May 21, 2021 Letter

Siri | Glimstad

200 Park Avenue, Seventeenth Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

May 21, 2021

VIA EMAIL AND FEDEX

Dr. Howard A. Zucker
Commissioner,
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237
howard.zucker@health.ny.gov

Dr. Betty A. Rosa
Commissioner of Education
New York State Education Department
89 Washington Avenue
Albany, New York 12234
Commissioner@nysed.gov

Re: *Vaccinated vs. unvaccinated health outcomes in Ulster children*

Dear Dr. Zucker and Dr. Rosa:

We represent a group comprising all of the families of unvaccinated children[1] (the "**Ulster Children**") in the following four contiguous school districts: Kingston City, New Paltz, Rondout Valley, and Wallkill (collectively, the "**School Districts**").

Like almost all parents, these families seek to safeguard the long-term health of their children. Unlike most parents, they have concluded that avoiding vaccines confers an overall health benefit for their children. While there is an abundance of evidence to support this conclusion, the most compelling evidence are the health outcomes of their children as compared with the health outcomes of the vaccinated children in their school districts.

What makes the difference in these health outcomes particularly compelling is that these unvaccinated children are all of the known unvaccinated children in grades K through 12 in these School Districts. They comprise 56 families with a total of 99 unvaccinated children. By including all unvaccinated children within the School Districts, there is no selection bias or cherry picking. While the better health outcome of any one of these children could be, and typically is, discarded by health authorities as anecdotal, collectively, their health outcomes are not anecdotal.

To assess any health issues among the Ulster Children, the most recent completed NYS School Health Examination Form, which is completed by each child's pediatrician, was collected for each child. These forms include check boxes for whether the child has, among other things,

[1] "Unvaccinated child" means a child who has not received any vaccines.

allergies, asthma, seizures, or diabetes, as well as any cardiovascular, neurological, speech, social emotional, etc., issues. Additionally, an MD interviewed each family to assure that there were no other diagnosed medical conditions not reflected on these forms.

The result was as follows:

Condition	Rate in Unvaccinated Ulster Children	Background Rate
Allergy – Food	2%	8%[2]
Allergy – Environmental	2%	8.4%[3]
Asthma	1%	7.5%[4]
Seizures	0%	0.6%[5]
Diabetes	0%	Type 1: 22.3 per 100,000 Type 2: 13.8 per 100,000[6]
Autism Spectrum Disorder	0%	1 in 54 children[7]
Attention Deficit Hyperactivity Disorder	2%	9.4%[8]
Eczema	1%	12%[9]

The above finding is consistent with the handful of studies that assessed health outcomes between those who have received vaccines and those who have not received any vaccines. For example, Dr. Peter Aaby is renowned for studying and promoting vaccines in Africa and has published over 300 peer-reviewed articles and studies regarding vaccination.[10] In 2017, he and co-authors published a study finding that infants were 10 times more likely to die by 6 months of age following their DTP vaccination than those that did not receive any vaccines during the first 6 months of life.[11] Children vaccinated with DTP were dying from causes never associated with this vaccine, such as respiratory infections, diarrhea, and malaria.[12] This indicated that while DTP's

[2] *See* https://www.cdc.gov/healthyschools/foodallergies/index.htm.

[3] *See* https://www.aafa.org/allergy-facts/.

[4] *See* https://www.cdc.gov/nchs/fastats/asthma.htm.

[5] *See* https://www.cdc.gov/epilepsy/data/index.html.

[6] *See* https://www.cdc.gov/mmwr/volumes/69/wr/mm6906a3.htm?s_cid=mm6906a3_w.

[7] *See* https://www.cdc.gov/ncbddd/autism/data.html.

[8] *See* https://www.cdc.gov/ncbddd/adhd/data.html.

[9] *See* https://www.cdc.gov/nchs/data/health_policy/eczema_skin_problems_tables.pdf.

[10] *See* https://www.ncbi.nlm.nih.gov/pubmed/?term=PETER+AABY%5BAuthor+-+Full%5D.

[11] *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/.

[12] *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/.

purpose is to reduce the incidence of diphtheria, tetanus, and pertussis, it actually increased mortality from other infections.[13] The study therefore concludes:

> All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis.[14]

In a related finding, a study out of the University of Hong Kong, Queen Mary Hospital, and Centre for Influenza Research compared children receiving the influenza vaccine with those receiving a saline injection in a prospective randomized double-blind study.[15] Both groups had a statistically similar rate of influenza, but the group receiving the influenza vaccine had a statistically significant 440% increase in the rate of non-influenza infections.[16] Thus, the influenza vaccine increased children's susceptibility to other respiratory viral infections, just as DTP vaccine increased susceptibility to other infections which, in turn, increased mortality.

Similarly instructive is that measles vaccination appears to have significantly increased – not decreased – overall mortality related to measles in the United States. The first vaccine for measles was licensed in the United States in 1963 and, according to the CDC, the mortality rate from measles declined by over 98% between 1900 and 1962.[17] In the years leading up to 1963 (when no measles vaccine existed), the CDC reported a total of approximately 400 deaths from measles per year in the United States during a time when virtually every American had measles, reflecting an annual death rate from measles of 1 in 500,000 Americans prior to the introduction of the measles vaccine.[18] On the other hand, eliminating measles has demonstrably and measurably increased certain cancer rates, the risk of heart disease, and other serious medical conditions. For example, the International Agency for Research on Cancer found that those who have never had measles had a 66% increased rate of Non-Hodgkin Lymphoma and a 233% increased rate of Hodgkin Lymphoma.[19] These two cancers killed **20,960** Americans in 2018. *Id*. Likewise, researchers at the University of British Columbia and the University of Victoria have confirmed that those who never had measles had a 50% increased rate of ovarian cancer, which killed **14,070** Americans in 2018.[20] The nation of Japan concluded, after tracking over 100,000 of its citizens for more than 22 years, that having measles

---

[13] *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/.

[14] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/.

[15] *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/.

[16] *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/.

[17] *See* https://physiciansforinformedconsent.org/measles/dis/; *see also* https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf.

[18] *See* https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf; and https://www.census.gov/library/publications/1961/dec/pc-s1-10.html. Medical care for acute viral infections has also made significant advances since 1962.

[19] *See* https://pubmed.ncbi.nlm.nih.gov/16406019/; *see also* https://pubmed.ncbi.nlm.nih.gov/9824838/; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1589969/?page=1; https://seer.cancer.gov/statfacts/html/nhl.html; and https://seer.cancer.gov/statfacts/html/hodg.html.

[20] *See* https://www.sciencedirect.com/science/article/abs/pii/S0361090X06000043; https://seer.cancer.gov/statfacts/html/ovary.html.

and mumps was "associated with lower risks of mortality from heart disease," which killed **610,000** Americans in 2018.[21] Additionally, peer reviewed studies reflect that children who have had measles suffer from far less allergies and atopic diseases, such as asthma, and adults who have had measles have a reduced risk of Parkinson's Disease.[22] Hence, as with the DTP vaccine, the body of science regarding the measles vaccine reflects that eliminating measles has caused far more deaths annually in the United States from cancer and heart disease than the potentially few hundred lives saved from eliminating measles.[23]

Perhaps most concerning with regard to the DTP study is that it was based on data from the 1980s that had been collecting dust for over 30 years.[24] This begs the question: what other serious vaccine injuries and non-specific adverse effects are being missed by our health authorities?

One indication of what is being missed is the following finding from the School of Public Health at Jackson State University: 33% of vaccinated preterm babies had a neurodevelopmental disorder while 0% of the unvaccinated preterm babies had a neurodevelopmental disorder; and another pilot study by the same group found that vaccinated children, compared to unvaccinated children (receiving no vaccines), had a statistically significant increased rate of 390% for allergies, 420% for ADHD, 420% for autism, 290% for eczema, 520% for learning disabilities, and 370% for any neuro-developmental delay.[25]

In another recent study, aggregating data from three medical practices in the United States, the health outcomes of vaccinated and unvaccinated children born between 2005 and 2015 were compared; this study found that vaccinated children, compared to unvaccinated children, had a statistically significant increased rate of 218% for developmental delay, 449% for asthma and 213% for ear infections. [26] Another similar study, looking at the medical records of 3,324 children from a single pediatric practice over a ten year period, found that the vaccinated, as compared to the unvaccinated, had a statistically significant increased rate of, among other things, 648% for allergic rhinitis, 633% for anemia, 476% for eczema, and 313% for behavioral issues.[27] One particularly standout observation among many was that zero of the 516 unvaccinated children in

---

[21] https://pubmed.ncbi.nlm.nih.gov/26122188/; https://www.cdc.gov/heartdisease/facts.htm.

[22] *See* https://pubmed.ncbi.nlm.nih.gov/19255001/; *see also* https://pubmed.ncbi.nlm.nih.gov/16854347/; and https://academic.oup.com/aje/article-abstract/122/6/1017/72271?redirectedFrom=fulltext.

[23] Stated differently: until the introduction of the vaccine, measles was considered a mild childhood infection, like the chickenpox; the ecological relationship humans developed with measles through millennia did not eliminate measles; and the evidence supports that having measles conferred benefits for survival that exceeded its negative effects.

[24] *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/; *see also* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/.

[25] *See* http://www.oatext.com/pdf/JTS-3-186.pdf; http://www.oatext.com/pdf/JTS-3-187.pdf.

[26] *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7268563/.

[27] *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7709050/.

the study had attention deficit hyperactivity disorder (ADHD) compared to 5.3% of the partially or fully vaccinated children.[28]

Consider that there are over 420 disorders listed on package inserts of infant vaccines – a large portion of which are immune and nervous system disorders – which are *only* listed there because its manufacturer has a basis to believe there is a causal relationship between the vaccine and the occurrence of the adverse event.[29] Federal law is clear that the package insert should include "*only* those adverse events for which there is some basis to believe there is a causal relationship between the drug and the occurrence of the adverse event."[30]

The greatest vaccine safety signal may be the ever-growing percentage of Americans refusing to vaccinate their children. According to the CDC, between 2001 and 2017 the number of completely unvaccinated two-year-old children in America has increased by 433%.[31] One in 77 two-year old American children are now completely unvaccinated and 1 in 2 children skip one or more vaccines on CDC's childhood vaccine schedule.[32] This growth has occurred despite stricter vaccination laws and access to free vaccinations for lower income populations.

Parents declining one or more recommended vaccines for their children often have concerns about vaccine safety because they themselves, their children, or someone else close to them has had a personal experience with a life-altering adverse event following vaccination.[33] Parents who make this informed choice, as CDC admits, are typically well-educated, and do so in the face of social stigma and exclusion; hence, they often never make this decision lightly, but rather after careful research or a personal experience with vaccine injury.[34]

Doctors have long been trained to listen to their patients, and studies have repeatedly shown that parents are the best source of information about their children and provide highly accurate information for detecting symptoms of and addressing developmental and behavioral problems.[35] The New York State Department of Health ("**NYSDOH**") and the New York State Education Department ("**NYSED**") should take heed of this age-old wisdom and listen to the growing number of parents who, as the vaccine schedule has expanded, have reported that they observed their children regress into poor health after vaccination, including losing previously met cognitive and physical milestones and suffering changes in personality and behavior. If the NYSDOH and NYSED want to prove them wrong, they need to produce real science showing the actual safety

---

[28] *See* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7709050/.

[29] *See* 21 C.F.R. 201.57; https://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm093833.htm.

[30] 21 C.F.R. 201.57.

[31] *See* https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm.

[32] *See* https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm; https://stacks.cdc.gov/view/cdc/59415.

[33] *See* https://www.ncbi.nlm.nih.gov/pubmed/25200366.

[34] *See* https://www.ncbi.nlm.nih.gov/pubmed/18816357; *see also* https://www.ncbi.nlm.nih.gov/pubmed/28578210; and https://www.cnn.com/2015/02/03/health/the-unvaccinated/index.html.

[35] *See* https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1440-1754.1999.00342.x.

of the childhood vaccine schedule. That science demands, at the very least, a properly sized and controlled study comparing health outcomes in vaccinated and completely unvaccinated children.

The stated purposes of vaccination are to improve the overall quality of health of Americans and reduce mortality. Yet, the increase in the childhood vaccine schedule over the last 30 years from 2 injected vaccines[36] to 13 injected vaccines[37] (plus 2 injected vaccines during pregnancy[38]) has occurred in lockstep with the increase in the rate of autoimmune, developmental, and neurological disorders in children from 12.8% to 54%.[39] Health authorities have no explanation for why U.S. children today are plagued with a chronic disease and disability epidemic.

This as yet unexplained explosion in chronic disease and disability among American children, which coincides with the rapid increase in the numbers of vaccinations given to infants and children in the first six years of life, is a serious vaccine safety signal that demands methodologically sound studies to rule out vaccines or the childhood vaccine schedule as a contributing cause. It is accepted science that adverse responses to vaccination can lead to certain chronic disorders, including autoimmune, developmental, and neurological disorders – it is only the rate at which this occurs that is either disputed or admittedly unknown.[40]

The Ulster Children are the living proof that unvaccinated children have far better health outcomes than vaccinated children. **If you contest these results, please provide the scientific support that reflects that vaccinated children have better long-term health outcomes than the unvaccinated.** Please also provide evidence that the growing rate and list of chronic diseases and disabilities affecting children are not caused by vaccination.

If the NYSDOH or the NYSED do not have such evidence, then they cannot assess whether the childhood vaccine schedule it promotes and enforces is causing more harm than good, and its

---

[36] *See* https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg (OPV is given orally).

[37] *See* https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html#schedule (Rotavirus is given orally. Assumes 4-dose Hib series, 3-dose HPV series, and no combination vaccines; but even with combination vaccines still have a total of 40 injections.)

[38] *See* https://www.cdc.gov/vaccines/pregnancy/downloads/immunizations-preg-chart.pdf.

[39] Compare https://www.cdc.gov/vaccines/schedules/images/schedule1983s.jpg with https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

[40] Among other sources: https://www.hrsa.gov/sites/default/files/vaccinecompensation/vaccineinjurytable.pdf; https://www.nap.edu/read/1815/chapter/2#7; https://www.nap.edu/read/2138/chapter/2#11; https://www.nap.edu/read/13164/chapter/2#2; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/; children must "prove that the vaccine was the cause" for all off-Table vaccine injuries, https://www.ncbi.nlm.nih.gov/nlmcatalog/101633437, 98% of vaccine injury claims are off-Table, http://www.gao.gov/assets/670/667136.pdf, and partial database of off-Table vaccine injury awards, https://www.uscfc.uscourts.gov/aggregator/sources/7; see studies compiled in this white paper: http://icandecide.org/white-papers/ICAN-AluminumAdjuvant-Autism.pdf; conditions listed in Appendix B are reported in one or more pediatric vaccine package inserts, https://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm093833.htm, because, as required by federal law, there is a "basis to believe there is a causal relationship between the drug and the occurrence of the adverse event," 21 C.F.R. 201.57.

vaccination requirements not only fail to meet strict scrutiny, but they lack a rational basis. If you fail to timely provide this evidence, we have been authorized to commence an action challenging the constitutionality of the school immunization requirements for kindergarten through the twelfth grade.

Our client looks forward to receiving the scientific support requested.

All rights reserved.

Very truly yours,



Aaron Siri, Esq.
Elizabeth A. Brehm, Esq.
Jessica Wallace, Esq.

June 16, 2021 Response

Aaron Siri

From: doh.sm.DLAHouse <dlahouse@health.ny.gov>
Sent: Wednesday, June 16, 2021 8:00 AM
To: Elizabeth Brehm; Aaron Siri
Subject: Vaccinated vs. unvaccinated health outcomes in Ulster children

Dear Elizabeth Brehm and Aaron Siri,

Thank you for your recent correspondence to Commissioner Zucker requesting information about childhood vaccinations and school vaccination requirements.

Detailed information concerning the efficacy and safety of childhood vaccinations is widely available to the public, including on the websites of the Department of Health (https://www.health.ny.gov/prevention/immunization/) and the federal Centers for Disease Control and Prevention (https://www.cdc.gov/vaccinesafety/index.html), as well as in decades of scientific literature.

In addition, the State's authority to mandate vaccinations in schools and other settings, as an essential tool to protect the public health, has been clearly established by both federal and state courts dating back well over a century (See, e.g., *Jacobson v. Massachusetts*, 197 U.S. 11 (1905)).

Vaccinations are one of the most important methods available to protect children from serious and sometimes deadly diseases, and the Department of Health will continue to support childhood vaccinations and the enforcement of Public Health Law mandates for vaccinating school-age children.

Sincerely,

Richard Thomas
Deputy Director, Bureau of Program Counsel
Division of Legal Affairs

New York State Department of Health
ESP Corning Tower, Albany, NY 12237
health.ny.gov

August 11, 2021 Letter

Siri | Glimstad

NEW YORK | LOS ANGELES | MIAMI
PHOENIX | DETROIT

200 Park Avenue, 17th Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

August 11, 2021

VIA EMAIL AND FEDEX

Dr. Howard A. Zucker
Commissioner,
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237
howard.zucker@health.ny.gov

Dr. Betty A. Rosa
Commissioner of Education
New York State Education Department
89 Washington Avenue
Albany, New York 12234
Commissioner@nysed.gov

Richard Thomas
Deputy Director, Bureau of Program Counsel
Division of Legal Affairs
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237
dlahouse@health.ny.gov

Re: *Vaccinated vs. unvaccinated health outcomes in Ulster children*

Dear Dr. Zucker, Dr. Rosa, and Mr. Thomas:

We represent a group comprising all of the families of unvaccinated children[1] (the "**Ulster Children**") in the following four contiguous school districts: Kingston City, New Paltz, Rondout Valley, and Wallkill (collectively, the "**School Districts**"). We previously wrote to Dr. Zucker and Dr. Rosa on May 21, 2021 (that letter is appended here for convenience) with the results of an assessment of health outcomes in vaccinated versus unvaccinated children within the School Districts which showed living proof that unvaccinated children have far better health outcomes than vaccinated children.

On June 16, 2021, we received a response from Mr. Thomas (also appended here) which directed us to two webpages, one from the New York State Department of Health, the other from the Centers for Disease Control and Prevention. We were further directed to "detailed information" in "decades of scientific literature" without any citations to same.

The request, plainly stated in our original letter, was as follows:

[1] "Unvaccinated child" means a child who has not received any vaccines.

> The Ulster Children are the living proof that unvaccinated children have far better health outcomes than vaccinated children. If you contest these results, please provide the *scientific support that reflects that vaccinated children have better long-term health outcomes than the unvaccinated*. Please also provide *evidence that the growing rate and list of chronic diseases and disabilities affecting children are not caused by vaccination*.

We note that neither link provides evidence that the growing rate and list of chronic diseases and disabilities affecting children are not caused by vaccination. Absent receipt of this proof, we have been directed to commence an action challenging the constitutionality of the school immunization requirements for kindergarten through the twelfth grade.

Our client looks forward to receiving the scientific support requested.

All rights reserved.

Very truly yours,



Aaron Siri, Esq.
Elizabeth A. Brehm, Esq.
Jessica Wallace, Esq.

November 11, 2021 Letter

Siri | Glimstad

NEW YORK | LOS ANGELES | MIAMI
PHOENIX | DETROIT | DENVER | AUSTIN

200 Park Avenue, 17th Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

November 11, 2021

VIA EMAIL AND FEDEX

Dr. Howard A. Zucker
Commissioner, New York State Department of Health
Corning Tower Empire State Plaza
Albany, NY 12237
Howard.zucker@health.ny.gov

Dr. Betty A. Rosa
Commissioner of Education
New York State Education Department
89 Washington Avenue
Albany, NY 12234
Commissioner@nysed.gov

Mr. Richard Thomas
Deputy Director, Bureau of Legal Affairs
New York State Department of Health
Corning Tower Empire State Plaza
Albany, NY 12237
dlahouse@health.ny.gov

Re: *Vaccinated vs. unvaccinated health outcomes in Ulster children*

Dear Dr. Zucker, Dr. Rosa, and Mr. Thomas:

We write to follow-up on our prior communications of May 21, 2021, June 16, 2021, and August 11, 2021, attached hereto.

The New York State Department of Health has an annual budget of approximately $88.5 billion and a specific focus on promoting vaccines. In fact, a significant portion of your agency's efforts are geared toward promoting vaccines, encouraging the public they are safe, and otherwise increasing vaccination rates. It would therefore be within your interest to share studies which, in fact, support the safety of the childhood vaccine schedule. The fact that you have not done so to date appears a clear and plain admission that you have no such studies.

As public servants, you should be reticent to continue to mandate a liability-free product to children without proper safety studies. Your assumptions regarding these products are akin to beliefs; you believe the assumptions are true without evidence, even in the face of evidence to the contrary. Parents should not have to participate in your beliefs about these products. They prefer to rely on the data, the studies, and their family's experiences regarding these products, which

show that their children are healthier than those that participate in your mandated schedule of dozens of injections of these products per child.

As there is no longer any excuse that you have not had sufficient time to gather appropriate studies, unless we receive same by November 30, 2021, we will be taking formal legal action.

Govern yourselves accordingly.

Best regards,



Aaron Siri, Esq.
Elizabeth A. Brehm, Esq.

December 27, 2021 Letter

Siri | Glimstad

NEW YORK | LOS ANGELES | MIAMI
PHOENIX | DETROIT | DENVER | AUSTIN

200 Park Avenue, 17th Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

December 27, 2021

SENT VIA EMAIL AND FEDEX
Dr. Mary Bassett
Acting Commissioner, New York State Department of Health
Corning Tower Empire State Plaza
Albany, NY 12237
Mary.Bassett@health.ny.gov

Re: *Vaccinated vs. unvaccinated health outcomes in Ulster children*

Dear Acting Commissioner Bassett:

We write on behalf of a group we represent, comprising all of the families of unvaccinated children in the four contiguous school districts of Kingston City, New Paltz, Rondout Valley, and Wallkill, and we welcome to your recent appointment as Acting Director of the New York State Department of Health.

Attached is correspondence with the former Commissioner, Dr. Zucker, spanning a six-month time period earlier this year. We share this exchange with you with the hope that you will provide a more substantial response to the important issues and concerns raised forthwith, prior to our legal filing.

Best regards,

Aaron Siri, Esq.
Elizabeth A. Brehm, Esq.

March 24, 2022 Letter

Siri | Glimstad

NEW YORK | LOS ANGELES | MIAMI
PHOENIX | DETROIT | DENVER | AUSTIN

200 Park Avenue, 17th Floor, New York, NY 10166
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

March 24, 2022

SENT VIA EMAIL AND FEDEX
Mary Bassett, MD, MPH
Acting Commissioner, New York State Department of Health
Corning Tower Empire State Plaza
Albany, NY 12237
Mary.Bassett@health.ny.gov

Re: *Follow-up on Vaccinated vs. Unvaccinated Health Outcomes in Ulster Children*

Dear Acting Commissioner Bassett:

We write to follow up on our December 27, 2021 letter to you on behalf of a group we represent comprised of all of the families of unvaccinated children in the four contiguous school districts of Kingston City, New Paltz, Rondout Valley, and Wallkill.

Attached is our December 27, 2021 letter, which includes correspondence with the former Commissioner, Dr. Zucker, in 2021.

In order to avoid litigation, we do sincerely hope that you will respond to these important issues and concerns raised forthwith.

Best regards,

Aaron Siri, Esq.
Elizabeth A. Brehm, Esq.

Enclosure