Meeting

Lastly, public comment for those on the phone was that choices without sanction must never override the informed consent ethic and the human right to make voluntary health care decisions without interference or sanction. With regard to statements on the pitfalls of a one-size-fits-all approach to vaccination, we note that reports by the Institute of Medicine acknowledge that individual susceptibilities and genetic predispositions are likely to play a role in vaccine injury and highlight the folly of a one-size-fits-all vaccination approach. Today, there is no healthcare professional or public health official that can predict who will be injured, protected or not protected by a vaccine prior to vaccination. Should scientific advances discussed today become the norm, these advances must never override the informed consent ethic and the human right to make voluntary health care choices without sanction, inclusive of vaccines.

With regard to the necessity of vaccines to be profitable for vaccine manufacturers, it does not ethically follow that consumers should be burdened with mandates to use vaccines acknowledged as “unavoidably unsafe” to insure the fiscal success of corporate entities. Where there is risk, there must be choice - without coercion, penalty, and demonization - particularly when the choice falls outside the majority view.

Lastly, public comment for those on the phone was not offered for the mid-course review portion of this meeting, as it was for those present.

My name is Theresa Wrangham and I am the Executive Director for the National Vaccine Information Center (NVIC), formerly Dissatisfied Parents Together.

The history overview provided earlier relating to NVIC and the TV documentary, "DPT: Vaccine Roulette" is generally correct. However, NVIC takes exception to today’s use of Mr. Mookin’s quote characterizing NVIC and the vaccine informed consent movement we subsequently launched as “anti-vaccine”. This mischaracterization is clearly an alternative fact with no basis in reality and does our organization a great disservice.

To be clear and factual, NVIC’s mission statement embraces the informed consent ethic – a core lesson imparted by the Nuremberg Code. Our historical accomplishments and well-documented work with federal agencies support this fact. Advocating for informed consent in vaccination is a human rights issue and is not anti-vaccine, any more than kicking the tires on a car, asking a car salesman about vehicle performance and fuel efficiency, or raising vehicle safety concerns with the automotive industry is anti-car.

With respect, our founders and early supporters vaccinated their children in good faith, only to see their children sustain life-long injuries that forever changed them, or their child’s death due to a vaccine adverse event. But instead of taking an anti-vaccine position, our founders adopted an informed consent platform, which remains a core value of NVIC’s mission work today.

As part of our mission work, NVIC advocates for transparency with the public by government agencies and all involved in vaccine development on what is known and unknown relating to vaccine risks in support of educated decision-making. Because vaccines are pharmaceutical products that can and do cause injury and death, they are subject to informed consent, which is in short, the human right of individuals and parents to have access to risk and benefit information on disease and vaccines and the ability to voluntarily accept, delay or decline one or more vaccines for themselves or their children without interference or sanction.

NVIC appreciates the acknowledgement of our past service to the NVAC. We would add that during our 35 year history our cofounders worked with Congress and secured the vaccine safety informing, recording and reporting provisions contained in the National Childhood Vaccine Injury Compensation Act of 1986; as well as having had board members, staff, and volunteers serve on other vaccine related federal advisory committees and workgroups. NVIC is also a current member of Consumer’s United for Evidence-Based Healthcare under the Cochrane Collaboration, has served on the Institute of Medicine’s Vaccine Safety Forum, and currently participates in the CDC VIS revision process.

It is, therefore, unfortunate that in recent NVAC stakeholder efforts and reports relating to, for example, vaccine hesitancy, adult and maternal vaccination and the mid-course review, the NVAC did not seek to include NVIC’s representation of consumer informed consent concerns. It is our hope that future stakeholder and workgroup efforts led by the NVAC will be more inclusive of the constituency we have historically represented.

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