Vaccines are NOT a Luxury: They are a Basic Human Right

Dear Secretary Marco Rubio,

If you knew that USAID cuts in Venezuela would directly lead to the reemergence of preventable diseases such as measles and diphtheria, would you still allow this funding to end? For many years, USAID and Vaccine Alliance (of which the US is a key contributor) have been crucial to increasing child vaccination rates in Venezuela. But this problem is far from over. According to the World Population Review, just 54% of Venezuelan citizens received their vaccines, causing disease to run rampant. In 2025 alone, Venezuela faced a staggering 180% inflation rate, but a meager minimum wage of just $1.79 USD per month, causing 66% of the population to live below the poverty line. But this isn't just a global health crisis.

By turning its back on Venezuelan citizens during their time of need, the United States is setting an awful precedent for international relations and global politics, convincing other countries that ignoring suffering children and families across the world is acceptable, just because it doesn't affect the United States directly. But here's where you're wrong. Since the Venezuelan political and humanitarian crisis, migrants have fled to the US in huge numbers, concentrating in urban hubs, such as Houston, Los Angeles, and NYC, where I live. As of 2023, almost 1 million Venezuelans are living in America, and this number is only growing. As a lawmaker, it is your utmost duty to provide for all Americans regardless of race or nationality. If the emergence of awful diseases and the death of countless children could be prevented by signing a simple bill, why wouldn't you? What cause is more important than the lives of innocent children and stability in health and economics worldwide?

While many may argue that providing aid for foreign nations should not be put top priority, especially considering that the US treasury is knee deep in debt as it is. But this isn't just a good deed. Investing in global health and economics will have long term benefits, both stabilizing international relations and encouraging other nations to improve their own vaccine accessibility. Therefore, it is imperative that you introduce a bill with the following demands, to stop vaccine-preventable deaths in Venezuela:

1. Reintroducing USAID to fund vaccination equipment and buildings, and other necessary expenses.
2. Requiring vaccination for schools and jobs, making it part of the culture, and educating the medical staff to increase efficiency.
3. Lastly, we must incorporate approved vaccines that have not yet reached Venezuela. According to the Pulitzer article I read, "Vaccines are not an Immunological Luxury, They are a Necessity and a Human Right", the HPV vaccine has been approved for 15 years, yet Venezuelans are deprived of this basic right.

The time is now. How much longer are we going to wait?

Sincerely,
Dalia R., Hunter College High School

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Put American Students First

Dear Secretary Marco Rubio,

If you want to put America First, don't leave American students behind.

Last summer, I spent six weeks in Marrakesh studying Arabic as part of the U.S. State Department's National Security Language Initiative for Youth (NSLI-Y). During the day, I practiced Arabic words and phrases for hours as I learned to read and write with a new alphabet. In the evenings, over dinner with my host family, I felt proud to share what being American means to me.

At your request, Congress recently cut 93% of funding for exchange programs like NSLI-Y, which are run through the State Department's Bureau of Educational and Cultural Affairs. In the State Department's fiscal year 2026 Congressional Budget Justification, you argue that these programs are too costly, don't protect American interests, and are ineffective. Discontinuing these programs is a short-sighted move which undermines American national security and threatens our position on the world stage.

According to the Government Accountability Office, in September 2016 nearly a quarter of the State Department's overseas positions were filled by staff that didn't meet foreign language proficiency requirements. This lack of language proficiency is especially profound in the Middle East and North Africa, where 37% of staff failed to meet requirements. The best way to improve your staff's effectiveness is to help young people study critical languages like Arabic.

Fully funding exchange programs barely costs 1% of the State Department's budget, and these programs are highly effective in improving language proficiency. In six weeks, I went from only knowing how to say hello in Arabic to being comfortable leading presentations and haggling in the Marrakesh medina.

The United States can't stand on its own, and we need friends around the world to help defend us and our interests. Anti-American extremism festers when it's easier to see Americans as monsters rather than as people. If we offer no alternative to this malignant narrative, it will spread. By introducing American students to local families in regions like the Middle East, NSLI-Y encourages both hosts and the young people they welcome to recognize each others' humanity.

Until recently, because of the U.S.'s long-standing commitment to nutrition programming through the U.S. Agency for International Development (USAID), many Nepalis referred to local nutrition programs simply as "USAID." In many countries, the US has become synonymous with public health initiatives. Soft power matters, and if you wield it effectively, "America" could one day also become synonymous with education.

President George W Bush started NSLI-Y in 2006 because he understood that "in order to convince people we care about them, we've got to understand their culture and show them we care about their culture." Speaking with

people in their native language shows a level of empathy that cannot be translated by an interpreter. I still remember my host aunt's bright smile as I practiced my Arabic with her and used a jumble of Arabic and French to write down a recipe for a traditional dish we made together.

You must urge Congress to restore funding to NSLI-Y and all other exchange programs run through the State Department's Bureau of Educational and Cultural Affairs immediately, so students like me can prepare for foreign service and demonstrate what truly makes our country great.

Put America First by putting American students first. Our future depends on it.

Sincerely,
Emma W.

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Global Vaccine Cooperation

Dear US pharmaceutical companies,

Imagine you're in a laboratory testing samples and one vial contains the perfect mixture of chemicals, forming the COVID-19 vaccine. You've done it—you've saved millions.

Now imagine that vial never existed. Not because you couldn't figure out what to put in it, but because you weren't allowed to. You're hindered by patents that turn science into a business. And pharma companies have made this version of vaccine development for low-income countries a reality.

When I worked at a biology lab at Mount Sinai, I realized that science is meant to be a community. With each project, I began examining previous research and acquiring cells from researchers around the world—because blood research can't be a one-man job. Neither is vaccine development.

During the race to create a COVID vaccine, Pfizer and Moderna created viable vaccines in less than a year and saved millions of American lives. But much of the world was left out of their success, particularly sub-Saharan Africa.

Death rates among people hospitalized for COVID-19 in low-income countries were twice as high as in wealthy nations, largely because of limited vaccine access. In July 2021, just 1% of Malawians had been vaccinated. It's not that Africa didn't try– in fact, South African researchers created a nearly identical mRNA vaccine to Moderna in March 2021, but faced numerous lawsuits regarding a lipid in their vaccine. "If we use another one, it will be more time. We would have to start again from zero," explained researcher Latri Rahmah. The chance to save African lives was doomed from the start because US companies weren't interested in working with the rest of the world.

Global vaccine cooperation sounds perfect, in theory, you might say. But patents are instrumental for preserving competition, and therefore foster innovation, right? Actually, no. A 2022 *Nature* study found that it was not intellectual property that played a significant role in vaccine development but rather government funding and procurement contracts. Patents appear to take on a more significant role once the first vaccines have made it to market.

This shouldn't be news to you. In fact, Moderna's CEO, Stéphane Bancel, understood that patents were not a major factor in maintaining the company's exclusivity in the market. So Moderna promised not to enforce its patent on the Covid-19 vaccine in lower-income countries. Instead, they refused to share knowledge on how to construct an mRNA vaccine, even with the World Health Organization's South African hub, and continued to pose legal trouble for mRNA vaccine researchers.

So it's not a question of innovation, it's a question of revenue. But you've already made substantial profit– Pfizer and Moderna earned over $50B combined in 2021 from the vaccine. After you've made the initial profit, there's no reason why other countries shouldn't get access. Save even more lives with the vaccines you spent months creating. Remind the world why your work is so meaningful.

The good news is, you wouldn't have to create labs, you'd just have to partner with existing research hubs like Afrigen. Afrigen is leading the charge in global cooperation, working with South African universities and pharmaceutical companies in fifteen countries such as Brazil, Vietnam, and Kenya, to build their own mRNA vaccines. Imagine the power of Afrigen if American companies like you got involved to create vaccines together.

I urge you to pause patents in times of global health crises and instead share research and create vaccines with the global science community. And when the next pandemic rolls around, it'll be okay if the US doesn't have the answer because someone else will. Science is at its best when done in teams, and what could be a better team than the entire world?

Sincerely,

Natalie V.

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Misinformation

Dear Meta Board of Executives,

Misinformation is deadly. And no, we're not just saying that. Take the case of Samoa, an island nation in the Pacific ravaged by measles after months of false advertising, some of which linked the vaccine to autism. According to Pulitzer Center reporting, 5,700 Samoans were infected. 83 people, mostly children, died. With tears in her eyes, Samoan nurse Leilani Jackson told *Atlanta News First* that the outbreak left her in "utter disbelief… just pure shock and sadness."

This problem persists beyond Samoa's borders and with numerous diseases. The National Foundation for Infectious Diseases finds that 50,000 people in the U.S. die annually due to vaccine-preventable illnesses. As recently as the first three months of COVID-19 pandemic, vaccine misinformation was correlated with at least 800 deaths and 5,800 hospitalizations according to a study by Islam et al.

Some would argue that Meta doesn't have the right nor resources to police everything posted on their platform. We agree. In any open forum, there's bound to be some misinformation present. We know this firsthand; as teenagers, we scroll past user-generated political propaganda and false reporting daily. However, the problem arises when you knowingly advertise dangerous misinformation about topics where lives are at stake. In Samoa, the Children's Health Defense and other organizations' ads on Facebook were not just random algorithmic recommendations. They were targeted to 110,000 people, mostly women. You claim ads with "content debunked by third-party fact checkers" are prohibited. You publicly acknowledge the harm of false information and have defined a mechanism of vetting such falsehoods. This third-party enforcement system, therefore, leaves you no excuse for allowing paid anti-vaccine ads featuring claims previously debunked, such as the one linking vaccine use to autism development.

The fact is, your current policies don't work. A *New York Times* investigation published on October 1, 2025 found that Facebook routinely approved and monetized political ads with misinformed content, even after they were removed from the platform. Moreover, the Tech Transparency Project found 63 advertisers, making up 20% of Facebook's top 300 biggest buyers of political/social ads, employed underhanded practices. Katie A. Paul, director of the Tech Transparency Project, claims that "Meta is very aware of these types of scams." Ads from all 63 of these advertisers were previously removed for Facebook's policies and their advertisers suspended, but more than half are still able to publish new content.

Meta, this system needs to change. You must hold yourself accountable. There's no excuse for platforming unscientific advertisements that dispute years of evidence. There's no reason why known false advertisers should still be able to purchase ad space. For healthcare information, at minimum, we implore you to require human review to verify the scientific information before those advertisements go live.

You have the tools. Samoa made it clear that you have a problem. Yet still, you continue to actively platform misinformation. The question now is simple: how many more lives will you allow to be lost?

Sincerely,

Bobby B. and Arielle B.

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Self-Harm

To the American Psychiatric Association,

Three times in the past three years, someone from my school or my own family has died by suicide. On one of those occasions, I was the one who found the body, hanging from a clothesline, first thing when I woke up in the morning. That image will forever be ingrained in my brain, a nightmare that I will never wake up from. In the United States, suicide is now the second-highest cause of yearly deaths for ages 1 and 44, rising from 16,000 to 23,400 deaths over the past 45 years. These numbers should not be accepted. My three experiences are three too many.

One area for improvement is clinician visits. An estimated 82% of people who die by suicide visit a clinic in the months before death. Saving even a quarter would mean over 10,000 lives saved each year. However, according to *The New York Times*, your DSM-5 guidelines, which are the industry standard, do not provide a standalone diagnostic method for suicide ideation. As a result, doctors are left with methods that involve directly questioning patients on whether they want to harm themselves. Research has shown that about half of those with suicidal ideation deny it when asked. Some do not consider harming themselves until hours before their attempts, so even a truthful answer at the clinic would not have prevented suicide. The current system is letting too many people slip through the cracks.

Revising the DSM-5 to include diagnostic methods would be a major step forward. To do so, government funds need to be secured so that methods can be researched, which you must campaign for. Yes, the Trump administration is cutting funding for national health agencies. But funding is still possible. During the 2016 Trump administration, organizations such as the AFSP were successfully able to lobby for the creation of the Suicide Prevention Hotline. As of November 2025, the hotline has taken over 19 million contacts, making an immense impact on American well-being. Many politicians agree that mental health is an issue, and if the largest psychological association speaks out, funding is more likely to be granted.

With funding, research into diagnosis, such as suicide crisis syndrome (SCS), is possible. The syndrome, which researchers hypothesize to be directly related to a suicidal state of mind, can be diagnosed without directly asking for ideation. People can have the syndrome without having suicidal intent, allowing doctors to identify patients who have made up their mind to die minutes before acting on their thoughts. Early diagnosis also becomes possible, which, as with all other illnesses, is the key to control and prevention.

I implore you to step up and call for change in how our healthcare system deals with suicidal thoughts. Currently, not enough is being done to slow the creeping trend of increasing suicides in the country. And the pain of losing someone to suicide is not a pain that should be normalized.

Best,

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Climate Crisis

Dear President Donald Trump,

Growing up in New York, the winter season meant you could wake up any day to the streets covered with a white coat of snow. Schools would announce days off and kids would drag their sleds to the nearest hill. Now, winter doesn't carry the same magic. These past few years New York has seen some of the highest temperatures throughout the year, and with this, less snow. Less snow might seem trivial to you, but it holds so much more meaning than just these childhood memories slowly fading from our generation. Instead, it holds a deeper meaning, or rather, warning. Global warming is not some distant threat, it is a current, dangerous reality, and has to be combatted immediately.

Climate change has brought upon severe environmental changes much more drastic than the disappearance of snow. The planet is warming up faster and faster, thus a multitude of ecosystems are falling apart. For example, according to Pulitzer Center research, vast stretches of ocean have entered a state of record-breaking warming due to marine heat waves. The increased temperatures have ruined fisheries that feed communities and prop up local economies all over the world, unraveling the cycle that has been stable for a very long time.

Climate change of course isn't just a threat to marine-life. It affects human lives just as strongly. The World Health organization released an article showing the expected deaths of climate change. They claimed that there would be 250,000 additional deaths per year between 2030 and 2050. There are many possible reasons for these deaths, including malaria, heat stress, and malnutrition. Changes in the climate are also harming air quality. We've seen this with the growing number of severe wildfires caused by hotter and drier weather. Their smoke can travel extremely far. In 2023, for example, New York turned orange because smoke from a fire in Canada drifted south. That smoke can set off asthma attacks and heart issues, especially in young children and older people. At the same time, those warming oceans we just discussed and changing rainfall patterns alter the spread of infectious diseases. Flooding contaminates drinking water systems, raising the risk of gastrointestinal illnesses for anyone that drinks from those systems. Another example is that of drought and crop failures increasing malnutrition, particularly in vulnerable communities who do not have the resources to fend for themselves and get themselves out of their dire situations.

The Pulitzer Center Article "In the Deadly Heat, Iraq's Hospitals Have Become the Ground-Zero Battlefield In the Country's Climate Crisis," shows these inhumane effects of climate change in full effect. Hospital corridors are packed with relatives, beds are full with sick patients. Heat is the killer brought to the world by climate change. The demand for an inadequate supply of electricity grows but grids fail. Rainfall has decreased by 10% and hundreds of thousands of people have had to leave their homes. Again, this is not some trend that we can predict for the distant future, it is a current problem in Iraq just like it is in the United States, but on a significantly worse level.

Now, you may think, why help combat climate change in other countries, when we have to worry about our own country? These are *human* lives. As not just a nation leader, but a key actor in international politics on the global stage, protecting everybody from danger and harm is a fundamental duty. Climate change knows no borders. Without your help, the world's people are in danger, and without preventative action, our current situation is guaranteed to worsen at an alarming rate.

Acting now costs far less than repairing damage after it is done. We urge you to take initiative. Support global health activities and groups and restore funding for international health programs to help those in need. Expand on clean energy programs and be transparent with the public. Spread awareness about what is really happening.

So let this be a warning. What starts as a little less snow can ball up into something bigger, something that can change the world in a scary way. Coordinated action today can prevent deeper losses tomorrow.

Sincerely,
Jesse Y. and Henderson B.

Jesse and Henderson Sources:

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Teen Mental Health

To the U.S. Surgeon General, Dr. Vivek Murthy,

Dozens of children crowded in the Counseling Office, all for various reasons. This is the product of an academically rigorous community. Yet a clear pattern appears: seniors rush to secure time for college advising, while conversations about the emotional turmoil they carry rarely reach the same level of urgency. In schools across the country, this silence is not unusual. For teenagers living inside it, the consequences are becoming impossible to overlook.

Youth mental health is now at a critical point. According to the CDC, nearly one in three high school students reports persistent feelings of sadness or hopelessness, and about 14 percent have seriously considered suicide. These numbers are not distant or theoretical––they reflect classmates, friends, peers who sit in the same cafeterias and classrooms every day. Many of them look fine on the outside, even when they are struggling internally.

One story published by the Pulitzer Center, “A Dad and His Teenager Are Talking Openly About Suicide. And They Say Your Family Should Too” (2024), described a teen who tried to talk about self-harm. His father, overwhelmed by fear, shut down the conversation. Many teens expect this reaction. Yet that same family later learned what mental-health researchers have emphasized for years: talking openly about suicidal thoughts reduces risk rather than increasing it. A New York Times article from Nov. 19, 2025, on Suicide Crisis Syndrome also reinforces this finding. Silence increases danger; conversation opens the door to safety.

Despite the need for open communication, many teenagers find themselves with limited support. School mental-health systems are often overstretched. Nationally, the average ratio is one school counselor for every 440 students, far above the recommended 250 to 1. Some students wait weeks for an appointment. Others avoid seeking help altogether, worried they will burden adults or be misunderstood. Meanwhile, half of all lifetime mental-health conditions begin by age 14, but most teens do not receive early intervention.

This gap creates a quiet crisis. Many young people navigate overwhelming emotions alone, even as adults around them genuinely want to help. The problem is not a lack of care. It is a lack of structure, training, and encouragement for families and communities to engage with teens before a crisis appears.

Yet when adults make space for honest dialogue, something shifts. Teens begin to speak. Families understand each other more clearly. Schools move from reacting to emergencies to preventing them. Research also continues to debunk the harmful belief that talking about suicide puts ideas into teens’ heads. Asking directly and compassionately opens a path to safety, not danger.

Dr. Murthy, your office has highlighted the importance of connection and belonging for young people. We are asking you to extend that leadership by championing a nationwide effort that supports open, judgment-free conversations about teen mental health and suicide prevention. Increased federal investment in school counselors, community programs, and public-awareness efforts could help reshape the culture around these issues.

Teenagers do not need perfect solutions. We need adults who are willing to listen without panic or dismissal. We need systems that respond before a moment of crisis. And we need leaders who recognize that emotional well-being is foundational to a healthy generation.

If these conversations begin in earnest, many teens will finally feel safe enough to speak.

Sincerely,

Joshua Q.

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Why don't we protect the people that protect us?

Dear United States Forest Service,

As I walked home from school one day in June, the sky was orange. It had been steadily getting more orange for days, building up to a terrifying display that looked like the end of the world. All due to wildfire smoke.

In June of 2023, wildfires in Canada caused a large amount of smoke to drift into the Northeastern United States. During that time period, it is estimated that there were 5,400 sudden deaths and 64,300 chronic deaths attributed to wildfire smoke.

Smoke's danger is experienced the most by firefighters. A 1993 report about California firefighters says that they spent almost 100 hours on average fighting fires in 4 weeks during the late wildfire season. If you dedicated 100 hours a month to learning Spanish, you would become fluent in less than a year.

Pulitzer Center reporting on a scientist measuring the January 2025 Los Angeles fires' toll on the air finds that the smoke contained high amounts of lead, a neurotoxin, as well as amounts of cadmium, antimony, and asbestos, which are known or suspected causes of cancer. All of these were present in the smallest particles, which are easily able to seep into the lungs.

And as wildfires are more likely to impact towns and cities now than before as people move to places with flammable vegetation, firefighters will be exposed to those carcinogens.

However, the rules of the US Forest Service have not kept up. The New York Times has reported that wildfire fighters commonly get sick and die at young ages. During the Green fire in July of 2025, the New York Times tracked levels of PM2.5, lethal particles. Levels were over 500 micrograms per cubic meter, double of what is considered hazardous. Why are we allowing our firefighters to go into dangerous conditions with limited precautions?

The conditions that firefighters sometimes find themselves in warrant reforms such as allowing firefighters to wear masks all the time and having them carry air quality monitors. Some may say that allowing face coverings to be worn all the time can cause heatstroke during tiring tasks. However, other countries use masks that circumvent this problem.

The Forest Service says that resources should be rotated in and out of smoky areas, but supervisors can't tell alone whether the air is too dangerous or not, and the Times has found that bosses don't commonly pull a crew back because of exposure, leaving them in conditions that can lead to long term problems. How is this not abandonment?

Please, to ensure that current and future firefighters are protected from the dangers of smoke as they fight to defend us from possibly destructive fires, change the rules. I may not have much of a connection with this issue, but I don't want those who do so much for us to be left behind. Don't forget our defense against the flames.

Sincerely
-An boy who lives on the East Coast but cares

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Right to Shelter

Dear Mayor of NYC

Witnessing a death on my commute to school was not on my bucket list. A New Yorker, passed out on the 96th street station, not breathing, barely more than skin and bones, with only loose change scattered at his side. He has been starving, ignored and forgotten. I could only watch as the train doors closed as police rushed to his side.

Do you take the train as well? Have you seen people die?

The previous administration has made strides for New York but our great city's neighborhoods and busy streets thousands of New Yorkers remain invisible. People, just like us, are living without homes, dignity, or a sense of hope.

Last year, New York City's shelter system saw record numbers of people seeking refuge, according to the Coalition for the Homeless and city reports. More than 80,000 New Yorkers, including families with children, are navigating a system stretched thin by high housing costs, evictions, and the effects of the pandemic. If you care to look in the subway and parks, you'll see the trauma and struggle of our people, people who call out for your compassion and seek solutions.

In your defense, NYC has taken critical steps: expanding the Right to Shelter, increasing affordable housing commitments and funding supportive programs.

Yet our city's response still misses the mark by failing to address core issues. The chronic lack of affordable housing, the deepening mental health crises, and the barriers faced by those trying to secure permanent homes.

Right now, policies largely shuffle people between shelters, hotels, and temporary housing units.

But shelters guarantee nothing. A third of the families living in shelters have jobs. According to the Pulitzer Center, some even work multiple jobs in healthcare to provide for themselves. These people often see no reason to keep trying because the idea of a better future feels impossibly out of reach.

Meanwhile, our city officials juggle with a dire housing imbalance: affordable apartment vacancy rates that hover below 2%, per New York Times analysis, leaving no room for those in need to transition out of shelters. Tens of thousands of market-rate units sit vacant or underutilized. Some apartments are held by investors and others held for "wealthy tenants" while families cycle endlessly through temporary beds.

Should the greatest city in the world underscore a system that prioritizes high rents over occupancy?

The answer is a simple no.

A practical solution lies in utilizing New York City's existing housing stock by implementing incentives for landlords to reduce rent on vacant units to affordable levels for homeless individuals, Achieved through a combination of tax credits for owners, regulatory approvals for rent reductions, and subsidies funded by reallocating underused shelter budgets. This approach restores housing stability, reignites incentives to seek and maintain employment, and reduces homelessness without the delays and costs.

You can promise a future of hope like the mayors before you, but will you take action and deliver it?

From your housed citizen,
Weiyue Juliana W.

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