

National Vaccine Advisory Commission Meeting – February 5, 2021

NVIC Public Comment

Theresa Wrangham, Executive Director

My name is Theresa Wrangham and I am the Executive Director for the National Vaccine Information Center. Our organization has long embraced informed consent ethic and its application to vaccination. Our co-founders worked with Congress to draft and pass the National Childhood Vaccine Injury Act of 1986. NVIC supports every individual's right to make voluntary, informed vaccine decisions without sanction as well as supports the public's access to vaccines. However, NVIC is against vaccine mandates that do not provide flexible exemptions as they are a violation of basic human rights and ethics.

Committee discussion of incentives to promote vaccination that included paying those who receive a vaccine, increasing insurance premiums for those who do not, and mandates to force vaccination raise many concerns. There was also discussion about hesitancy and what causes a lack of trust. From our perspective, these "incentives" are clearly about strategies to gain compliance which ignores basic human rights. To mandate is to force or coerce compliance with an order, and there is usually a sanction for non-compliance and these strategies violate the informed consent ethic and bodily autonomy rights that have guided the ethical practice of modern medicine since post WWII.

There are legitimate privacy and security concerns associated with Electronic Health Records (EHRs) and Immunization Information Systems (IIS) systems and the majority of systems in place are not permission based. These systems house sensitive medical information belonging to individuals and express written permission should be sought for their use in EHRs and IIS systems.

Addressing the legitimate concerns held by the public with greater transparency from federal agencies would address some hesitancy and start to restore trust. Examples would include integrating all V-Safe data within VAERS to uphold the intent of the law that a centralized reporting system be accessible and transparent with the public. Independent researcher access to databases like the VSD to replicate findings. Federal agencies correcting their errors quickly. For example, Congressman Massie, who is a scientist, contacted CDC a month ago about an error in the CDC's report that stated COVID-19 vaccines were effective in recovered individuals and expressed concern that such usage was not a wise use of resource. According to recorded conversations between the Congressman and CDC officials that aired February 1st, the error was acknowledged and was to be corrected. However, a screenshot of CDC's webpage today that was updated on the 3rd continues to advise individual's that have already had the virus to be vaccinated.

NVIC has also raised legitimate concerns relating to vaccine safety research deficits and recommendations with this committee, in Congressional testimony and with federal agencies. These issues remain largely unresolved and there is a lack of funding for high quality independent research to close acknowledged vaccine safety research deficits, though the vaccine schedule and vaccine innovation continue to expand. These concerns were echoed by Dr. Dan Salmon in November 2019 to this committee. He also noted the importance of the inclusion of those with safety concerns into stakeholder efforts and policy-making to address concerns. NVIC notes recent NVAC activities have excluded those individuals and organizations. There also continues to be a lack of context with regard to the characterization of those opting out of one or more vaccines. Dr. Salmon noted that only 1% of people are truly opposed to vaccines, while many people have concerns. Anyone with doubts or questions are immediately mislabeled anti-vaccine and/or producers of misinformation that should be censored.

Questions about consequences that could be levied upon those who refuse EUA vaccines, as is their right under Federal law, remain unquantified to the public. NVIC is receiving calls from citizens who are worried about losing their jobs, being kicked out of medical practices, schools and long-term care facilities for refusing COVID-19 vaccines. Consequences that include loss of employment, prevent access to medical care or appropriate care facilities, means that these EUA vaccines are not actually voluntary and that individuals are in fact subject to being blackmailed and coerced into compliance in order to secure medical care, appropriate care facilities, education and providing for their families.

Respectfully trust is earned and legitimate concerns must be addressed and individual rights respected to earn it. There is a saying in the disability community worth consideration by NVAC and federal agencies involved in the vaccine enterprise – nothing about us without us. Please consider what role federal committee and agency recommendations that do not integrate informed consent to vaccination that then take the form of state vaccine mandates and "incentives", and which exclude legitimate concerns held by the vaccine injured and safety concerned, have contributed to hesitancy and uptake.