As a senior citizen, I have been fortunate to live a long and healthy life, thanks to vaccines that have protected me from severe illness. While I have encountered diseases, vaccination ensured they were mild rather than life-threatening. Now, I want younger Americans to have the same opportunity for health and security. However, I am deeply concerned about the future direction of vaccination policies and their potential impact on public health. My concerns include: (NOTE: References in this article were accessed 6/14/2025)

- Access to vaccines
- Public trust and misinformation
- Ethical considerations
- Herd immunity
- Scientific integrity in treatment

ACCESS TO VACCINES

The CDC now limits some vaccines to youth (e.g. COVID-19 vaccinations from birth through 16 years) and various adult vaccinations to be determined be "based on shared clinical decision making." https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html and https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.htmlMy concerns are:

(1) Can you guarantee that insurance will continue to cover COVID-19 vaccinations and other vaccinations under a "based on shared clinical decision-making" approach?

(2) If CDC can't offer guidelines and recommendations for whether someone needs a shot, how does a health care provider do that in short visit? Currently CDC considers the following individuals as health care providers: "CDC defines a health care provider as anyone who provides or administers vaccines: primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists" https://www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html

A directory for an "Adult Assessment Tool" cited at https://www.cdc.gov/vaccines-adults/index.html was no longer available. Another reference – https://www.cdc.gov/vaccines/covid-19/downloads/FS-COVID-Dose-Decision-Making.pdf – states these criteria, " People who are moderately or severely immunocompromised are at increased risk for severe COVID-19, including hospitalization, ICU admission, and death."

Will these individuals still be considered "primary care providers": physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists? And how would they go about determining if these criteria are met? When I called my physician on whether I needed a certain shot and also my pharmacist, they both went to CDC to find out. Where will they be able to go in the future?

(3) The May 20, 2025, New England Journal of Medicine article by Dr. Vinay Prasad and Dr. Martin Makary gave a list (Table 2) of "CDC 2025 List of Underlying Medical Conditions That Increase a Person's Risk of Severe Covid" – https://www.nejm.org/doi/full/10.1056/NEJMsb2506929

How will "primary care providers" interpret subjective factors on the list like "physical activity," "mood disorders" and "past pregnancy" to determine eligibility? Can people self-declare that they have or have had such conditions as "asthma," "cancer" and "chronic health disease?" Or must there be a past medical record that attests to this?

(4) Pregnancy is listed within this high-risk category in the New England Journal of Medicine article, but the CDC's latest chart – https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html – signals changing recommendations without providing further details. Previous CDC guidance emphasized that COVID-19 vaccination during pregnancy was both safe and beneficial, yet this new shift lacks explanation. https://www.cdc.gov/covid/vaccines/pregnant-or-breastfeeding.html

The American College of Obstetricians and Gynecologists continues to recommend vaccination, raising questions about the reasoning behind these policy changes. https://www.acog.org/news/news-releases/2025/05/acog-statement-on-hhs-recommendations-regarding-the-covid-vaccine-during-pregnancy

(5) Will people face additional out-of-pocket costs for health care visits just to secure permission for vaccination?

(6) Will primary care providers who work with sick people be allowed to be vaccinated without being involved in "based on shared clinical decision making?"

PUBLIC TRUST AND MISINFORMATION

Once misinformation spreads, it is difficult to reverse. Distrust in a single vaccine can lead to skepticism about vaccination as a whole. This is why transparency in the decision-making process is crucial.

The ACIP committee, who is responsible for vaccine recommendations, saw the removal of 17 members and the appointment of eight replacements within just two days. Concerns include:

(1) Were these new members thoroughly vetted?

(2) Will all committee members divest financial interests that could create conflicts? Have these been checked?

(3) Have any members actively spread misinformation? Several reports indicate that Dr. Robert Malone has disseminated false claims—has this been fully investigated during his vetting? https://www.factcheck.org/2022/02/scicheck-scientist-misleads-on-covid-19-vaccine-effectiveness-and-vaccine-safety-for-children/ and https://www.politifact.com/factchecks/2021/jun/16/youtube-videos/no-sign-covid-19-vaccines-spike-protein-toxic-or-c/ are two examples.

(4) The new ACIP committee has little experience with vaccine science. How will this affect the public's trust in their determining regulations for vaccines and suitable "Gold Standard" research? "Science (journal)" a peer-reviewed academic journal of the American Association for the Advancement of Science, states "analysis of their publications in peer-reviewed biomedical journals finds that, on average, the new panel members have been authors on about 78% fewer vaccine-related papers than the ousted members. Four of the eight new members have published no such papers at all." https://www.science.org/content/article/members-rfk-jr-s-new-vaccine-committee-have-published-little-vaccines

(5) What will you do to overcome the public distrust in information disseminated by your committee after previous poorly written and documented papers distributed by DHHS/CDC – one on children's health and the other on "Covid Recommendation FAQ?" There has been a lack of transparency in that the authors of these papers were never divulged. https://kffhealthnews.org/news/article/hhs-vaccine-policy-rfk-jr-junk-science-acip/ and https://apnews.com/article/maha-report-errors-rfk-health-studies-f382af8552dbc1729329a13e58f1f3c4

ETHICAL CONSIDERATIONS

The earlier mentioned New England Journal of Medicine article outlines the FDA's approach to vaccine trials, for example, stating that the FDA's preferred primary end point in these trials will be "symptomatic Covid-19, with special attention paid to several secondary end points: severe Covid-19, hospitalization, and death." https://www.nejm.org/doi/full/10.1056/NEJMsb2506929

While research is essential, requiring Americans to participate in new trials of already-proven vaccines, where some receive a placebo instead of protection, raises serious ethical concerns. With COVID-19 vaccines continuously updated for circulating strains—and inert placebo-controlled testing completed during the initial development—it is both unnecessary and potentially harmful to strip protections away and reintroduce risks that medicine has already learned to prevent.

The American Academy of Pediatrics affirms that withholding a proven vaccine from study participants is unethical: "When a safe, effective vaccine already exists against a disease, giving children in the placebo group no protection against that disease is unethical" and "If the vaccine is for a disease that currently has no vaccine, the placebo may be saline, or another substance known to be safe. If the vaccine is a potential replacement for an existing, older vaccine, the comparator group may receive the older vaccine that has already been tested rather than an inert placebo" https://www.aap.org/en/news-room/fact-checked/fact-checked-childhood-vaccines-are-carefully-studiedincluding-with-placebosto-ensure-theyre-safe-and-effective/

HERD IMMUNITY

One of the new ACIP committee members, Dr. Martin Kulldorff, contributed to The Great Barrington Declaration. The Declaration advocated for achieving herd immunity to SARS-CoV-2 mainly through natural infection rather than through public health measures such as vaccines, with the exception of the old and the infirm. https://gbdeclaration.org/ There is a belief by some that herd immunity could be achieved for several diseases without vaccinations. Some of the concerns associated with the herd immunity approach include:

(1) If vaccination rates decline, can herd immunity still function effectively? Is there sufficient "Gold Standard" research supporting its viability at lower vaccine coverage levels?

(2) If more people must contract the virus to achieve herd immunity, will it lead to increased mortality rates? And more serious long-term disease complications?

(3) How do rapidly evolving viruses, such as COVID-19, impact herd immunity over time? If immunity from either vaccination or prior infection wanes too quickly, does this make herd immunity harder to maintain? Must a person get infected repeatedly to maintain immunity. You might achieve immunity from measles after being infected; however, you could be reinfected with COVID-19 yearly.

(4) Is there unbiased scientific research that answers these questions?

(5) Will we deny vaccines to some individuals (even people who appear "healthy" can get sick)? Will these policies turn America into one large test sample, to see how many deaths, hospitalizations, and severe complications occur? While Americans generally aren't in favor of "mandates," they do want personal choice.

SCIENTIFIC INTEGRITY IN TREATMENT

Misinformation about alternative treatments continues to persist, despite clear FDA guidance. One example is ivermectin. FDA explicitly states that ivermectin is approved for specific parasitic infections—not COVID-19. Serious health risks, including overdose and severe side effects, accompany improper use. Given this, why does speculation about ivermectin's effectiveness for COVID-19 continue without solid scientific backing? "and "Even doses of ivermectin for approved human uses can interact with other medications, like blood-thinners. You can also overdose on ivermectin, which can cause nausea, vomiting, diarrhea, hypotension (low blood pressure), allergic reactions (itching and hives), dizziness, ataxia (problems with balance), seizures, coma and even death." https://www.fda.gov/consumers/consumer-updates/ivermectin-and-covid-19

Will the committee promote and help people make wise decisions for "remedies" such as ivermectin? For example, several studies have found no evidence supporting ivermectin's effectiveness. Here are a few sample studies:

(1) https://pmc.ncbi.nlm.nih.gov/articles/PMC9730611
(2) https://www.kumc.edu/about/news/news-archive/jama-ivermectin-study.html
(3) https://pmc.ncbi.nlm.nih.gov/articles/PMC10240959

IN CONCLUSION

Vaccination policies must be built on transparency, rigorous science, and ethical responsibility. The health and safety of all Americans depend on informed decisions that protect—not undermine—public well-being. People across the age spectrum deserve the right to choose whether they are vaccinated, with access to clear and accurate information

to guide their decision and availability of vaccines. Preventing disease through vaccination is far more cost-effective than treating illnesses that could have been avoided.