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Vaccine Injury: Recognition, Research and Re-establishing Trust

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Abstract

***Background*:** Patients who report serious health changes following vaccination frequently face barriers to recognition, coordinated evaluation, and treatment. The October 5, 2026, Health and Human Services (HHS) Vaccine Injury Roundtable at the National Institutes of Health (NIH) brought patient, family, physician, and federal leadership perspectives into direct dialogue and highlighted an urgent need for compassionate care and rigorous inquiry.

***Clinical Perspectives*:** Three physicians described distinct but overlapping concerns. A pediatrician with extensive experience caring for children with autism and complex chronic illness called for research into biologic susceptibility, post-vaccination regression, and treatment strategies for affected children. A second pediatrician raised questions about chronic inflammation, neurodevelopmental conditions, vaccine components, and the need for research into individual vulnerability and long-term outcomes. A neurologist described complex, multisystem presentations among patients with suspected post-acute coronavirus disease 2019 (COVID-19) vaccination syndrome, including neurologic, autonomic, cognitive, cardiopulmonary, and immune-related symptoms.

***Call to Action*:** The authors commend HHS and NIH for establishing a clinic to study patients reporting vaccine-related injuries. However, the national need is for urgent clinical care and educating clinicians on how to deliver it. Priority actions include prospective longitudinal studies; standardized clinical phenotyping; transparent case definitions; improved adverse-event surveillance; research into genetic, metabolic, mitochondrial, immunologic, and inflammatory susceptibility factors; and a national network of multidisciplinary referral and treatment centers.

***Conclusions*:** Patient testimony should be treated as a starting point for clinical care and scientific inquiry. Restoring trust requires institutions to listen without prejudice, investigate uncertainty openly, report adverse events effectively, and ensure that no patient reporting vaccine-related injury is left without care, recognition, or hope.

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Heartwrenching stories about vaccine injuries

The October 5, 2026 Health and Human Services (HHS) Vaccine Injury Roundtable at the National Institutes of Health marked an important moment for patients and families who believe they have been harmed following vaccination. For years, many have sought recognition, evaluation, treatment, and answers while encountering fragmented care, disbelief, or silence. At this roundtable, they spoke directly to senior federal health leaders—and their testimony made clear that this conversation can no longer be deferred.

Three parents described the devastating consequences they associate with vaccination: a child left quadriplegic and dependent on a tracheostomy after a Diphtheria, Tetanus, Acellular Pertussis (DTaP) vaccination; the death of a 13-month-old child soon after influenza vaccination; and the loss of a previously healthy 16-year-old boy who collapsed and died while running to play basketball after a coronavirus disease 2019 (COVID-19) messenger ribonucleic acid (mRNA) vaccination-associated myocarditis. Brianne Dressen also described becoming severely ill during a COVID-19 vaccine clinical trial and the difficulty of obtaining care. These accounts were offered as human realities: families living with disability, bereavement, medical uncertainty, gaslighting from medical professionals, and the feeling that their experiences have not been fully acknowledged. (1)

The patients and families who testified deserve what every patient deserves: to be heard respectfully; to be evaluated thoroughly; to receive compassionate, multidisciplinary care; and to have their clinical experiences taken seriously enough to inform research. Medicine does not advance by dismissing observations that are inconvenient. It advances by listening carefully, documenting faithfully, asking difficult questions, and investigating the answers with intellectual honesty.

At the roundtable, each of us spoke from a different clinical perspective, yet our message was consistent: vaccine injury is real, affected patients need care now, and the research agenda must be broad enough to identify mechanisms, susceptibility factors, and effective treatments.

Listening to families

Dr. Elizabeth Mumper is a board-certified pediatrician with 46 years of clinical experience. Her work has included group and solo pediatric practice, experience as Director of Pediatric Education for a residency program, and five years as Medical Director of the Autism Research Institute. Over the course of her career, she has cared for and consulted on more than 600 children with autism from multiple countries and states, as well as hundreds of children with complex chronic illnesses.

Dr. Mumper testified that her concern about vaccine injury began in 1999 after a patient experienced a severe and irreversible reaction following a vaccination she administered. Despite efforts to identify another explanation, she could not find one. That event changed the course of her professional life and led her to focus on children whose medical needs had been overlooked.

Her experience has taught her that parents are often careful and perceptive observers of changes in their children's health. Families helped identify medical issues in children with autism and complex chronic illness that were frequently ignored or inadequately addressed, including gastrointestinal dysfunction, immune dysregulation, mitochondrial dysfunction, impaired methylation, cerebral folate deficiency, and prolonged cell-danger responses. Dr. Mumper reported that identifying and treating these underlying medical problems was often associated with meaningful clinical improvement.

Dr. Mumper's message was not limited to the narrow question of autism. She emphasized that autism and chronic childhood illness are heterogeneous, with multiple antecedents, mediators, and triggers. In her view, vaccines may contribute to oxidative or mitochondrial stress and may amplify preexisting vulnerabilities in susceptible children. She called on NIH to study children with documented regression or suspected adverse vaccine reactions, to identify genetic, metabolic, and inflammatory risk factors, and to develop tools that can help clinicians recognize children who may be at elevated risk. She pointed to community studies by practicing clinicians and an unpublished university study that showed chronic disease increases with vaccine burden. (2–5) She also urged support for treatment-oriented research. Families need more than retrospective acknowledgment of harm; they need clinicians trained to recognize complex presentations and evidence-based strategies to help affected children recover as fully as possible.

Questions that deserve answers

Dr. Lawrence B. Palevsky, a New York State-licensed pediatrician, described nearly three decades of work with both unvaccinated children and children with chronic inflammatory conditions. His testimony focused on the troubling prevalence of neurodevelopmental, allergic, autoimmune, behavioral, and chronic inflammatory conditions in children. (6–10)

Dr. Palevsky asked whether the nation has adequately investigated potential contributors to inflammation affecting the developing brain. He specifically raised questions about vaccine ingredients, including aluminum-containing adjuvants, polysorbate 80, and other components, and whether their distribution, persistence, and biologic activity following injection have been studied sufficiently in

children. He noted that the use of nanoparticles and other technologies to facilitate drug delivery to the brain makes these questions especially important to investigate directly. (11,12)

He also described what he regards as a central unanswered question: vaccines are designed to stimulate an inflammatory response sufficient to produce immunity, but the duration, distribution, and potential cumulative effects of those inflammatory responses have not been adequately characterized in all children, particularly those with chronic inflammatory or neurodevelopmental conditions. In his clinical experience, children with chronic health challenges require individualized assessment that does not disregard the possibility of vaccine-related contributions.

The appropriate response to questions of this magnitude is not reflexive reassurance or reflexive rejection. It is research. It is possible to value immunology and disease prevention while also demanding better science on individual susceptibility, biological mechanisms, and long-term outcomes. The health of children requires no less.

Recognizing complex adult illness

Dr. Suzanne K. Gazda, a neurologist with nearly 40 years of clinical experience, spoke about patients suffering after COVID-19 vaccination. In early 2021, she began observing unusual and complex clinical presentations that patients reported were often dismissed by hospital personnel and other clinicians. (13) Through collaboration with other physicians and patient-led organizations including the Front Line COVID-19 Critical Care (FLCCC) Alliance, she began evaluating and treating patients with suspected COVID-19 vaccine injuries.

Dr. Gazda described post-acute COVID-19 vaccination syndrome as a heterogeneous, multi-system illness that may include fatigue, cognitive impairment, neuropathic pain, dysautonomia, neuropathy, chest pain, palpitations, immune disturbances, insomnia, tinnitus, dizziness, and other disabling symptoms. (13–21) These patients' symptoms often overlap clinically with long-COVID presentations, yet many exist in a diagnostic no-man's-land: too ill to function normally, but unable to find clinicians equipped to provide a unifying assessment or adequate sustained care.

In neurology, close observation is indispensable. The patient's history, the timing and character of symptoms, evolving patterns, and the clinician's judgment all matter. Dr. Gazda emphasized that these cases are among the most medically complex she has ever seen, often requiring extensive time, multidisciplinary coordination, and ongoing reassessment. Yet such care is difficult to provide in systems that lack diagnostic frameworks, appropriate reimbursement, clinical education, or adequate referral networks.

Her recommendations were direct: establish funded centers of excellence; train clinicians across specialties to recognize and treat vaccine injury; improve surveillance beyond short-term adverse events; and ensure that physicians are free to evaluate and treat patients without arbitrary barriers or insurance denials. Patients cannot wait years for every scientific question to be resolved before receiving humane, attentive care.

A meaningful first step

We commend HHS and NIH for taking meaningful action by designating an NIH Vaccinology Immunology Center to study patients reporting vaccine-related injuries. The ribbon-cutting ceremony immediately after the roundtable signaled that federal health leaders were prepared to move beyond passive observation, but lots of questions remain about what the center will accomplish that impacts those who are suffering now.

We also welcome improvements intended to strengthen adverse-event reporting, including greater support for clinicians who report adverse events, better integration of vaccine-related information into electronic health records, and efforts to improve surveillance data for research. A reporting system should not merely collect information; it should help identify patterns, generate hypotheses, guide clinical follow-up, and support earlier intervention.

But the NIH Center is only the first step. Given the long lag time between research and clinical implementation of treatment strategies, we call for a national network of regional centers capable of evaluating and treating vaccine injured patients of all ages. These centers should include pediatric and adult specialists in primary care, neurology, cardiology, immunology, rehabilitation, psychiatry, and other disciplines relevant to complex multi-system illness. Government officials should partner with independent clinicians and patient communities that have already developed practical experience caring for affected individuals.

From recognition to action

A serious national response should include the following commitments:

- Establish prospective, longitudinal studies of people reporting suspected vaccine injury, with standardized clinical phenotyping and follow-up.
- Develop transparent case definitions for post-vaccination syndromes, including complex and delayed presentations, with appropriate coding.
- Study potential susceptibility factors, including genetic, metabolic, mitochondrial, immunologic, inflammatory, neurologic, and environmental contributors.
- Support research involving children who experience documented neurodevelopmental regression or serious adverse events following vaccination.
- Improve adverse-event surveillance so it can detect persistent, delayed, and multisystem outcomes. Assure that data is analyzed in real time so that if serious side effects are identified, patients can be advised to avoid further doses of the vaccine.
- Provide education and practical clinical guidance for medical students and physicians who encounter these patients.
- Build a national network of funded referral and treatment centers, with adequate reimbursement for the time-intensive care these conditions require.
- Include patients and families as respected partners in clinical protocols and research design.

Public trust cannot be restored by messaging alone. Trust is built when institutions acknowledge uncertainty, welcome honest questions, disclose what is known and unknown, monitor safety rigorously, and care for people who report harm. Families who seek answers must be treated with dignity.

The NIH roundtable was just the beginning of a long-overdue commitment to listen, investigate, treat, and learn. The physicians, patients, families, researchers, and policymakers who participated have an opportunity—and an obligation—to ensure that no person suffering after vaccination is left without recognition, without care, or without hope.

Disclosures

Dr. Mumper is on the board of the Medical Academy of Pediatrics and Special Needs, volunteers for Children's Health Defense, and is a Senior Fellow in Pediatrics for the Independent Medical Alliance. She has a small private practice caring for her long-term patients with autism and complex chronic illness and serves on the NIH Interagency Autism Coordinating Committee.

Dr. Palevsky has a private practice at the Northport Wellness Center on Long Island, NY, doing primary care pediatrics and caring for children with chronic health conditions. He volunteers for Children's Health Defense, and teaches for the Medical Academy of Pediatrics and Special Needs. Dr. Palevsky has a weekly podcast entitled Critically Thinking with Dr. T & Dr. P, which he co-hosts with Dr. Sherri Tenpenny, DO.

Dr. Gazda is a practicing neurologist, a Senior Fellow, Brain Health with the Independent Medical Alliance, and a consultant for React 19.

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