

I am a medical epidemiologist, trained in Family Medicine and Preventive Medicine, who has spent her career living and working in developing countries in Africa and Asia. I have directly experienced how interconnected we are globally, across many realms, especially public health. Artificial national boundaries and politics mean nothing to viruses and bacteria – whether HIV, polio, or measles. Over the last several decades, unlike in the developing world, residents of the United States have lived with the secure privilege of knowing vaccine-preventable diseases (e.g. polio, measles, mumps, rubella, etc.) pose minimal threat to our well-being – primarily because of high vaccination rates. As has become evident, this era of secure privilege is coming to an end.

I strongly urge you to reconsider discarding highly trained, experienced, and internationally respected professionals with decades of research, knowledge, and experience in successful public health disease prevention interventions in the form of immunizations. Aside from soap and clean water, vaccines are the most cost-effective tool that humans have been able to deploy to fight epidemics and were the reason we were able to eradicate smallpox. We came close to eradicating polio and eliminating measles. In fact, vaccines were so successful that until recently, several of my physician colleagues, who have only practiced in the US, have never even seen or treated a case of measles, mumps, or rubella.

I worked the front lines in polio eradication efforts while living in India, Nepal, and Kenya. I led the control and contact tracing on the airplane importation of an active measles case from Japan to Hawaii in 2000 - the last time we had measles in Hawaii, until recently. Japan was so embarrassed by their exportation of the disease that the Ministry of Health immediately revamped their vaccination campaign strategies to improve their immunization rates.

Please remember that successful public health interventions, be they outbreak control, immunization campaigns, or seat belts laws, will always appear as if we overreacted. Precisely because myriad cases of disease were averted by the intervention, everything will appear status quo. It is only when we remove these interventions will we see the diseases simmering below the surface.

I understand there is strong belief that vaccines are harmful. Those voices need to be effectively heard, in a direct and productive manner. Instead of removing all experts from ACIP, I urge you to consider adding vaccine skeptics and experts with an anti-vaccination perspective to the mix. This will facilitate robust dialogue, which is much more productive than current shaming and name-calling. It will force current ACIP experts and new anti-vaccine additions to listen to each other in dialogue to forge a way forward. A mixed committee will also improve the eroded trust of the public - the entire public - not simply one political slice of the public. Such a mixed team will hopefully allow for continued prioritization of improving the health of the public while doing no harm, which I believe to be the common shared goal of all political parties.