



Alison Despathy
Thursday, February 12, 2026

Testimony to Senate Judiciary
H.545

Kaylynnne Matten 09/09/2004 - 12/06/2011



Kaylynnne Matten lived in Barton, Vermont

Kaylynnne died of myocarditis from a Fluzone vaccine at age 7. She received the vaccine 4 days prior to dying

The Matten's received \$250,000 from the [National Vaccine Injury Compensation Program](#) (VCIP), for the death of their daughter.

It took over 10 years in the VCIP legal process for this “reimbursement”

[Full Testimony Linked here](#)

Kaylynnne’s Mom Nicole Matten’s Testimony quotes -5/5/2015

“I was not told that vaccines can cause injuries or death, I was only told the shot would keep her healthy—but that was not the case.”

“Pediatricians are denying that these things happen and if you ask me, doctors need to be better educated on adverse reactions of vaccines. They should also have to accept liability if the shot they give causes harm like it did for Kaylynnne. They would give better information if they had to be responsible for their recommendations.”

“Any and all vaccines should be subject to informed consent and full disclosure and exemptions (the right to say no) should always be available, since there is a risk.”

\$5,530,623,153.83

The amount paid since 1988 to those who have been injured by or lost loved ones because of a vaccine. This is paid by the National Vaccine Injury Compensation Program, established by the 1986 National Childhood Vaccine Injury Act.



Search Results

From the 1/2/2026 release of
VAERS data:

Found 5,085 cases where
Location is Vermont

Government Disclaimer on use of this data

Table

		
Age	Count	Percent
< 6 Months	125	2.46%
6-11 Months	50	0.98%
1-2 Years	203	3.99%
3-5 Years	193	3.8%
6-17 Years	499	9.81%
18-29 Years	389	7.65%
30-39 Years	125	2.46%

Reported Vaccine Injury and Death in Vermont

[Medalerts.org](https://www.medalerts.org) - Vermont VAERS
Data

NATIONAL VACCINE INJURY COMPENSATION PROGRAM

The National Vaccine Injury Compensation Program (VICP) is a federal program created in 1988 to compensate those who have been injured or killed by certain vaccines.

[HRSA Data and Statistics 09012025](#)

Health Resources and Services Administration is the agency that administers the National Vaccine Injury Compensation Program Established in 1988 after the National Childhood Vaccine Injury Act Of 1986

[Vaccine Injury Table Effective for Claims Filed on or After 1-3-2022](#)

In 1986, President Reagan Signed the NCVIA

[H.R.5546 - 99th Congress
\(1985-1986\): National Childhood
Vaccine Injury Act of 1986 |
Congress.gov | Library of Congress](#)

The screenshot shows the top navigation bar of the CONGRESS.GOV website. The logo "CONGRESS.GOV" is in the top right, with "Sign In" and a dropdown arrow. Below the logo are links for "Advanced Searches", "Browse", and "Search Tools". A search bar is highlighted with a blue border, containing the text "Examples: hr5, sres9, 'health care'" and a magnifying glass icon. To the left of the search bar is a "Legis" dropdown menu. Below the search bar is a "MORE OPTIONS" dropdown menu. At the bottom of the search bar area are icons for "Citation", "Subscribe", "Share/Save", and "Site Feedback".

H.R.5546 - National Childhood Vaccine Injury Act of 1986

99th Congress (1985-1986)

BILL Hide Overview ✕

Sponsor: [Rep. Waxman, Henry A. \[D-CA-24\]](#)
(Introduced 09/18/1986)

Committees: House - Energy and Commerce; Ways and Means | Senate - Labor and Human Resources

Committee: H. Rept. 99, 908, Part 1

1986 National Childhood Vaccine Injury Act Broke Market Forces and Vaccine Safety

42 U.S.C. 300aa-11 –No person may bring a civil action for damages....against a vaccine administrator or manufacturer...for damages arising from a vaccine related injury or death associated with the administration of a vaccine.”

[H.R.5546 - 99th Congress \(1985-1986\): National Childhood Vaccine Injury Act of 1986 | Congress.gov | Library of Congress](#)
[Siri-Testimony.pdf](#)

How and Why Did This Happen

- 1985- US Senate Committee convened to deal with the lawsuits brought by parents whose children suffered brain injury and death from DPT vaccine
- Vaccine manufacturers were folding because the amount of liability payments exceeded the revenues
- Average claims ranged from \$10- 45.6 million in a decade and 200 lawsuits were filed.
- In 1985, Lederle was the only vaccine manufacture left



The Law removed a person's ability to sue a vaccine manufacture for damages or death effectively removing market forces and safety demands

- Americans lost their constitutionally protected right to trial by jury for vaccine damage or death
- Instead of vaccine manufacturers being directed to make safer products they were granted full immunity for their products.
- There is no other product or company that has full immunity and this has compromised their duty to ensure safety of their products. Manufacturers of Drugs, planes, cars are all responsible for product safety
- Vaccines are given to children and the manufacturers cannot be sued

Pfizer's Four Most Profitable Drugs of All Time as of 2019⁵

DRUG	SAFETY FOLLOW UP	CONTROL USED
Enbrel	6.6 years	Placebo
Eliquis	7.4 years+	Placebo
Lipitor	4.9 years+	Placebo
Lyrica	2 years+	Placebo

VACCINE	SAFETY FOLLOW UP AFTER INJECTION	CONTROL USED
Hep-B (Merck)	5 days	None
IPV (Sanofi)	3 days	None
Hib (Merck)	3 days	Hib
DTaP (GSK)	28 days	DTP
Pevnar13 (Pfizer)	6 months	Pevnar

“In 1980, American children following the CDC immunization schedule received 23 vaccine doses in 7 shots against 7 different diseases (1 MMR, 5 DTP, 1 Td) plus 4 OPV drops. In 2024, the recommended number of routine vaccines had risen to at least 84 vaccine doses in at least 57 shots for 17 diseases, plus the RSV monoclonal antibody immunization for a total of 18 diseases. This is more than other developed nations.”

CDC IMMUNIZATION SCHEDULE IN UTERO TO 12 MONTHS

1986



2025



Source: <https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html>

Vaccine Ingredients- aluminum, mercury, formaldehyde, squalene, antibiotics
[Common Ingredients in FDA-Approved Vaccines | FDA](#)

Assessment of the U.S. Childhood and Adolescent Immunization Schedule Compared to Other Countries

January 2, 2026

[Assessment of the U.S. Childhood and Adolescent Immunization Schedule Compared to Other Countries](#)

Universal Vaccine Recommendations Funded by the Government	Age at 1st Vaccine (months)	Universal Vaccine Recommendations																	# Vaccine Doses	# Diseases	# Mandated		
		Rotavirus	Diphtheria	Tetanus	Pertussis	Polio	Hib	Tuberculosis	Japanese Encephalitis	Hepatitis A	Hepatitis B	Pneumococcal	Measles	Mumps	Rubella	Varicella	HPV	Meningococcal				Influenza	Covid-19
Australia	0	2	6	6	6	4	4	..	..	..	4	3	2	2	2	1	1	2	5-6	..	50-51	15	13
Austria	2	2-3	5	5	5	5	3	..	..	..	4	3	2	2	2	..	2	1	17-18	..	58-60	14	0
Belgium	2	..	6	6	6	5	4	..	..	..	4	3	2	2	2	..	2	1	..	..	43	12	1
Canada	2	2-3	6	6	6	5	4	..	..	..	2-3	3-4	2	2	2	2	1	2	18-19	..	64-68	15	0
Denmark	3	..	4	4	4	4	3	..	..	..	..	3	2	2	2	..	2	..	..	..	30	10	0
Finland	2	3	5	5	5	4	3	..	..	..	..	3	2	2	2	2	2	..	6-7	..	44-45	13	0
France	2	2-3	5	5	5	5	3	..	..	..	3	3	2	2	2	..	2	6	..	..	45-46	13	11
Germany	1.5	2-3	5	5	5	4	3	..	..	..	3	3	2	2	2	2	2	4	..	..	44-45	14	1
Greece	2	2-3	6	6	6	4-5	4	..	..	2	3	3	2	2	2	2	2	5	5-6	..	56-58	16	0
Ireland	2	2	6	6	6	5	4	..	..	..	4	3	2	2	2	1	1	5	16	..	65	15	0
Italy	3	2	5	5	5	5	3	..	..	..	3	3	2	2	2	2	2	6	..	..	47	14	10
Japan	2	2-3	5	5	4	4	4	1	4	..	3	4	2	..	2	2	2-3	..	..	..	44-46	14	0
Netherlands	1.5	2	6	6	5	5	4	..	..	..	4	3	2	2	2	..	2	2	..	..	45	13	0
New Zealand	1.5	2	5	5	5	4	4	..	..	..	3	3	2	2	2	1	2	3	..	..	43	14	0
Norway	1.5	2	5	5	5	5	3	..	..	..	3	3	2	2	2	..	2	..	..	..	39	12	0
Portugal	0	..	6	6	5	5	4	..	..	..	3	3	2	2	2	..	2	4	..	..	44	12	0
Spain	2	2-3	5	5	4	4	3	..	..	..	3	3	2	2	2	2	1	6	4-5	..	48-50	15	0
Sweden	1.5	2-3	5	5	5	4	3	..	..	..	3	3	2	2	2	..	2	..	..	..	38-39	12	0
Switzerland	2	2	5	5	5	4	3	..	..	..	3	3	2	2	2	2	2	6	..	..	46	14	0
United Kingdom	2	2	6	6	5	6	4	..	..	..	4	2	2	2	2	2	1	4	14	..	62	15	0
# Recommended		17	20	20	20	20	20	1	1	1	18	20	20	19	20	12	20	15	8	0			
# Mandated		1	3	3	3	4	3	0	0	0	3	2	4	3	3	2	0	2	0	0			
USA 2024	0	2-3	6	6	6	4	3-4	..	..	2	3	4	2	2	2	2	2	2	18-19	18-19	84-88	17	12
USA Suggested	2	A	6	6	6	4	3-4	..	..	A	A	4	2	2	2	2	1	A	A	A	38-39	11	0

Table 2: The number of vaccines recommended for all children in peer nations, not including monoclonal antibodies. The number of vaccine doses is more than the number of injections or diseases covered. For example, the MMR shot contains three vaccine doses, one each for measles, mumps and rubella. Red

Hepatitis B Recombivax HB vaccine Timeline -case study

- Approved in 1986 by FDA
- First genetically modified virus used in a vaccine
- Studied for 5 days with 147 children up to 19 years of age
- October 12, 2017- Informed Consent Action Network sent a letter to HHS requesting the Hepatitis B safety data [ICAN-HHS-Notice-1.pdf](#)
- January 18, 2018 received a letter from HHS and FDA which failed to provide further clinical trial safety data [Review-Copy.pdf](#)
- Two more letters were submitted requesting the safety data [ICAN-Reply-1.pdf](#) and ignored
- ICAN submitted a FOIA demanding a copy of the clinical trials relied upon to license Recombivax HB
- Received a 1264 page document confirming the vaccine was only reviewed for a few days post injection
- FDA has refused to respond to further requested clinical trials data
- On September 4, 2020, Informed Consent Action Network filed a petition to the FDA “demanding that the licensure of the Hepatitis B vaccines be revoked or suspended until their safety, as required by law, is determined in a properly designed clinical trial of sufficient duration.” [Petition-Hep-B-FINAL.pdf](#)

[ICAN FILES FORMAL PETITION DEMANDING THAT THE FDA WITHDRAW ITS LICENSURE OF HEPATITIS B](#)

[VACCINES - ICAN - Informed Consent Action Network](#)

[Duration of Pediatric Clinical Trials Submitted to the US Food and Drug Administration - PMC](#)

Informed Consent Action Network statement on Petition

“There may be some uncertainty as to what is required under federal law to determine that a product is “safe” prior to licensure, but what is clear is that five days cannot possibly be sufficient to meet that requirement. Hence, if the FDA refuses to grant or timely respond to ICAN’s petition, we intend to sue the FDA in federal court to demand that the license for these vaccines be revoke or suspend until a proper clinical trial is conducted.”

[ICAN FILES FORMAL PETITION DEMANDING THAT THE FDA WITHDRAW ITS LICENSURE OF HEPATITIS B VACCINES - ICAN - Informed Consent Action Network](#)

Informed Consent

The American Medical Association Code of Medical Ethics states that “Informed consent in medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care. Successful communication in the patient-physician relationship fosters trust and supports shared decision making.” [Informed Consent | AMA-Code](#)

In its Public Health Code of Ethics, the American Public Health Association asserts that “the effective and ethical practice of public health depends upon social and cultural conditions of respect for personal autonomy, self-determination, privacy, and the absence of domination in its many interpersonal and institutional forms.”

[Public Health Code of Ethics](#)

[Assessment of the U.S. Childhood and Adolescent Immunization Schedule Compared to Other Countries](#)

Hepatitis B Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vi

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vi

1. Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant woman has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needles or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously.

Adults 60 years or older who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.



Hepatitis B Vaccine Information Sheet

“People sometimes use the term “informed consent” loosely when referring to VISs. VISs are written to fulfill the information requirements of the National Childhood Vaccine Injury Act, not as informed consent forms.”

“Some states have informed consent laws, covering either procedural requirements (e.g., whether consent may be oral or must be written) or substantive requirements (e.g., types of information required).”

[VIS Frequently Asked Questions | Vaccines & Immunizations | CDC](#)

[Vaccine Information Statement: Hepatitis B Vaccine - What you need to know](#)

Recombivax HB- Hep B vaccine given to babies on the first day of life

[download \(fda.gov\)](https://www.fda.gov)

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use RECOMBIVAX HB safely and effectively. See full prescribing information for RECOMBIVAX HB.

RECOMBIVAX HB® Hepatitis B Vaccine (Recombinant) Suspension for intramuscular injection

6 ADVERSE REACTIONS

In healthy infants and children (up to 10 years of age), the most frequently reported systemic adverse reactions (>1% injections), in decreasing order of frequency, were irritability, fever, diarrhea, fatigue/weakness, diminished appetite, and rhinitis. In healthy adults, injection site reactions and systemic adverse reactions were reported following 17% and 15% of the injections, respectively.

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in practice.

In three clinical studies, 434 doses of RECOMBIVAX HB, 5 mcg, were administered to 147 healthy infants and children (up to 10 years of age) who were monitored for 5 days after each dose. Injection site reactions and systemic adverse reactions were reported following 0.2% and 10.4% of the injections, respectively. The most frequently reported systemic adverse reactions (>1% injections), in decreasing order of frequency, were irritability, fever ($\geq 101^{\circ}\text{F}$ oral equivalent), diarrhea, fatigue/weakness, diminished appetite, and rhinitis.

Assessment of the U.S. Childhood and Adolescent Immunization Schedule Compared to Other Countries January 2, 2026

Tracy Beth Høeg, MD, Ph.D., Acting Director for the Center for Drug Evaluation and Research and FDA Ex Officio member to ACIP, and Martin Kulldorff, Ph.D., Chief Science and Data Officer for the Assistant Secretary for Planning and Evaluation, in consultation with experts at CDC, FDA, NIH, and CMS.

A successful childhood immunization program must be built on solid scientific evidence. This means:

- 1. Approvals of new vaccines designed for mass uptake should be based on double blind placebo-controlled randomized trials.**
- 2. For new vaccines, there must be a post market system in place to quickly detect unexpected adverse reactions.**
- 3. In addition to acute adverse reactions, we must evaluate long-term effects on the immune system, such as asthma, autoimmune disease, neurological disorders, and non targeted infections. We have part of the infrastructure in place to this, but it has been underutilized.**
- 4. In addition to individual vaccines, we must thoroughly evaluate the safety of the immunizations schedule, including cumulative effects, vaccine types and ingredients, the timing and order of vaccines and interaction effects. The IOM has long called for such studies but progress has been slow**

Considerations for H.545

1. Remove the liability shield in H.545.
2. Incorporate H.69 into H.545. Ensure the State, Legislators and Vermonters are informed of adverse events related to vaccines/immunizations. Early safety signals can prevent damage and death.
- 3.
4. H.69- Statement of purpose of bill as introduced: This bill proposes to require the Department of Health to submit an annual report to the General Assembly regarding adverse reactions reported to the Vaccine Adverse Event Reporting System. [H-0069 As Introduced.pdf](#)
5. Create a procedure for healthcare providers in Vermont administering vaccines in order to ensure and guarantee informed consent for patients and parents of children.

Assessment of the U.S. Childhood and Adolescent Immunization Schedule Compared to Other Countries January 2, 2026

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To ensure a successful childhood vaccination program, the proposed updated schedule:

1. Recommends for all children all the vaccines for which there is consensus among peer nations.
2. Allows for more flexibility and choice, with less coercion, by reassigning non-consensus vaccines to certain high-risk groups and populations and/or based on shared clinical decision- making.
3. Ensures that all the diseases covered by the prior immunization schedule would still be available to anyone who wants them through their private health insurance, Medicaid, the Children's Health Insurance Program (CHIP), and/or the Vaccine for Children (VFC) Program. Among peer nations, the U.S. would continue to offer the greatest number of childhood vaccines for free to those who want them.
4. Is accompanied by a strengthening of vaccine research by launching double-blind placebo controlled randomized trials if appropriate and more observational studies to evaluate long- terms effects of individual vaccines and the vaccine schedule.

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