

Letter in Opposition to [H.545](#) and [S.166](#)
(Vaccine Recommendations, AAP, Liability for Vaccine Harms)

Dear Honorable, Vermont Elected Representatives and Senators:

Health Choice Vermont brings together over 5,000 concerned Vermonters and since 2012 has been advocating for transparency, accountability and choice in all vaccine and medical policies. We're a 501C4 nonprofit, funded only by small donations. We believe people should have the freedom to choose, and the right to refuse. Over the years we have followed Vermont vaccine legislation closely.

Our position is:

1. That parents know their children, family and medical history best and must be left free to make informed medical decisions for their minor children.
2. That in many cases, vaccination conflicts with deeply held moral, philosophical and/or religious beliefs held by families and individuals; and that the state should protect every person's right to hold conscientious objections.
3. That patients and parents deserve to be informed and updated about vaccine ingredients, clinical trials data, and actual outcomes of those who took the products as compared to those not taking the products. This information is essential for doctor-patient trust, and for true informed consent to be documented.
4. That in no instance should anyone be pressured to take a vaccine (especially by persons who wish to be indemnified from liability for adverse reactions)
5. That all vaccine reactions should be actively followed; and state and federal policy should be changed accordingly, when new safety signals become known, so that we can improve outcomes, and reduce chronic disease.

Comments on New US Vaccination Recommendations in 2026

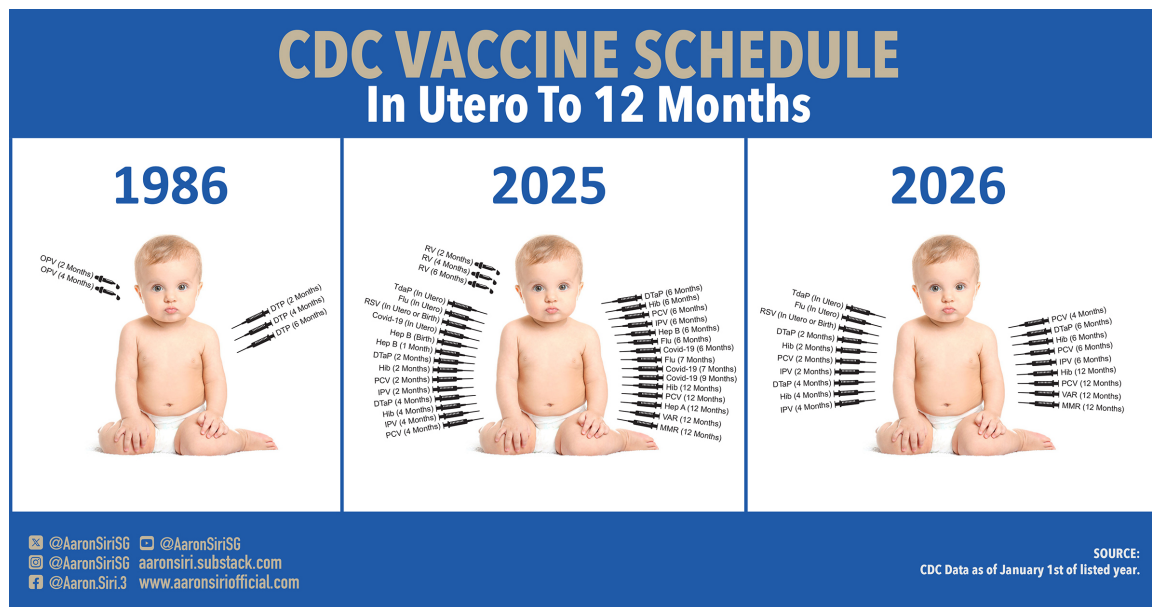
Currently we have some of the most expensive healthcare, the highest vaccination rates, and the worst health outcomes in the developed world.

ACIP, the US Advisory Committee on Immunization Practices, is the federal committee that makes vaccine recommendations followed by all US states and used to build the vaccination schedules now enforced in daycares, elementary/middle/high schools, and colleges in Vermont (currently *dozens* of shots before the age of 18).

In June 2025, [HHS overhauled ACIP](#) and limited who would be permitted to influence members, to [reduce conflicts of interest](#).

Then, key data sets already on file were reviewed; strong safety signals were examined; and key decisions were made ([for a thorough review, watch this ACIP testimony from Aaron Siri.](#)).

And on January 5, new vaccine recommendations based on a 33 page [comprehensive scientific assessment](#) were announced.



Most notably, for the first time in history: ACIP *reduced* the number of shots they will recommend to parents as “universal” immunizations.

Say NO to Keeping the Status Quo, and giving MORE liability protections to the vaccinators

It is worth noting that the AAP is not an independent organization but a 501C3 nonprofit which (until last month) received funding from both vaccine manufacturers and the Centers for Disease Control and Prevention.

In December 2025, HHS terminated multiple federal grants worth \$18-20 million to AAP. The org [brought in 140 million](#) last year, paid their executive employees over 8 million, spends approx \$1 million a year on lobbying, and gets funding from big pharma.

Corporate Donors to the AAP Friends of Children Fund

The AAP would like to thank the following companies for their support of the [Friends of Children Fund](#). Through an annual membership contribution to the Fund, these companies are invited to a Corporate Summit held each summer at the AAP National Headquarters in Itasca, IL.

President's Circle (\$50,000 and above)



The 1986 Act and the Prep Act already indemnify vaccinators from liability - despite the atrocious health outcomes.

Please Strike: "A health care professional who prescribes, dispenses, or administers an immunization in accordance with the recommendations issued pursuant to subsection (a) of this section shall be immune from civil and administrative liability for immunization-caused adverse events..."

One cannot claim the products are so uniformly safe that they should be given universally - but then ALSO say the products are so inherently unsafe, that One must be insulated from liability.

Should You Not be Able to Vote NO
- Here are Requested Revisions to H.545:

1. **Protect Vermont's children and adults by ensuring a process for fully informed consent prior to vaccination.**
 - **Add** "informed consent for the administration of immunizations" to H545/H166 using the **model language here**: <https://legislature.vermont.gov/Documents/2020/Docs/BILLS/H-0310/H-0310%20As%20Introduced.pdf>

Parents and adults have a right to know:

- What is in the vial
- How and how long was the product safety tested in trials
- What effects may be expected, and when to seek medical assistance

2. **Remove the provision in Sec. 2. 18 V.S.A. § 1130a C on page 7, enabling immunity from liability, *we need accountability.***

Parents and adults should have a clear legal right to seek recourse for failure to warn. Are they safe or unsafe?

3. **Add "reporting on adverse reactions related to immunizations"** to H545/S166 using the model language in ([H.69](#)) which would require monitoring and yearly public reporting of adverse reactions experienced by Vermonters.

Vermont should be performing active safety surveillance.

4. **Add funding for the follow up and assistance for those experiencing adverse reactions.**

Providers should be enabled to recognize, report and treat vaccine adverse reactions in order to save lives.

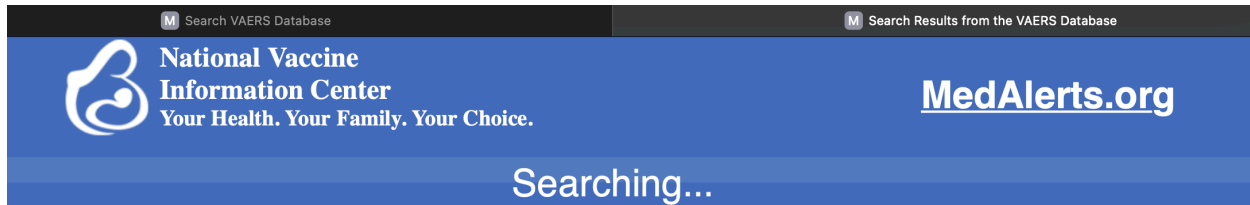
5. **Learn about "adverse reactions" and the *actual health outcomes of vaccinated v. unvaccinated persons***

Policymakers should put outcomes first.

>5000 people in Vermont alone have reported reactions into the

US Vaccine Adverse Event Reporting System, known as VAERS.

We are providing the data to you today to review (the Vermont report is over 4000 pages long and could not be printed, but here is the summary and the full link:



From the 1/2/2026 release of VAERS data:

Found 5,085 cases where Location is Vermont

[Government Disclaimer on use of this data](#)

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=VAX&GROUP2=CAT&GROUP3=AGE&GRAPH=ON&GROUP6=VACY&EVENTS=ON&PERPAGE=10000&FOLLOWOPTIONS=ALL&STATE=VT>

Conclusion

Title 18 Health, Chapter 231, Section 9701 ([18 V.S.A. § 9701](#)) defines informed consent as: **the consent given voluntarily** by an individual with capacity, or his or her own behalf or another in the role of an agent, guardian, surrogate **after being fully informed** of the **nature, benefits, risks and consequences** of the proposed health care, alternative health care, and no health care. Vaccines should be included in this.

Thank you for carefully considering this information before you vote.

Sincerely,

The Board of Health Choice Vermont

(Alison Despathy, Dr. Sandy Reider, Dr. Heather Rice, Jennifer Stella)

Additional Resources and Recommended Reading:

Fact Sheet/ CDC Childhood Immunization Recommendations | 2026 <https://www.hhs.gov/press-room/fact-sheet-cdc-childhood-immunization-recommendations.html>

Peter DOSHI in the BMJ The unofficial vaccine educators- are CDC funded non-profits sufficiently independent? <https://www.bmj.com/content/359/bmj.j5104>

Assessment of the U.S. Childhood and Adolescent Immunization Schedule Compared to Other Countries January 2, 2026 - 33 pages <https://www.hhs.gov/sites/default/files/assessment-of-the-us-childhood-and-adolescent-immunization-schedule-compared-to-other-countries.pdf>

HHS, CMS Eliminate Financial Pressure Tied to Hospital Staff Vaccination Reporting (August 2025) <https://www.hhs.gov/press-room/hhs-cms-end-vaccine-reporting-incentives.html>

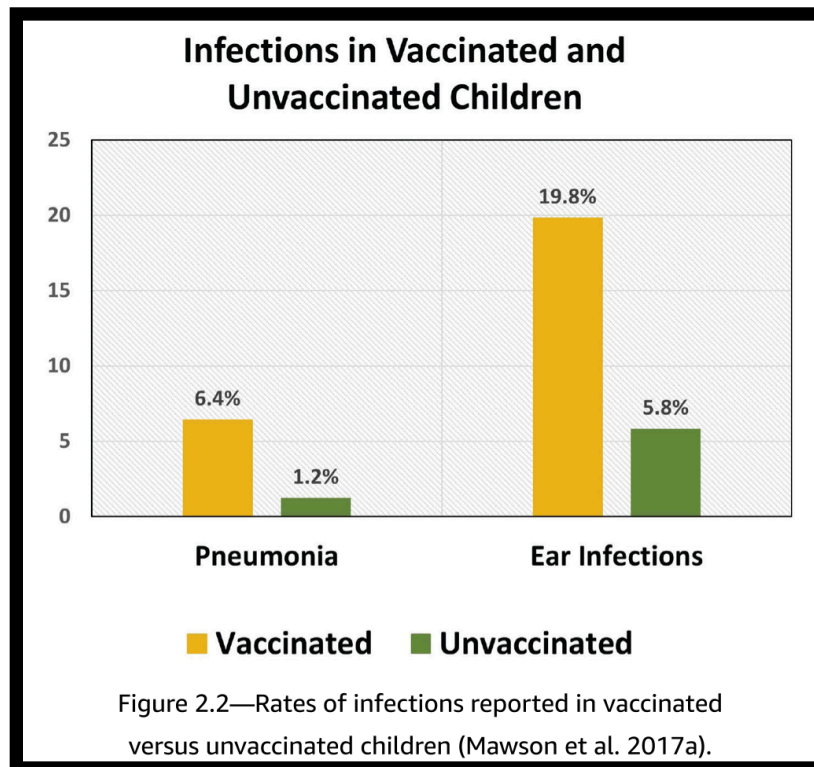
7 major vaccine policy changes in 2025 <https://www.beckershospitalreview.com/quality/public-health/7-major-vaccine-policy-changes-in-2025/>

Dec 30, 2025 memo from CMS <https://www.medicaid.gov/federal-policy-guidance/downloads/sho25005.pdf>. + one Analysis: “On December 30, 2025, the U.S. Centers for Medicare and Medicaid Services (CMS) nuked one of the most entrenched and ethically fraught financial mechanisms in modern American healthcare: the reimbursement-linked vaccine incentive system. After researchers warned of unethical coercive payment structures in pediatric and prenatal care, CMS issued [SHO #25-005](#), a State Health Official letter that removed four key immunization-status measures from the 2026 Medicaid/CHIP Core Sets. This marks the beginning of a long-overdue rebalancing. The metrics that once rewarded raw vaccine uptake as a proxy for care quality have been pulled from the federally mandated quality reporting framework. In doing so, CMS also issued a policy rebuke with weighty implications: it “strongly discourages” states from using immunization measures in payment arrangements. This statement, coming from the highest level of Medicaid policy, realigns the national posture on quality metrics and financial incentives.” <https://publichealthpolicyjournal.com/breaking-hhs-announces-tectonic-shift-in-cms-vaccine-uptake-tracking-for-pediatric-vaccines/>

Toby Rogers, Mapping the entire field of autism causation studies in one article <https://tobyrogers.substack.com/p/mapping-the-entire-field-of-autism> (May 2025)

Aaron Siri, Testimony before the the ACIP Committee regarding the inadequacy of currently available clinical trials data (December 2025) <https://aaron Siri.substack.com/p/acip-at-a-historic-turning-point>

From the book, [Vaccinated vs Unvaccinated: Let the Science Speak](#):



Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses along the Axis of Vaccination

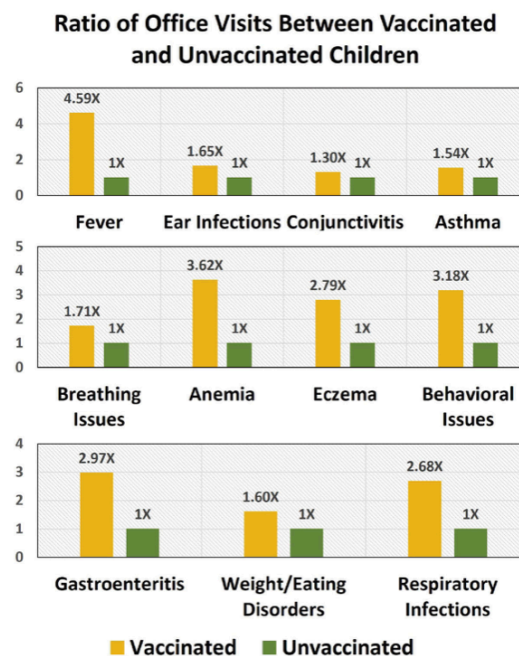


Figure 2.8—Ratio of pediatrician office visits for listed disorders between vaccinated and unvaccinated children (Lyons-Weiler and Thomas, 2021).