



Prioritizing Children's Health & Health Choice!

Putting the **CARE** back into **HEALTHCARE**.



Presented by

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www.ChildrensHealthDefense.org

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Children's
Health Defense



the Defender™

CHILDREN'S HEALTH DEFENSE NEWS & VIEWS

February 3, 2026

5 Bills That Support Health Choice, Informed Consent & Bodily Autonomy

1. House Bill 393 – PROHIBITION ON REQUIRING FACE MASKS FOR SCHOOL ATTENDANCE:

"No public school, independent school, postsecondary school, tutorial program, or approved education program may require or mandate any student, employee, or member of the public to wear a face mask or covering with the intent to prevent or minimize the spread of any pathogen as a condition for in-person attendance."

2. House Bill 69: Requiring reporting of adverse reactions related to immunizations:

"A health care practitioner administering vaccinations shall report to the Vaccine Adverse Event Reporting System, all significant adverse events that occur after vaccination of adults and children, even if the practitioner is unsure whether a vaccine caused the adverse event."

3. House Bill 274 – Prohibiting discrimination based on immunization status in medical settings:

"An act relating to a hospital patient's right not to be denied care based on vaccination status."

4. House Bill 60: Prohibiting discrimination based on immunization status in public settings:

"An owner or operator of a place of public accommodation or an agent or employee of such owner or operator shall not, because of the race, creed, color, national origin, marital status, sex, sexual orientation, or gender identity, or immunization status of any person, refuse, withhold from, or deny to that person any of the accommodations, advantages, facilities, and privileges of the place of public accommodation."

5. House Bill 061 – HEALTH CHOICE BILL:

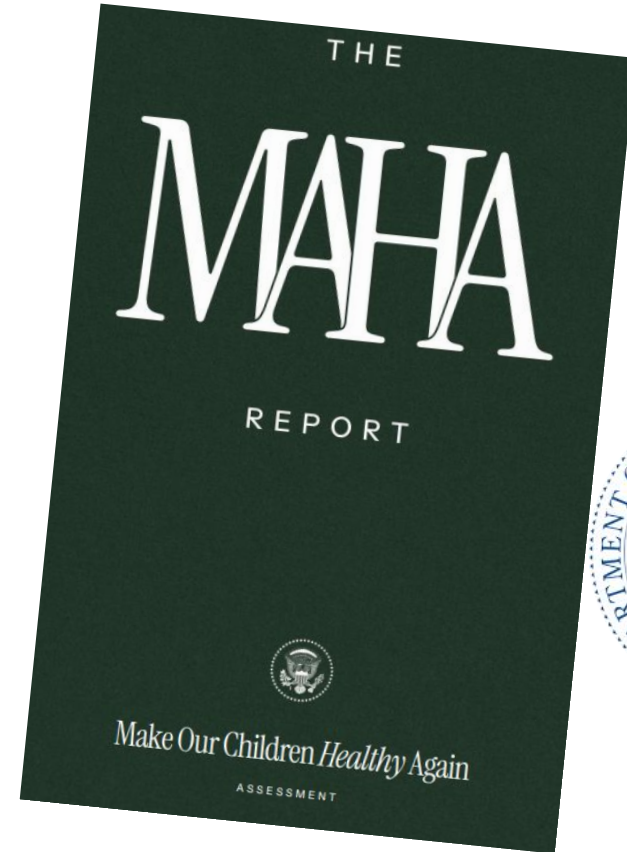
"This bill proposes to recognize and to prohibit any interference with an individual's rights to bodily autonomy, to make the individual's own health care decisions, and to be free to accept or refuse any health or medical intervention, testing, treatment, or vaccine based on the individual's own religious, conscientious, or personal beliefs."

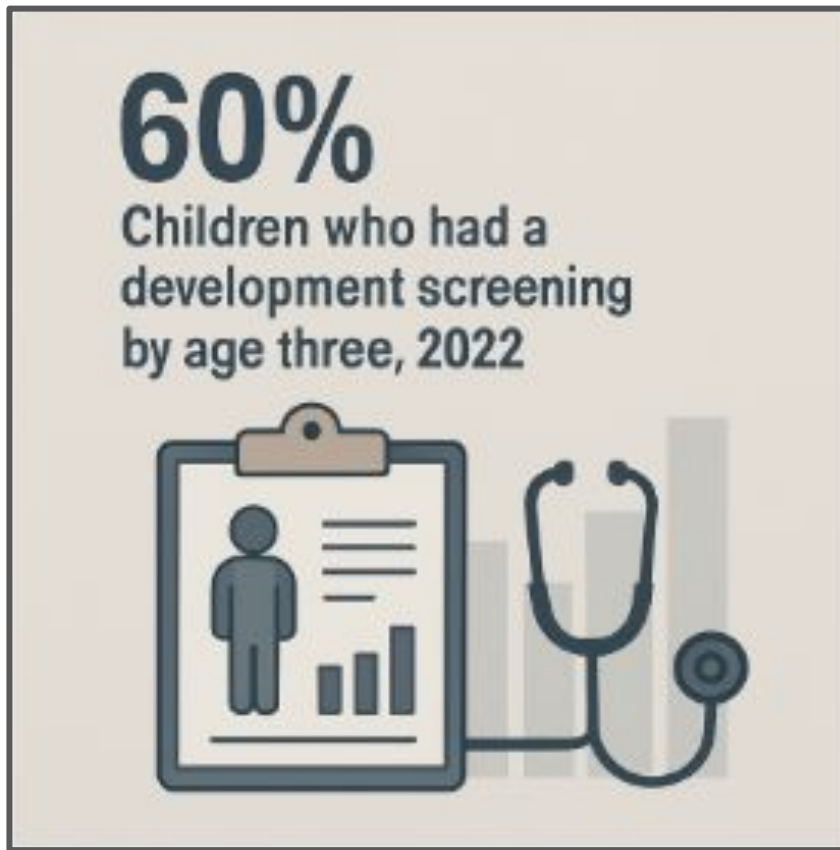
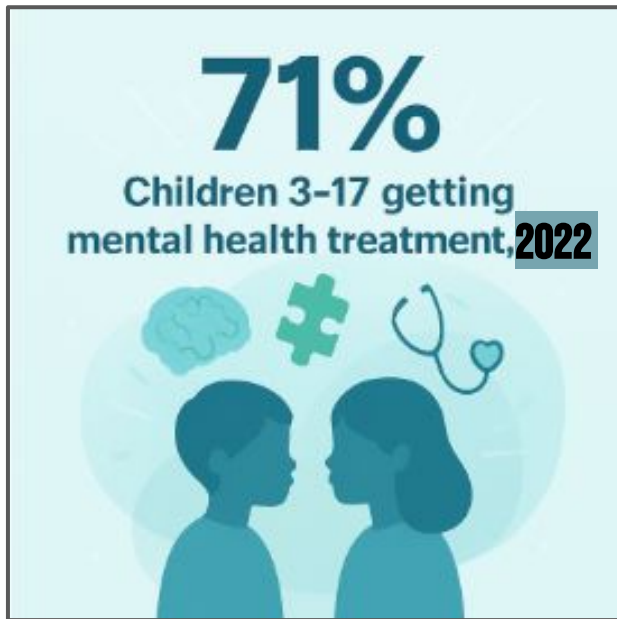


To Learn more at Vermontstandsup.org

Rise in Chronic Disease Crisis: A Generation at Risk

- **American children are facing an unprecedented health crisis.**
- Over **40%** of the ~73 million U.S. children (ages 0–17) have **at least one chronic condition**—including asthma, allergies, obesity, autoimmune disease, or behavioral disorders (CDC).
- Over **75% of American youth** (ages 17–24) are **ineligible for military service**, mainly due to obesity, poor physical fitness, or mental health challenges.

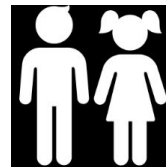




Summary — Key Vermont Child Health Metrics

- Autism prevalence (parent-reported) **2.1% of children**
National survey data (2016–2019) slightly lower than the U.S. average (2.9%) for that period.
- Average age of autism diagnosis **4.2 years**
- Parents of autistic children reported unmet healthcare needs **9.0%**
- Asthma prevalence in children **7%**
- Child obesity rate (ages 6–17) **11.2%**
- % of patients at health centers who are children **17–18%**

Source: https://www.healthvermont.gov/stats/data-reporting-topic/asthma-data?utm_source



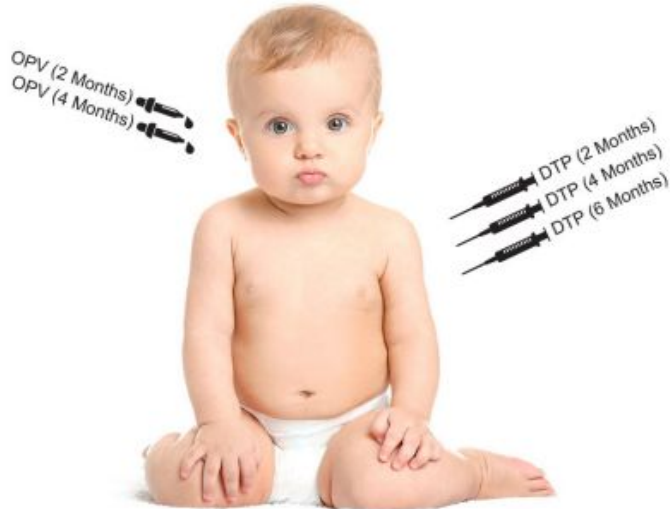
Federal (MAHA) vs. Vermont Policy — How They Compare

Topic	MAHA Movement (Federal/Federal Policy Under MAHA Influence)	Vermont Policy
Vaccine Recommendation Approach	Questions or critiques of federal vaccine schedules and safety; national debate on immunization policies.	Follows CDC-backed vaccination schedules as the basis for state requirements.
Public Health Messaging	Some MAHA voices emphasize individual choice and skepticism toward institutional recommendations.	Emphasizes evidence-based vaccination to prevent disease, protect community immunity, and reduce outbreaks.
Mandates & Requirements	Not a direct policymaking authority for state mandates; federal guidance review can influence national standards.	State mandates for school/child care immunization with medical and religious exemptions.
Exemptions	Federal influence does not dictate state exemption laws.	Vermont law outlines medical and religious exemptions only.
Vaccination Programs Access	Federal policy may affect funding and guidance broadly.	Vermont runs vaccine access programs like VFC and promotes annual vaccines for all ages.

Growth of the U.S. Vaccine Schedule

Routine Vaccines: In Utero To 12 Months

72 DOSES
before age 18



1983



2025

1962

OPV
Smallpox
DTP



standforhealthfreedom.com

1983

DTP (2 months)
OPV (2 months)
DTP (4 months)
OPV (4 months)
DTP (6 months)
MMR (15 months)
DTP (18 months)
OPV (18 months)
DTP (4 years)
OPV (4 years)
Td (15 years)



2025

Influenza (pregnancy)
RSV (pregnancy)
Tdap (pregnancy)
Hep B (birth)
Hep B (2 months)
Rotavirus (2 months)
DTaP (2 months)
HIB (2 months)
PCV (2 months)
IPV (2 months)
Rotavirus (4 months)
DTaP (4 months)
HIB (4 months)
PCV (4 months)
IPV (4 months)
Hep B (6 months)
Rotavirus (6 months)
DTaP (6 months)
HIB (6 months)
PCV (6 months)
IPV (6 months)
Influenza (6 months)
Influenza (7 months)
HIB (12 months)
PCV (12 months)
MMR (12 months)
Varicella (12 months)
Hep A (12 months)
DTaP (15 months)
Influenza (18 months)
Hep A (18 months)

Influenza (2 years)
Influenza (3 years)
DTaP (4 years)
IPV (4 years)
MMR (4 years)
Varicella (4 years)
Influenza (4 years)
Influenza (5 years)
Influenza (6 years)
Influenza (7 years)
Influenza (8 years)
Influenza (9 years)
Influenza (10 years)
Influenza (11 years)
Meningococcal (11 years)
HPV x3 (9-15 years)
Influenza (12 years)
Influenza (13 years)
Influenza (14 years)
Influenza (15 years)
Influenza (16 years)
Meningococcal (16 years)
Influenza (17 years)



(Children who miss shots, travel internationally, are high risk, immunocompromised, have special medical indications will get more. Doses counted by earliest age and max doses recommended.)

Since 1986, Pharma has not been liable for vaccine injury or death.

- Lawsuits from vaccines like polio and DTaP were putting manufacturers out of business.
- In 1986, Congress passed the National Childhood Vaccine Injury Act so pharma could no longer be sued for vaccine injury or death.
- The US Supreme Court decided in 2011 manufacturers also can't be sued for design defects.
- The 1986 Act created a special vaccine court where over \$5.3 billion dollars in injuries have been paid out for vaccine injuries to children or their families, only a fraction of the claims.
- After the protections of the normal court process were removed, the government-recommended vaccine schedule exploded, and increases every year.
- Since 1986, there has been an estimated fourfold increase in chronic disease for American children.
- The most compensated claim for injury is from the annual influenza vaccine, however HPV is proportionately the most.
- The CDC's schedule is not law, but many states look to it to create their own vaccine mandates for childhood education and many adopt it fully, making federal guidance into state law.
- **What about COVID?** Over 1 million adverse events were reported for COVID shots alone since the first EUA in December 2020. One shot doubled the entire database in 2 years. It can take longer than 2 years for vaccine injury to show itself.
 - In May 2025, HHS did away with COVID shot recommendations for healthy children and pregnant women.



SEIZURES AND
CONVULSIONS

NEUROLOGICAL
DISABILITIES

AUTOIMMUNE
DISEASES

ARE THEY
GONNA BE OK?



But...

ARE ALL
THESE SAFE?

ARE THEY
EFFECTIVE?

DO THEY IMPROVE
YOUR CHILD'S HEALTH?

Some Vaccine Ingredients



ALUMINUM



SODIUM BORATE



**FROM THE CORIELL
INSTITUTE FOR
MEDICAL RESEARCH:**

The MRC-5 cell line was developed in September 1966 from lung tissue taken from a 14 week fetus aborted for psychiatric reason from a 27 year old physically healthy woman.



**RECOMBINANT
HUMAN
ALBUMIN**



MERCURY



FORMALDEHYDE



SODIUM PHOSPHATE



The US spends more on health than any other country.

90% of the nation's \$4.9 trillion in health care spending goes to chronic and mental health conditions.

Preventing and managing these conditions offers major health and economic benefits



Why the PUSH to Vaccinate All? Mandated vs. Health Freedom?

THEORY OF HERD IMMUNITY...

Emerging in the 1920's the term "herd immunity" was introduced to raise public compliance. It was a "technique of mass persuasion" and "aggressive salesmanship."

Three (3) assumptions:

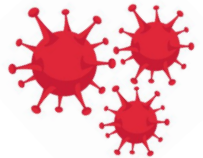
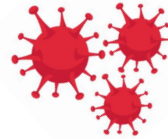
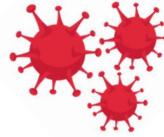
- Herd immunity is attainable.
- Without compulsion, there are "free riders" and "super spreaders."
- People have a "duty to society" to vaccinate for the Greater Good.



COVID 2019

How were kids affected?

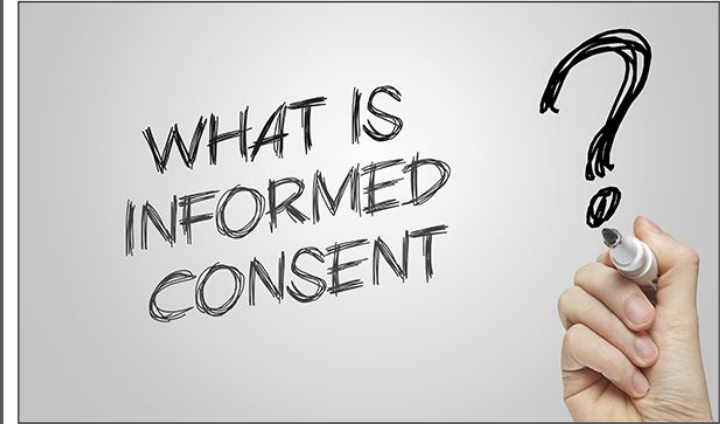
- School closures – NYC – 2 years
- “remote learning” / Learning loss
- Forced testing
- Tremendous pressure to get vaccinated
- Compelled COVID shots in private schools
- Forced masking
- Plexiglass barriers in schools
- Social shunning



Informed Consent

Prior, free, and informed consent to all medical procedures, including preventive ones, is the global standard for ethical medicine.

- No vaccine carve-outs
- Nuremberg Code
- Belmont Report
- UNESCO 2005 Declaration on Human Rights and Bioethics



Who is Responsible for VACCINE Safety? / 3 "Pillars"

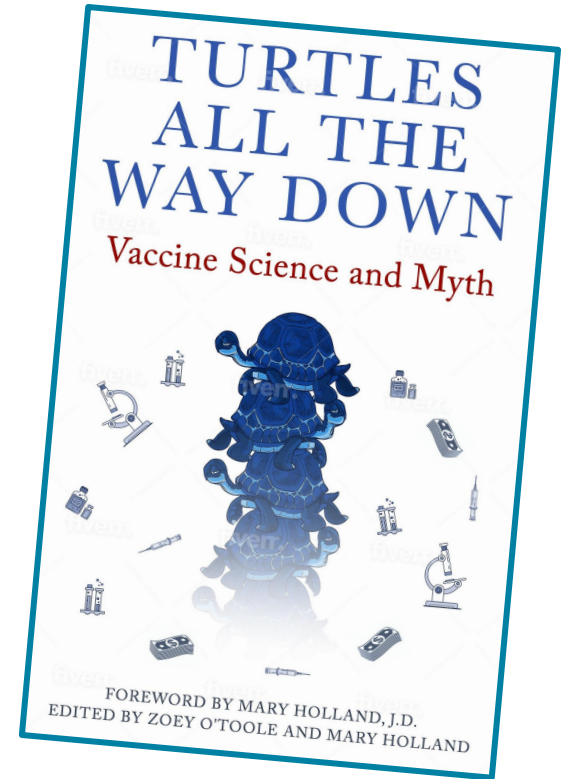
**Pre-licensing
clinical trials**



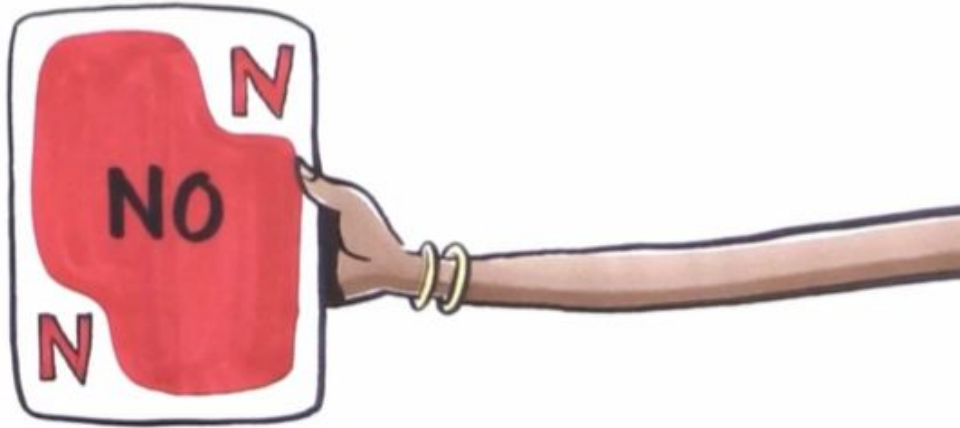
**Adverse event
reporting**



**Post-licensing
studies**



DOES THE FDA TEST
VACCINES FOR SAFETY?



Short List of Vaccine Adverse Events

Compensated in Vaccine Court

- Guillain-Barré Syndrome (GBS)
- Transverse Myelitis
- Encephalopathy
- Seizure Disorder
- Death
- Brachial Neuritis
- Acute Disseminated Encephalomyelitis
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Bell's Palsy
- Idiopathic Thrombocytopenic Purpura (ITP)
- Rheumatoid Arthritis
- Multiple Sclerosis (MS)
- Fibromyalgia
- Infantile Spasms
- Anaphylaxis
- Ocular Myasthenia Gravis
- Hypoxic Seizure



Listed on Vaccine Inserts

- Guillain-Barré Syndrome (GBS)
- Transverse Myelitis
- Encephalopathy
- Seizure Disorder
- Death
- Brachial Neuritis
- Acute Disseminated Encephalomyelitis
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
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- Ocular Myasthenia Gravis
- Hypoxic Seizure



August 13, 2025: Judge Rules in Favor of Teen in Medical Exemption Lawsuit Funded by Children's Health Defense. In a major win for medical freedom, a New York federal judge late Tuesday ruled in favor of a preliminary injunction allowing a teenage girl who had been denied a medical vaccine exemption and barred from school to return to classes in September, pending the final outcome of her lawsuit against the school district.



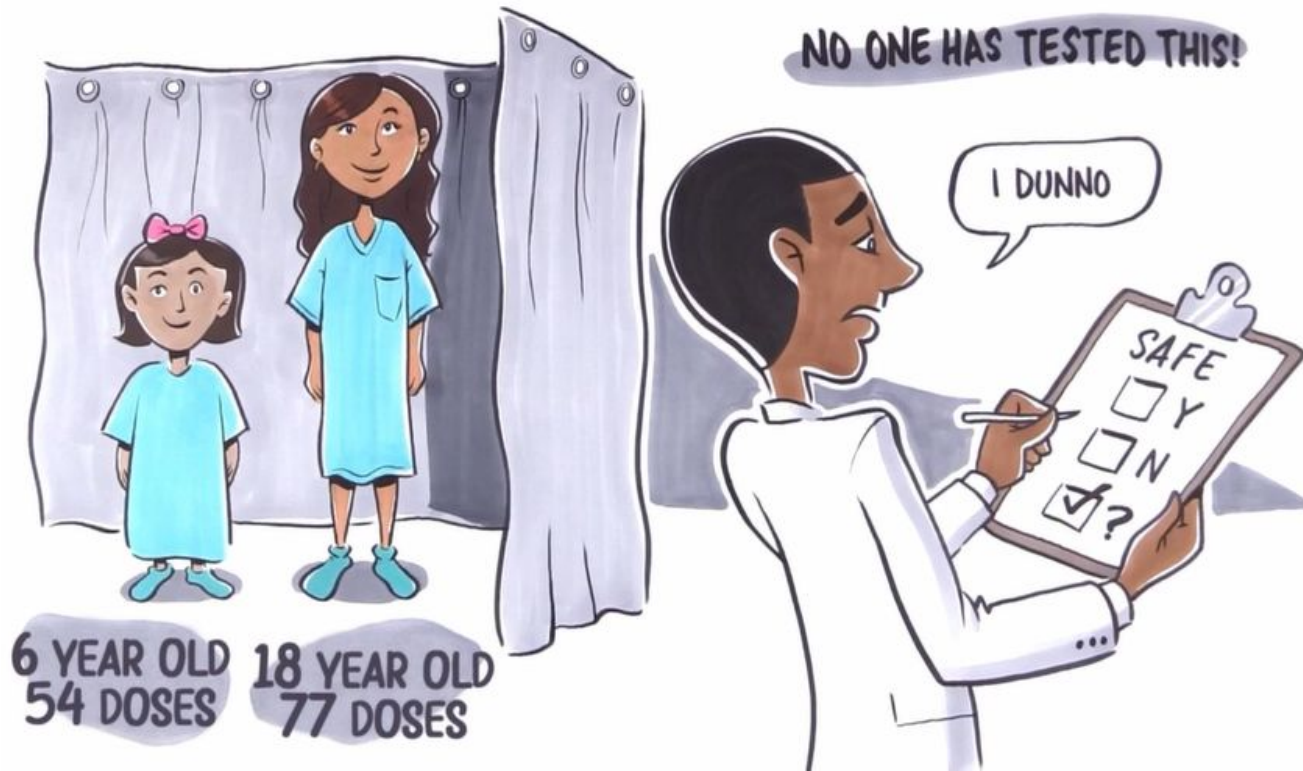
September 9, 2025: The Supreme Court issued a GVR in *Miller v. McDonald*, directing the Second Circuit to reconsider an Amish parents' challenge to New York's vaccine mandate in light of *Mahmoud v. Taylor*. The remand requires applying strict scrutiny, signaling potential strengthening of religious and parental rights and possible limits on *Employment Division v. Smith*.

WHY ARE RELIGIOUS PARENTS

FIGHTING FOR OPT-OUTS AT THE SUPREME COURT?



June 27, 2025: In *Mahmoud v. Taylor*, the U.S. Supreme Court ruled 6–3 that public schools must allow parents to opt their children out of curriculum materials—such as certain LGBTQ+-inclusive storybooks—that pose a serious conflict with their religious beliefs, reinforcing parental rights in religious upbringing.



Vaccines
DO NOT cause
autism
FALSE

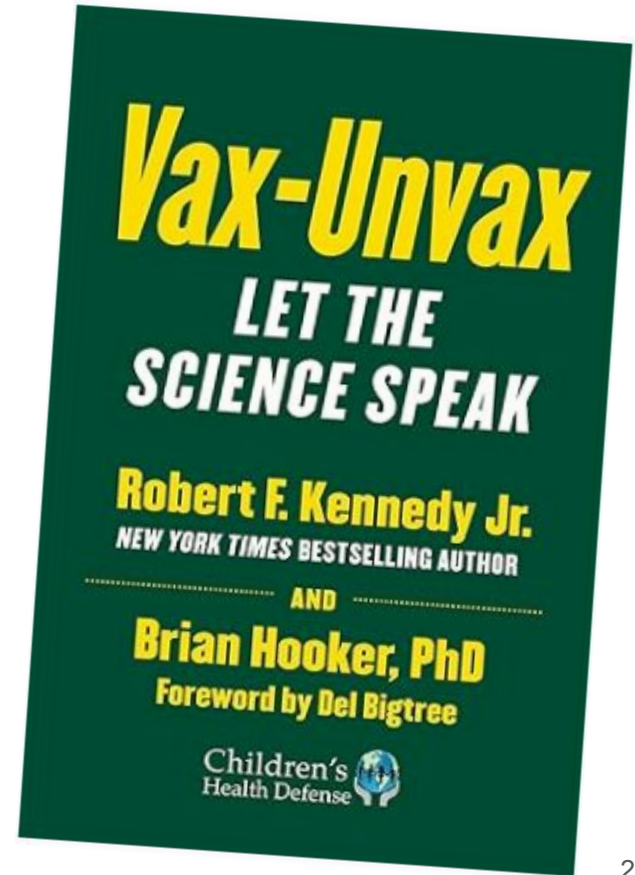
Are Unvaccinated kids Healthier than Vaccinated Kids?

70–100 independent studies comparing vaccinated vs. unvaccinated individuals (children and adults) are cited, concluding that **unvaccinated individuals show better overall health outcomes**.

Vaccinated children showed **higher rates of certain chronic conditions** compared with unvaccinated groups in some studies.

In one analysis, vaccinated children were reported to be:

- **17.6× more likely** to be diagnosed with asthma
- **5× more likely** to be diagnosed with autism
- **13.8× more likely** to have gastrointestinal disorders
- Other cited data report a **2.4× higher autism risk** in certain subgroups.



January 5, 2026: The CDC announced an unprecedented change to long-standing U.S. childhood vaccine recommendations, significantly overhauling the immunization schedule and reducing the number of universally **recommended vaccines from 17 to 11.**

This is widely described as an unprecedented "downward movement" of the vaccine schedule.



Seven **(7)** vaccines—RSV, hepatitis A and B, meningococcal, rotavirus, COVID-19, and influenza—are now under shared decision-making, remain fully covered by insurance and recommended for high-risk children.

Eleven **(11)** core vaccines, including MMR, polio, DTaP, Hib, pneumococcal, HPV, and varicella, remain universally recommended.



All Vaccines
REMAIN FULLY
available!



Insurance to STILL
cover ALL Vaccines.



**Healthy children
and their parents
now have the
breathing room to
make informed
choices.**



Ambiguity on
liability.



August 14, 2025: Following a lawsuit brought by attorney Ray Flores, HHS announced the creation of the **Task Force on Safer Childhood Vaccines**—one day before its deadline to respond to claims that it had failed to comply with the 1986 Act. The Task Force is required to report to Congress every two years on efforts to improve vaccine safety. The lawsuit was funded by **Children's Health Defense**.



Mandates:



Strong arguments in Cardenas v Monarez, re-upped in Thomas v O'Neil, re SCDM – shared clinical decision making. The Institute of Medicine has made clear in 2002 and 2013 that there is **NO SCIENCE SHOWING THE CHILDHOOD RECOMMENDED VACCINE SCHEDULE IS SAFE.** CDC did not follow the request to do vaxxed-unvaxxed studies.



- **YOU decide what goes in your body and your minor children; prior, free and informed consent;**
- **NO medical mandates of any kind;**
- **NO "minor consent" doctrines by any name;**
- **NO liability protections for vaccines and "medical countermeasures";**
- **Transparency and accountability, including criminal prosecution for what happened during COVID and before.**

THANK YOU

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2025-2026 School Year Immunization Requirements

April 2025

Vermont's Immunization Rule requires vaccination of all children enrolled in center based or family child care, public or independent kindergarten, elementary and secondary schools. Immunizations protect both individuals and the community. An official immunization record must be presented to the school upon admission. If a student doesn't meet the vaccine requirements, or have a current school year exemption on file, they may be temporarily admitted only after the approval of a school nurse or administrator. Failure to meet requirements may result in exclusion from child care or school.

Students entering kindergarten must provide documentation of the following:

- 5 doses of DTaP (diphtheria, tetanus, and pertussis) vaccine
- 4 doses of polio vaccine
- 2 doses of MMR (measles, mumps, and rubella) vaccine
- 3 doses of hepatitis B vaccine
- 2 doses of chickenpox (varicella) vaccine. If the student has previously had chickenpox disease no vaccine or exemption is needed. Parents must submit documentation of disease or sign [this form](#).

Students entering the seventh grade must provide documentation of the following:

- All the immunizations listed above and:
 - One dose of Tdap (tetanus, diphtheria, and pertussis) vaccine.
 - For residential students, one or two (age appropriate) doses of meningococcal (MenACWY) vaccine

These requirements also apply to students in any grade entering a new school from outside of their previous supervisory union or district. Students not meeting the vaccine requirements must be vaccinated as outlined in the Center for Disease Control and Prevention's catch up schedule. Medical or religious exemption to one or more vaccines is allowed under the rule. An unaltered form must be submitted to the school. Religious exemptions require annual renewal. Students with an exemption may be excluded from school during a disease outbreak.

Additional information about immunizations and required forms may be found at:

[Information for Parents and Caregivers | Vermont Department of Health \(healthvermont.gov\)](#)



HealthVermont.gov
802-863-7200

