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## An Open Letter to Mark Levine MD - Sandy Reider MD

Mar 12, 2019

### ***An Open Letter to Mark Levine MD***

Vermont Commissioner of Health

Burlington, VT

Dear Dr. Levine,

In your January 2019 appearance before the Vermont House Committee on Government Operations, you discussed the State's public health goals, which include lowering the incidence of chronic disease and heavily promoting vaccines to achieve "Healthy People 2020" vaccination rate goals. When asked how these ambitious goals were decided upon, while not providing an answer, you implied that increasing vaccination rates would translate into better long-term health outcomes for our school children and adults. But what is the data actually suggesting?

With the most highly vaccinated population in the world, and vaccination rates at all time highs, the US has achieved the dubious distinction of having the highest infant mortality among developed countries, and is witness to epidemic increases in the rates of chronic childhood disease: serious allergies, asthma, seizures, ADD/ADHD, learning disorders, autoimmune diseases, autism, etc. This alarming trend began in the late 1980's after vaccine makers and health personnel were relieved of all legal liability in the event of an adverse reaction to any recommended vaccine. Since this "free pass", we have witnessed a rapid expansion of the vaccination schedule (currently 69 doses of 16 vaccines by the age of 18, with more to come). 54% of US children now have some form of chronic illness requiring pharmaceutical treatment.

You are probably aware that the available science "proving" that vaccines are safe has serious flaws. Classified as "biologics", vaccines are approved relatively quickly, commonly with only days or weeks of screening for adverse effects, never using a true saline placebo for comparison, and never comparing to an unvaccinated control group, even in the all too brief time such adverse effects are monitored. Additionally, HHS has recently been forced to admit in Federal Court that it has not even once submitted a biennial report on updates to vaccine safety during the last 30 years, despite the

fact that it has been required by law to do so. (<https://icandecide.org/white-papers/The-Evidence-Science-Support-Vaccine-Exemptions.pdf>).

There have been several Congressional requests to the FDA and CDC over the last few decades to undertake a badly needed, definitive study of the long-term health outcomes in fully vaccinated vs. unvaccinated children. However, they persist in having no interest in doing so. Encouragement for such a study by influential state health officers, like yourself, could be extremely helpful (a good start is this 2017 independent pilot study from Jackson State University: <https://www.oatext.com/pdf/JTS-3-186.pdf>).

In your February 25, 2019 letter to Congress, you call for censorship of on-line vaccine “misinformation”, meaning reports or science that contradict the health department’s “state-sanctioned” messaging. With your department’s ongoing support for removal of non-medical exemptions to vaccination, this intent to deny access to information amounts to an undisguised attack on every person’s right to free and full informed consent.

History gives us numerous examples of public health and physician abuses that were later regretted. Recall the CDC’s 1932-1972 Tuskegee syphilis experiment, and the Eugenics movement here in VT. The 1947 Nuremberg Code, authored in large part by 3 American judges in the wake of Germany’s WW2 medical abuses, was the first clear articulation of medical ethics asserting the need to protect individuals from medical harm by guaranteeing every individual’s right to informed consent to any medical treatment, without coercion. Universally acknowledged as the cornerstone of ethical medicine, the Nuremberg Code has been reaffirmed several times, most recently in the 2018 AMA Code of Ethics, which is adopted by most, if not all, medical trade organizations and state health societies, including Vermont’s. The AMA’s Code, while it recommends vaccination, rightly recognizes that its physician members retain their right to informed consent to vaccination, without mandates. Shouldn’t it follow that patients are equally entitled to the same?

As physicians, we can acknowledge the fact that there is little reason to fear a few cases of measles, but we should all, physicians and patients alike, fear the denial of unfettered access to scientific information coupled with the loss of our right to consent, or not, to vaccination. Censorship of legitimate peer-reviewed vaccine science and perspectives (already a fact in mainstream media) is perhaps the best possible argument for a law, such as that proposed by H.310, that formalizes and guarantees to all Vermont citizens, and parents on behalf of their children, the right to full informed consent. The alternative is distressing to contemplate: a growing distrust between doctor and patient, progressive loss of confidence in our government and its health agencies, and ongoing denial of the reality and extent of vaccine injury.

With Deep Concern,

Sandy Reider MD

East Burke, Vermont

