

June 20, 2025

Dear Advisory Committee on Immunization Practices,

I am writing in response to Docket No. CDC-2025-0024. My name is David Pattie, Ph.D., I am a Principal Research Scientist and Branch Chief for the Counterproliferation & Counter Weapons of Mass Destruction Branch at the Georgia Tech Research Institute (GTRI). I am submitting this comment as a concerned scientist and citizen who recognizes the critical role vaccines have played in improving public health and extending life expectancy over the past 75 years. I fully understand and appreciate how vaccines make the world safer. Still, it is essential that we remain committed to ensuring vaccines are both safe and effective—particularly when their use is mandated by public or private entities.

Background

During the COVID-19 pandemic, a wide range of government agencies, employers, and institutions mandated vaccination, despite the absence of long-term safety data and unclear efficacy against wild-type SARS-CoV-2 strains. Early estimates of vaccine effectiveness against infection—[currently around 40–45%](#) for wild-type virus—highlighted substantial limitations. Yet, individuals who declined vaccination due to scientific caution or prior infection were often fired or barred from participation in public life.

These mandates had serious consequences. It is stunning how many careers were derailed simply because individuals chose to wait for more robust safety data and better understanding of vaccine effectiveness, particularly as the virus rapidly mutated during successive waves in 2020, 2021, and 2022. Many of these individuals were scientifically literate—some already laboratory-confirmed COVID-19 survivors—and understood immunology, FDA approval timelines, and the importance of long-term safety studies. Their professional judgment should not have been punished.

Even today, organizations like the [Health Action Alliance continue to list](#) companies that proudly enforced vaccine mandates, despite the unresolved questions around long-term safety and effectiveness. In hindsight, those companies should issue public apologies to the workers they dismissed. These actions were not grounded in well-established scientific norms or in keeping with long-standing principles of patient safety and informed consent.

Analysis

We now face a crisis of public trust. The absence of meaningful public health guardrails led to coercive mandates that undermined confidence in the vaccine development and approval process. To avoid repeating this mistake, we must establish clear, enforceable boundaries that protect medical freedom without slowing the development of promising vaccines.

I propose that we enshrine these protections through agency directive, federal regulation, or Presidential Executive Order in the form of a **Public Health Bill of Rights**. Such a framework would:

1. **Prohibit vaccine mandates by any level of government or private employer** unless the vaccine:
 - Has demonstrated **at least 80% effectiveness in blocking infection from wild-type viruses** for a minimum of one year, and
 - Has a **three-year safety profile** with no increase in all-cause mortality.
2. **Mandate transparent reporting** by CDC and FDA of long-term post-marketing surveillance in diverse populations, using existing resources such as:

- Vaccine Safety Datalink (VSD)
- Insurance claims databases
- Electronic health records (EHRs)
- State and federal vaccine registries

These retrospective and prospective studies must be conducted with scientific integrity and ethical oversight, comparing health outcomes among fully vaccinated, partially vaccinated, and unvaccinated populations while controlling for confounding variables.

Recommendations

- Establish a **Public Health Bill of Rights** to ensure that no vaccine can be mandated without clear evidence of long-term safety and robust effectiveness.
- Require **routine post-marketing surveillance and public release of findings** to build public trust.
- Develop **federal guidance to protect employees and citizens from discrimination or termination** based on informed medical decisions, especially in future pandemics or emergency declarations.
- Encourage **greater transparency** from public health agencies and private industry about the benefits, risks, and limitations of newly developed vaccines.

Conclusion

In his 1841 classic *Extraordinary Popular Delusions and the Madness of Crowds*, Charles Mackay observed that “men...go mad in herds, while they only recover their senses slowly, one by one.” That insight remains just as relevant today. We have an opportunity—now, during a moment of greater clarity—to create public health guardrails that prevent coercive overreach, restore medical freedom, and foster evidence-based trust in our institutions.

America needs those guardrails. We need a Public Health Bill of Rights.

Thank you for considering my comments.

Very respectfully,

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