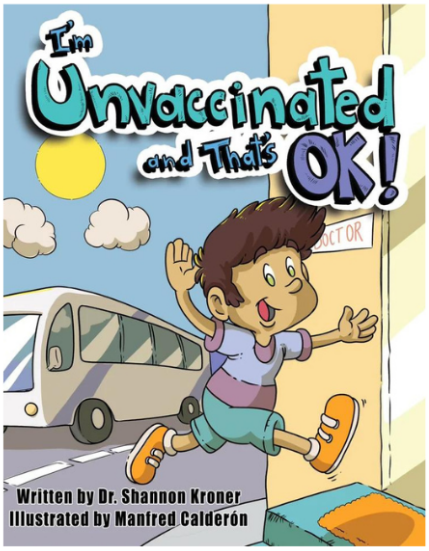

### *The War on Ivermectin*



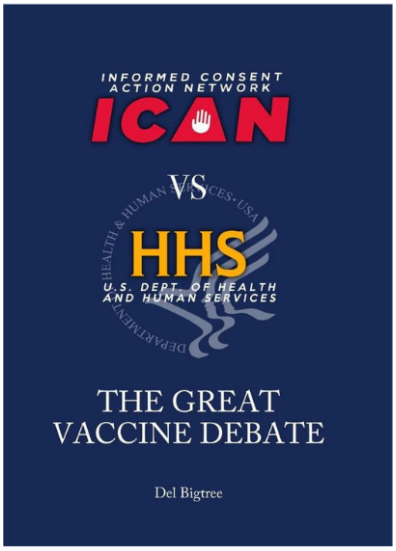

*The War on Ivermectin* is the personal and professional narrative of Dr. Pierre Kory and his crusade to recommend a safe, inexpensive, generic medicine as the key to ending the pandemic. Written with Jenna McCarthy, and foreword by Del Bigtree, Dr. Kory's story chronicles the personal attacks, professional setbacks, and nefarious efforts of the world's major health agencies and medical journals to dismiss and deny ivermectin's efficacy.

### *I'm Unvaccinated and That's OK!*

*I'm Unvaccinated and That's OK!* is the story of an unvaccinated child who shares the many reasons why his parents have chosen not to vaccinate him. Join Nicholas as he shares what it means to be an unvaccinated child in today's world and why one's personal choice regarding vaccination must always be respected.




### *ICAN vs. HHS*




Over the course of one year, the U.S. Department of Health and Human Services engaged in a written debate with *The Informed Consent Action Network* regarding the safety of vaccines.
This book contains all of the unedited correspondence, which represents the most thorough discussion on vaccine safety in history.

# TOP SOCIAL POSTS FROM *THE HIGHWIRE*

## Top X
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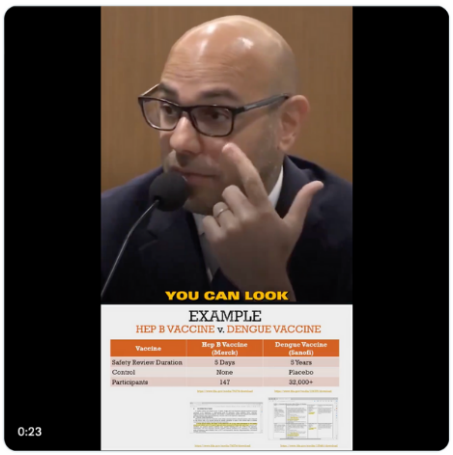
**The HighWire** @HighWireTalk · Jan 5

FDA Licensed Hep-B V^ccine based on:
-Data from just 147 kids
-No Placebo Control
-Monitored safety for FIVE DAYS.

This v^ccine is given to newborn babies on their first day of life in the US.

Is this enough safety data for you?

fda.gov/files/vaccines...




72 · 1.3K · 1.8K · 221K

## Most Liked X
### 1.1k Likes

**The HighWire** @HighWireTalk · Jan 11

BREAKING-- Federal Judge Orders CDC to Release All V-safe Free-Text Entries in a Huge Win for Vaccine Safety Transparency

@ICANdecide attorneys, headed by @AaronSiriSG, won this lawsuit. Aaron Siri joins @DelBigtree now to give details. Tune in Now!

> **The HighWire** @HighWireTalk · Jan 11
> INDOCTRINATED | EP 354 @Siri ICAN's Attorneys Obtain Suppressed V-Safe 'Free Text' Data; @JeffereyJaxen Reports on Runaway Excess Deaths, German Farmers National Protest, and real science of 'climate change'; @NehlsMD new book 'The Indoctrinated Brain' twitter.com/i/broadcasts/1...


30 · 575 · 1.1K · 91K

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From thehighwire.com

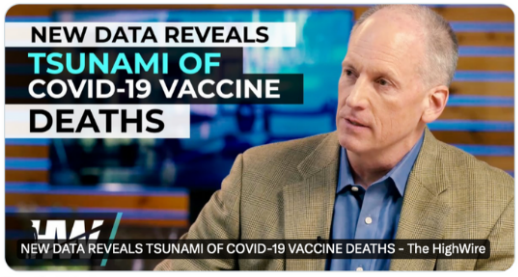
1:51 PM · Jan 26, 2024 · **10.8K** Views

8 · 32 · 69 · 3

## Top Retweet
### 681 Retweets

**The HighWire** @HighWireTalk · Jan 20

Data gathered from death certificates reveal a concerning surge in blood and circulatory-related deaths aligning with the COVID-19 vaccine rollout along with fraudulent coding on death certificates to conceal the true impact of vaccine-related fatalities.




From thehighwire.com

24 · 681 · 1K · 45K

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