

NVIC Public Comment
National Vaccine Advisory Committee
June 4, 2019

Good afternoon. My name is Theresa Wrangham and I am the Executive Director for the National Vaccine Information Center, the mission of which is to prevent vaccine injury and death through public education and to defend the informed consent ethic in U.S. vaccine policies and laws. We appreciate the opportunity to provide comment today. We also appreciate the acknowledgement of NVIC's consumer member on the VSRAWG, Dr. Debold, and remind the NVAC of our past stakeholder participation in light of my earlier comment today.

The law states, and I quote - *The Secretary shall establish in the Department of Health and Human Services a National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization **and to achieve optimal prevention against adverse reactions to vaccines.***

There was much discussion today on what creates or leads to vaccine hesitancy and distrust in government and how to communicate successfully to "convince" people to vaccinate. Notably, there was little conversation on closing acknowledged vaccine safety research gaps documented by the Institute of Medicine with not only quality epidemiologic, but also quality mechanistic studies. Informed consent protections must also be integrated into NVAC activities in acknowledgement of risk for vaccine injury and death.

Dr. Salmon's thoughtful comments on mischaracterization and labeling of people as "antivaccine" are appreciated in contrast to the political views expressed today, as well as the acknowledgement of of NVIC's cofounders role in the crafting and passage of the federal law that created this committee. Over the course NVIC's 37 year existence, it is our experience that many people expressing concerns about vaccine mandates, vaccine safety and informed consent protections are not necessarily anti-vaccine. Many vaccinate their children. Questioning or being critical of vaccine laws and policies does not equate to being anti-vaccine and there are legitimate safety concerns.

From our perspective distrust is in part due to lack of transparency by federal agencies to communicate the frequency and severity of disease complications, existing conflicts on interests and lack of independent vaccine safety monitoring.

For example, in 1962 measles was characterized as a "self-limiting infection of short duration, moderate severity and low fatality" that has "maintained a remarkably stable biological balance over the centuries" that the population had learned to live with.

Today, current communications efforts are focused on the worst disease outcomes if one doesn't vaccinate. Though community immunity is both a result of vaccination and recovery from wild infection, that fact is seldom communicated. Many who delay or decline vaccines understand that for many childhood diseases that the most severe outcomes rarely happen and so their risk perception is different as may be their choice. When government and health care providers don't communicate these types of facts, it plants the seed of distrust. Censorship of concerns and legitimate facts also erode trust.

Politics and bills that strip a minority of students of their federal privacy rights, have health departments signing off on personal and religious beliefs, interfere with the doctor patient relationship, tracking medical information in registries without consent, narrowing medical exemptions in a manner that ignores individual, genetic and environment susceptibilities, and education programs that make vaccination appear as a risk-free proposition will not change minds.

The legislative mandates and coercion tactics playing out across America erode trust.

Being from Colorado, I would add that health department data indicates the exemptions decline over the K-12 timeline as schools close gaps on collecting vaccination information, as noted by the CDC. All data collected maintained choice and was without forfeiture of federal privacy rights.

Access issues should be resolved, however, it cannot be at the expense of rights. “Convincing parents” can’t be at the expense of transparency.

The parents and doctors testifying and advocating against the Colorado bill understood that the overarching issues were human and civil rights and the exercise of informed consent. The continued ethical practice of medicine relies on the upholding of the informed consent ethic and part of the role of government is to assure that the minority is able to exercise their rights and have equal protection under the law. As pointed out several times today – exemptors represent a minority that may delay or decline one or more vaccines.

Finally, NVIC has long supported access to vaccines, as well as the critical need for an independent federal agency to monitor vaccine safety and oversee vaccine safety research. We have a long history of working with federal agencies to assist in informing policymaking and representing those with safety and informed consent concerns. We question our exclusion in recent undertakings by the NVAC and the lack of representation that exclusion represents.

Thank you for the opportunity to provide public comment today.