My name is Theresa Wrangham and I am the Executive Director for the National Vaccine Information Center, the mission of which is to reduce vaccine injury and death through public education and to defend the informed consent ethic in vaccination practices. I appreciate the opportunity to comment today.

Today my comment will address statements made in general to vaccine hesitancy and moving forward with interventions to address hesitancy. NVIC’s reminds this committee that where science is concerned, many parents express legitimate safety concerns that science has not addressed.

Many risks associated with vaccines remain unknown due to significant and acknowledged vaccine safety research gaps. Since 1986 the Institute of Medicine (IOM) has conducted reviews on evidence for vaccine injury causality. 60% of these assessments found "inadequate evidence to make a determination" on causality, as reported in the NVAC’s 2011 White Paper on the US Vaccine Safety System.

The IOM report published in August of 2011 found that for 135 (85%) of 158 of the most commonly reported vaccine adverse events for 8 childhood vaccines there was an absence of science, or lack of quality science to determine causality. Additionally, the IOM's 2013 report on the safety of the childhood schedule found that “key elements of the entire [child vaccine] schedule – the number, frequency, timing, order and age or administration of vaccine – have not been systematically examined in research studies.”

In short, critical bench science is not being conducted and the safety research gaps are growing. Epidemiologic data is no substitute for critically needed bench science on vaccines. As these gaps grow, parents continue to educate themselves on vaccines and their risks while being continually put under pressure to comply with a vaccination schedule that’s individual and collective risk in many respects is unknown. Closing acknowledged vaccine safety research gaps with quality, independent research represents, in part, the answer to vaccine hesitancy for some parents.

This committee must also recognize that some parents hold philosophical and religious objections to vaccination that cannot be overcome in the closing of vaccine safety research gaps. These objections are sincere and as such should be respected and not continually demonized.

The human right to decide what risk one is willing to accept in any medical procedure, including vaccination, must be upheld. Where objections can be laid to rest with quality science to close gaps, this course can and should be pursued. However, seeking to undermine sincerely held conscientious objections for which science cannot provide answers must cease. Exercising one’s human right in this sense cannot and should not be seen as a threat, but be properly recognized as civilized societal norms enjoyed under our Constitution and modern medical informed consent ethics.