February 22, 2024

S.151 Testimony, Senate Health Care

Sandy Reider MD, Lyndonville, VT
802-626-6007

Thank you very much for the opportunity to submit testimony regarding S.151. I currently maintain a private primary care practice in Lyndonville, and have been licensed in Vermont and continuously engaged in direct medical care to individuals of all ages since 1972. I am a founding member of Physicians for Informed Consent, have been the medical advisor for Health Choice Vermont, and currently serve on its board. As a parent and grandparent, like you, I also have a personal stake in this bill.

S.151 should be opposed in its current form. As you know, it is a long and somewhat complicated bill, covering a variety of regulatory and bureaucratic details related to the Green Mountain Care program (“An act relating to pay parity and transparency in health care”). Section 4, §1107 now includes minor consent to services “related” to prevention, in addition to the already legal right of a minor 12 and older to consent to treatment of venereal disease, the definition of which has now been broadened in this section to include “preventive services related to any sexually transmitted infection” (STI).

§1107, buried in the middle of S.151, is obviously unrelated to pay parity. It raises a number of important questions and concerns, all of which deserve their own careful consideration if “transparency in health care” is its actual intent and not simply a marketing gimmick. Far from trivial, these concerns include parental rights, family cohesiveness, safety issues related to treatment, legality, and most importantly, in my professional judgment (and common sense), the (in)ability of minors to give meaningful informed consent to medical interventions.

DATA, for context

STI’S include chlamydia trachomatis (the most common STD). gonorrhea, syphilis (including congenital syphilis), hepatitis B, genital herpes, mycoplasma genitalium, chancroid, monkeypox, trichomoniasis, lymphogranulare venereum, pubic lice (i.e., crabs, scabies), Human papilloma virus.

VERMONT HAS THE LOWEST INCIDENCE OF STI IN THE US, BOTH IN ABSOLUTE NUMBERS AND ON PER CAPITA BASIS

(CDC data by state; data covers years 2017 to 2021.)

Chlamydia trachomatis	1858 cases in 201	910 in 2021	>50% decline
Gonorrhea	203 cases in 2017	136 in 2021	40% decline
Syphilis	26 cases in 2017	16 in 2021	40% decline

https://www.cdc.gov/std/statistics/2022/tables.htm

2022 CDC data just released, suggests a recent increase in syphilis, including congenital syphilis. Syphilis rates were highest among American Indian and Alaska Native peoples, and in the southern and western US states.

Vermont and New England states generally have not shared in this increase. Early 2024 data continues to show Vermont has lowest incidence of STI's in the US.
https://wonder.cdc.gov/nndss/nndss_weekly_tables_menu.asp

The only vaccines currently available for venereal disease are Hepatitis B and Monkeypox, neither of which are relevant for minors. This bill, however, broadens the concept of venereal disease to include any sexually transmitted infection (STI), including infections that are asymptomatic, or infections that a minor child is unlikely to encounter.

Practically speaking,§1107 opens the door wide to any related vaccine (HPV), or drug (pre-exposure prophylaxis of HIV) arriving on the market. This appears to be its purpose. It can and should be understood primarily as a stealth vaccine and drug bill.

In this regard, it's important to realize that there are literally hundreds of drugs and vaccines in Pharma's research pipeline (aka, Pharma's goldmine), including vaccines for chlamydia, herpes, gonorrhea, and others in addition to the HPV vaccine.
https://www.precisionvaccinations.com/sexually-transmitted-disease-vaccines

Furthermore, many of these new vaccines will be based on the unproven, experimental, and dangerous mRNA vaccine platform, deployed globally by Pfizer and Moderna in their Sars-Cov-2 genetic injections, with calamitous results.
https://assets.cureus.com/uploads/review_article/pdf/203052/20240125-8235-1308nlg.pdf

Increasing the low uptake of the Guardasil9 HPV vaccine is admittedly the immediate goal of §1107. Human papilloma virus was not originally classified as a venereal disease, but rather a cancer preventative. Although the vaccine is now recommended for women up to 45 years old, it primarily targets boys and girls starting at age 9-10. It may help prevent warts, but thus far has not been proven to prevent a single case of cervical cancer. Consisting of about 200

subtypes, Human papilloma virus is widespread. Significantly, it is generally asymptomatic, and approximately 90% of these infections (not diseases) resolve entirely on their own, without treatment, over 1-2 years.

The HPV vaccine, however, has shown itself to be particularly reactive and dangerous and is the target of lawsuits in the US and around the globe. Mary Holland's book, HPV Vaccine on Trial: Seeking Justice for a Generation Betrayed, is an indispensable read in this regard. In it she cites over 57,000 reports to VAERS of adverse reactions to the HPV vaccine as of 2018, including numerous deaths and permanent disabilities. It was by far the most reactive vaccine in history until the Covid jab came along.

Parenthetically, S.151, Section 4, is reminiscent of the political tactic, deployed successfully by the VT Senate in 2015, to remove a parent's right to choose a conscientious/philosophical exemption to any vaccine required by the state for their child to attend school. In that particular instance, the abrogation of parental rights was introduced via a last minute amendment to an entirely unrelated bill (concerning reporting requirements for HIV and cancer), and in the hectic final weeks of the 2015 session, allowing precious little time for debate or input from parents.

RIGHTS AND ETHICS

Parents have the primary moral and legal right to protect and care for their children and are, nearly always, the best guardians of their child's welfare. Taking medical decision-making authority over children away from the parents and giving it to anyone, let alone children, violates any sense of respect for the prime importance of the cohesive family's role in caring for their children and as the fundamental building block of a stable community and society.

Minors are neither legally competent nor developmentally ready to advocate for themselves or to make sound medical decisions. The US Supreme Court has stated: "Most children, even in adolescence, are simply not able to make sound judgments concerning many decisions, including their need for medical care or treatment." *Parham v. J.R., 442 U.S., 584, 603 (1979),* https://supreme.justia.com/cases/federal/us/442/584/

Lacking this capacity to make a thoughtful mature decision implies, a priori, that genuine informed consent (the bedrock ethical requirement when caring for patients in a medical setting) is highly improbable, and in most cases not even possible.

States like Vermont are increasingly claiming that they, not the family, decide what is in the best interest of children. Consider the implications of gender reassignment without parental knowledge or consent, or "safe site" injection clinics for minors struggling with substance abuse/addiction, or state vaccine mandates for which there is no accountability or liability in the event of harm. ... and now, not just the right of minors to consent to STI treatment, but also

to “related preventive services”, the latter a deliberately vague, open ended term.

Striving for a home run, the New York legislature has recently submitted a bill to allow children of any age to consent to any medical treatment, including drugs, counseling, vaccination and surgery, without parental knowledge or consent. The intent to weaken, or even destroy, the family unit is plain to see here. Is this creeping, incremental erosion of family values a policy trend that this committee and the legislature really want to impose on Vermont families?

What is a “consenting” minor to do should he or she experience a significant vaccine or drug reaction? Parents may not know the cause, since they are prohibited from accessing their child’s medical record. Because neither the drug manufacturer, the state, nor the medical personnel administering the vaccine can be held liable, should a minor experience a severe vaccine reaction, it falls squarely on the family to deal with the repercussions. Indeed it is the parents who are the last thin line of defense between their children and the drug companies, with their allied and captured regulatory agencies.

Harm, including permanent disability and death, can and does occur. There is an entire federal compensation program (Vaccine Injury Compensation Program, VICP) for vaccine injuries, which thus far has paid out over 4.5 billion dollars (pre-COVID).

Since 2000, for Vermont children under 18, in addition to numerous office and ER visits, hospitalizations, and permanent disabilities related to vaccination, VAERS reports indicate there have been five (5) deaths, involving 12 different vaccines.
https://www.healthchoicevt.com/wp-content/uploads/2024/01/Vermont-VAERS-since-2000-under-age-18-.pdf

Furthermore, these reports represent a bare minimum. A 2011 HHS/FDA funded study (the Lazarus study) found less than 1% of vaccine reactions are ever reported to VAERS.
https://truthsnitch.com/2017/10/24/cdc-silence-million-dollar-harvard-project-charged-upgrading-vaccine-safety-surveillance-system/.

Since the state of Vermont already has the legal right to treat minor children for an STI, why would it wish to go further behind parent’s backs, driving an even bigger wedge into the family, without a more compelling reason? Section 4 of S.151, while a brilliant marketing strategy for vaccine makers and their advocates, is an unnecessary additional infringement on parental rights.

LEGALITY

Should Section 4 of S.151, buried in the middle of this otherwise unrelated bill, pass out of committee and become law, Vermont will almost certainly face a lawsuit. I urge each of you to

read Attorney Aaron Siri's May 2023 letter to the Vermont legislature. He succinctly explains why and how minor consent to any vaccination is a clear violation of Federal law. Having recently won a case in Federal court vs. Washington DC involving minor consent for 11 year olds and up, Attorney Siri has pledged to undertake the same here in Vermont, should this measure pass.
https://www.healthchoicevt.com/wp-content/uploads/2024/01/Letter-to-Vermont-State-Assembly-2023_05_10.pdf

In conclusion, the minor consent portion of S.151, clearly at odds with its stated goal of "transparency in health care", should be withdrawn. If not, its significance deserves, at the very least, an entirely separate bill that allows parents and other stakeholders adequate opportunity to have their say. Does Vermont really want to waste scarce taxpayers' dollars on an avoidable lawsuit, incur the ire of parents, and further erode trust, already at an all time low, in an increasingly authoritarian public health system? Speaking as a physician, and on behalf of Vermont families, I sure hope not.

Respectfully, Sandy Reider MD