

## SB 866 Talking Points

### **TALKING POINTS (Please personalize to share how this bill affects you and your family):**

1. SB 866 should be opposed because it would allow minor children 12 years and up to consent on their own to vaccination without parental consent.
2. SB 866 is a blatant unwelcomed attack on parental rights and puts children at risk of harm.
3. Vaccines are pharmaceutical products that carry a risk of injury and death. Minor children may not be aware of [family and their own personal history of vaccine reactions or personal contraindications](#) to relay to the vaccine administrator.
4. If a minor child consents to vaccination without parental knowledge and has a reaction, the parent may not recognize vaccine reaction symptoms and the reason for the child's sudden personality change and decline in physical, mental, or emotional health. This lack of knowledge could be life threatening for the child and may prevent the parent from seeking immediate medical care.
5. Children and adolescents are vulnerable to peer and authority-figure persuasion. Some doctors, who are frustrated with having to spend time talking with educated parents about vaccines, have identified minor consent as a way to coerce children into consenting to vaccines on their own, but children need to be raised by their parents who love them and know what is best for their individual child.
6. Medical practitioners, schools, and others should never be permitted to coerce impressionable minor children into a medical procedure that is [capable of causing injury or death](#) behind their parents' backs.
7. Federal legislative history provides evidence that Congress never intended for a minor child to make decisions to get a vaccine without parents' knowledge or consent. When the National Childhood Injury Act of 1986 was passed, the Act clearly stated that [before the administration of vaccines to a child](#), a health care provider shall give a copy of the CDC's vaccine information materials to the "parent or legal representative of any child to whom the provider intends to administer such vaccine..."
8. The CDC confirms that there is a requirement that their Vaccine Information Statement (VIS) is provided to the parent/legal guardian [prior to vaccination of a minor child](#) on their VIS Q&A page. Under the question, "is there a requirement to verify that parents/legal representatives have actually received and reviewed the VIS," the answer is a clear "YES."
9. These requirements under federal law for a parent to be educated with CDC materials prior to their minor child being vaccinated will not be met if a child is allowed to make these decisions on their own.
10. Under the [National Childhood Vaccine Injury Act of 1986](#), Congress gave partial liability protection to vaccine manufacturers and then added an amendment giving vaccine administrators liability protection from vaccine injury lawsuits in 1987. In 2011, the U.S.

Supreme Court judges in [Bruesewitz et al v. Wyeth et al](#) affirmed that government licensed and recommended childhood vaccines were “unavoidably unsafe” and effectively removed all remaining liability from vaccine manufacturers.

11. Today, pharmaceutical companies making and selling vaccines and doctors and other vaccine administrators have [no legal accountability or financial liability in civil court](#) when a mandated vaccine causes permanent injury or death. Children consenting to vaccination on their own are not likely to understand the legal ramifications if they are injured.
12. Current federal law won't support SB 866. On March 18, 2022 federal judge Trevor N. McFadden [blocked a Washington, D.C. law](#) that allowed children in the nation's capital to receive a vaccine without parental consent. [Judge McFadden concluded](#) that the National Childhood Vaccine Injury Act (NCVIA) likely preempts the Minor Consent Act (MCA) and that both of the plaintiff parents have shown that the MCA likely violates their Free Exercise rights.
13. Unlike medical, school, or other personnel administering vaccines, parents are legally accountable and financially responsible for the healthcare and education of a minor child when that child experiences a vaccine reaction and becomes chronically ill or disabled.
14. There is [scientific evidence](#) that the physical, mental, and emotional development of children, including adolescents, varies and is often not sufficient to enable children to make well-reasoned decisions about risk taking involving their health and well-being.
15. Children do not have the same kind of critical thinking skills or emotional maturity required to make a well-informed vaccine benefit-risk decision compared to an adult. Vaccines can cause injury and death as evidenced by the creation of a federally operated [Vaccine Injury Compensation Program](#) (VICP), which has paid out approximately [\\$4.7 billion dollars](#) to vaccine victims.
16. The legal right of parents to give their informed consent for minor children to take medical risks, which can result in injury or death, trumps the goals of [government health agencies](#) or vaccine corporations and medical organizations, whose employees, [stockholders](#), or members [profit](#) or [professionally benefit](#) from increased, widespread vaccine use.
17. Children under 18 [cannot even get a tattoo](#) in the state of California, even with parental consent. They should not be able to consent on their own to a vaccine.

Courtesy: NVIC.org

The bill would infringe on the sacred parent-child relationship. Neither the state nor medical personnel can replace the guidance and interests of parents.

1. Teens lack the necessary maturity to make sound medical decisions and are generally more vulnerable to coercion than adults
2. This legislation does not protect children in their need for information that is extensive enough and age appropriate so that they can make a choice regarding the actual medical short and long term risks vs. benefits of vaccination.
3. If parents are not aware that their child has recently received a vaccine, their ability to properly monitor that child for any side effects is hampered and may cause a delay in timely treatment.
4. **S.B. 866** would allow authorities such as medical practitioners and school personnel, to be able to entice, pressure or coerce our children to take the shot, without regard to

parental concerns, family medical history, and other medical contraindications, including prior reactions to vaccines that could cause injury and even death.

5. **S.B. 866** would undermine parental consent once again, under existing law allowing minors to override parental consent for the diagnosis and treatment of sexually transmissible diseases, expanding it under Section 6931 of the Family Code, to include vaccines, specifically the Covid-19 vaccine, and possibly more in the future, including boosters and new vaccines.
6. It is also modeled on the San Francisco order allowing minors aged 12 years and up to get a COVID-19 vaccine if a parent is not reachable.
7. **S.B. 866** would authorize a “**vaccine provider**,” such as a clinic or licensed health facility to administer a vaccine to a 12 year old child, and up, without parental knowledge or consent. **And there is zero liability for the vaccine provider —leaving parents completely responsible for treatment of any injuries from adverse effects!**
8. SB 866 will inadvertently allow authorities such as medical practitioners and school personnel to be able to entice, pressure, and coerce our children to take the shot. **There will be no regard to parental concerns or seeking family medical history, contraindications, or prior reactions to vaccines that could cause injury.**

Important Questions to Consider

9. **If this passes, to what extent should parents have authority over other medical decisions for their minor children they are responsible for? SB866 sets a precedent for medical care among children and young adolescents. We have a social responsibility to protect our children as well as public health.**
10. Who will be responsible for monitoring the child post vaccination?
11. Who will be responsible for the child if they suffer a severe or mild reaction that requires medical care?
12. Why rush a EUA (Emergency Use Authorization) product on our youngest population?
13. How many other products will children be forced to take that are still in clinical trials?
14. How will a vaccine provider ensure that the choice is not made under coercion, duress, or undue influence?
15. Who will be responsible for documenting any reaction the child may have into the federal VAERS database?
16. Who will be liable if harm or injury occurs on the child?
17. Do minors have the mental maturity and sound judgment to give informed consent?
18. Pro-vaccine, Vaccine Hesitant, and Californians opposed to vaccines are all concerned about a fairly new vaccine for developing children. The rotavirus vaccine is an example of a vaccine that was taken off the market soon after it was introduced. **Sufficient safety data is essential for all parents to have a choice in the medical decisions they make for their children.**
19. This bill would allow minor children 12 years and up to consent on their own to vaccination without parental consent.
20. Vaccines are pharmaceutical products that carry a risk of injury and death. Minor children may not be aware of family and their own personal history of vaccine reactions or personal contraindications to relay to the vaccine administrator.
21. If a minor child consents to vaccination without parental knowledge and has a reaction, the parent may not recognize vaccine reaction symptoms and the reason for the child's

sudden personality change and decline in physical, mental, or emotional health. This lack of knowledge could be life threatening for the child.

22. This lack of knowledge about the fact that the child was given a vaccination may very well prevent the parent from seeking immediate medical care.
23. Children and adolescents are vulnerable to peer and authority-figure persuasion. Some doctors, who are frustrated with having to spend time talking with educated parents about vaccines, have identified minor consent as a way to coerce children into consenting to vaccines on their own.
24. Medical practitioners, schools, and others should never be permitted to coerce impressionable minor children into a medical procedure that is capable of causing injury or death behind their parents' backs.
25. Federal legislative history provides evidence that Congress never intended for a minor child to make decisions to get a vaccine without parents' knowledge or consent. When the National
26. Childhood Injury Act of 1986 was passed, the Act clearly stated that
27. before the administration of vaccines to a child, a health care provider shall give a copy of the CDC's vaccine information materials to the "parent or legal representative of any child to whom the provider intends to administer such vaccine..." • The CDC confirms that there is a requirement that their Vaccine Information Statement (VIS) is provided to the parent/legal guardian prior to vaccination of a minor child on their VIS Q&A page. Under the question, "is there a requirement to verify that parents/legal representatives have actually received and reviewed the VIS," the answer is a clear "YES."
28. These requirements under federal law for a parent to be educated with CDC materials prior to their minor child being vaccinated will not be met if a child is allowed to make these decisions on their own.
29. Under the National Childhood Vaccine Injury Act of 1986, Congress gave partial liability protection to vaccine manufacturers and then added an amendment giving vaccine administrators liability protection from vaccine injury lawsuits in 1987. In 2011, the U.S. Supreme Court judges in *Bruesewitz et al v. Wyeth et al* affirmed that government licensed and recommended childhood vaccines were "unavoidably unsafe" and effectively removed all remaining liability from vaccine manufacturers.
30. Today, pharmaceutical companies making and selling vaccines and doctors and other vaccine administrators have no legal accountability or financial liability in civil court when a mandated vaccine causes permanent injury or death. Children consenting to vaccination on their own are not likely to understand that just by consenting to vaccination, they are waiving their right to a trial by jury should they become injured from vaccination.
31. Unlike medical, school, or other personnel administering vaccines, parents are legally accountable and financially responsible for the healthcare and education of a minor child when that child experiences a vaccine reaction and becomes chronically ill or disabled.
32. There is scientific evidence that the physical, mental, and emotional development of children, including adolescents, varies and is often not sufficient to enable children to make well-reasoned decisions about risk taking involving their health and well-being.
33. Children do not have the same kind of critical thinking skills or emotional maturity required to make a well-informed vaccine benefit-risk decision compared to an adult. Vaccines can cause injury and death as evidenced by the creation of a federally operated

Vaccine Injury Compensation Program (VICP), which has paid out approximately \$4.7 billion dollars to vaccine victims.

34. The legal right of parents to give their informed consent for minor children to take medical risks, which can result in injury or death, trumps the goals of government health agencies or vaccine corporations and medical organizations, whose employees, stockholders, or members profit or professionally benefit from increased, widespread vaccine use.