The Honorable Robert F. Kennedy, Jr.

Secretary of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

Secretary Kennedy:

The undersigned patient, consumer and healthcare professional organizations want to ensure broad access to vaccines and maintain a robust, efficient process for providing compensation to patients injured by certain routinely administered vaccines. The recent petition filed by Aaron Siri and his colleagues at Siri & Glimstad requests the Secretary add hundreds of injuries to the Vaccine Injury Table, fundamentally upending the current system's evidentiary and time-limit norms.

Doing so would effectively overhaul the Vaccine Injury Compensation Program (VICP) and jeopardize the program's ability to deliver relief. If the petition's proposal is granted, providers and patients would face significant harm because an overburdened VICP cannot efficiently or adequately compensate patients. Granting the petition would threaten the availability of current and future vaccines, putting individuals and communities at risk and potentially leading to the collapse of the VICP altogether.

Vaccines can prevent common diseases that used to seriously sicken or even kill infants, children, and adults.[1] Routine vaccinations for children born between 1994-2023 have prevented about 508 million illnesses and 32 million hospitalizations and saved over 1.1 million lives.[2] A recent poll of over 1,000 U.S. voters across political leanings showed more than 90% believe every American should be able to protect themselves and their family with vaccines that are available, accessible, and affordable – without other barriers getting in the way.[3] A significant body of evidence supports the safety of vaccines for the vast majority of individuals, but like any medication or intervention, risk exists. Serious vaccine-related injuries and deaths are very rare, but patients and families who experience them deserve compensation.

The VICP serves as a vital safety net by providing a simplified, no-fault alternative to litigation. Created on a bipartisan basis by Congress in the 1980s, the program allows any individual of any

[1] Centers for Disease Control & Prevention (CDC), *Reasons to Vaccinate* (Aug. 9, 2024), https://www.cdc.gov/vaccines-children/reasons/index.html.

[2] Chou F, Jatlaoui TC, Leidner AJ, et al. Health and Economic Benefits of Routine Childhood Immunizations in the Era of the Vaccines for Children Program — United States, 1994–2023. MMWR Morb Mortal Wkly Rep 2024;73:682–685. DOI: http://dx.doi.org/10.15585/mmwr.mm7331a2.

[3] Partnership to Fight Infectious Disease, *Vaccine Survey Topline* (Jan. 27–30, 2026), https://12860544-bc49-4b5c-9d49-f592cc453792.usrfiles.com/ugd/128605_3b24ff8d4fde4b36af858dd66cae10cc.pdf

age (or his or her legal guardian or representative) to file a petition if they believe they were injured by a covered vaccine. Individuals can obtain compensation for past and future medical expenses, lost earnings, and their pain and suffering. In the event of a vaccine-related death, the estate can obtain a lump sum payment. The money goes directly to injured individuals, rather than to lawyers. It's awarded without the individual needing to prove fault and without an extensive and lengthy trial. If individuals are unhappy with a VCIP judgment, they can still pursue their claims in a traditional court.

The result: a system that prioritizes fast and comprehensive compensation while reducing legal barriers, uncertainties, and costs.

The VICP also has succeeded in its equally important goal of keeping vaccines available and affordable. In the 1980s, lawsuits threatened to cause vaccine shortages, and investment in new vaccines nearly froze. The VICP helped stabilize the U.S. vaccine supply, preserving patient access to these vital public health tools. Indeed, in the decades since the VICP was enacted, the public has benefited from a range of new vaccines and additional research continues, including in promising areas such as oncology.

The petition threatens to undo these successes, leaving patients and providers to bear the consequences. Currently, the VICP employs a Vaccine Injury Table with carefully considered injuries that are presumed to be caused by the listed vaccine if they appear within a specified timeframe. The framework helps streamline compensation by reducing unnecessary proceedings to determine causation. For other injuries, individuals can still obtain compensation on a case-by-case basis if they can show the vaccine caused their injury. The petition threatens to upend this system by adding an extraordinary number of new injuries – more than 300 – to the table without time limit. Some of these illnesses injuries, such as pneumonia and arthritis, are quite common.

No new or clear scientific evidence supports such a dramatic program distortion. For example, the petition seeks to facilitate compensation for multiple sclerosis (MS) onset or relapse in adults who received routine childhood vaccines, including the DTaP, MMR, Hepatitis B, meningococcal, and HPV shots. Reliable data do not support an association between these vaccines – generally administered to children – and MS onset or relapse in adults decades later (or between the DTaP vaccine and MS relapse in children, as the petition also alleges). The Institute of Medicine report cited by the petition confirms as much. Modification of the Vaccine Injury Table requires a formalized process to evaluate each proposed injury, but the process has not been followed here (and our groups and others may be interested in participating).

The proposed expansion to the Vaccine Injury Table would flood the system with injury claims unrelated to vaccines, potentially including illnesses that developed years after a vaccine was administered. This would cause processing delays for people with serious injuries that are actually traceable to vaccination. Adding over 300 injuries could also bankrupt and collapse the entire program, meaning it could no longer provide patients with meaningful compensation for their injuries. Providers who spend time counseling vaccine-injured patients would have nowhere to direct them to obtain meaningful relief. Under the current statute, patients must first file a claim with the VICP before going to court. A defunct VICP would leave patients without a readily available avenue to obtain compensation. The VICP provides more lenient standards on

the burden of proof to obtain compensation and less burdensome procedural barriers than sending patients directly to court.

Weakening or destroying the VICP could also result in the very conditions that inspired its creation in the first place. The program's protections incentivize manufacturers to remain in the market and invest in new vaccines. Without these protections, vaccine development would also vanish and consumer access along with it. More than 80% of voters say it's important for the U.S. to remain a leader in developing new vaccines, per public opinion polling.[4]

A strong and reliable vaccine supply, coupled with broad and affordable access, is essential to protecting American communities from preventable disease and preserving the gains from generations of scientific progress. Implementing the proposals in this petition would directly jeopardize Americans' health. Thank you for your attention and support.

Signed:

AiArthritis

Alameda County School Nurses Network

Alliance for Aging Research

American Public Health Association

American Society for Meningitis Prevention

AMR.Solutions

Arizona Public Health Association

Arkansas Immunization Action Coalition (Immunize Arkansas)

Asthma and Allergy Foundation of America

Autism Science Foundation

Caregiver Action Network

Connecticut Public Health Association

Dane County Immunization Coalition, Madison WI

Delaware Academy of Medicine & Public Health

[4] The Partnership to Fight Infectious Disease, *Vaccine Survey Release* (Jan. 15-24, 2025)

Families Fighting Flu

Gerontological Society of America

Global Coalition on Aging

Healthcare Leadership Council

HealthyWomen

Hepatitis B Foundation

Idaho Immunization Coalition

Illinois Public Health Association

Immune Deficiency Foundation

Immunization Alliance of Michigan

Immunization Coalition of Delaware

Immunization Coalition of San Antonio

Immunize Colorado

Immunize Kansas Coalition

Immunize.org

Infectious Diseases Society of America

Minnesota Public Health Association

Mississippi Chapter of the American Academy of Pediatrics

National Coalition for Infant Health

National Consumers League

National Hispanic Medical Association (NHMA)

Northeast Wisconsin Immunization Coalition

Partnership to Fight Chronic Disease

Partnership to Fight Infectious Disease

Pediatric Infectious Diseases Society

Pediatric Nurse Practitioner House Calls PLLC

Pennsylvania Public Health Association

Pro-Vaccine Legal Alliance

Project LINK, Inc

South Carolina Chapter of the American Academy of Pediatrics

Society for Healthcare Epidemiology of America

Society for Maternal-Fetal Medicine

Southern Illinois Public Health Consortium

The COSHAR Healthy Communities Foundation

The JAMIE Group

University of Pennsylvania and Children's Hospital of Philadelphia

Vaccinate Your Family

VAX 2 STOP CANCER