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.

With regard to the finalization of NVP goals, there appears to be a continued lack integration within the plan on goals relating to vaccine safety and awareness of VAERS and the vaccine injury compensation program. This lack of balance within the plan contributes to the ongoing erosion of trust in government agencies and vaccine hesitancy as it appears that vaccine development is a higher priority than safety and the compensation of those harmed.

Additionally, the approach in identifying stakeholders as individuals and excluding groups that may have historically represented concerns relating to the plan’s goals also appears exclusionary and not a meaningful public engagement of stakeholders. The risk of this approach is also continued erosion of trust and ongoing vaccine hesitancy.

The thoughtful presentation on sex and gender would also appear to require some adjustment within the plan in terms of safety given that women may be at a higher risk for vaccine injury.

As mentioned in previous public comments by NVIC, many of our concerns stem from the federal law the NVAC operates under states that there is a responsibility “to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines.” The national vaccination plan as it currently stands places a disproportionate amount of effort on vaccine innovation and development and not enough effort on closing existing vaccine safety deficits noted by the Institute of Medicine and the prevention of vaccine injuries and deaths. Policies, goals and strategies that undermine the individual’s right to decide what risk is acceptable to them, the informed consent ethic and precautionary principle is not acceptable. The mandating of vaccination for the greater good in the face of inadequate science and principles that have guided the ethical practice of medicine is a violation of basic human rights and not acceptable. In essence it treats those who can and will be injured and who die from vaccine adverse effects as acceptable collateral damage.

In relation to the tetanus case, publishing the protocol that aided in this child’s recovery is necessary to help with the rare cases that occur in the U.S. and abroad and the efforts of this child’s medical team are valuable both as a teaching tool and representative of advances in medicine that we all benefit from.

In general, vaccination status appears to be of primacy when disease occurs in the unvaccinated and widely without acknowledgement when it is the result of vaccine failure.

It seems likely that there are medical costs associated for those who contract many diseases regardless of vaccination status and transparency and in that respect should be part of any discussion relating to economic impacts associated with the treatment of these diseases when they
occur. Terming this case as an anti-vaccine win is counterproductive to transparency and the any individual right and ability to make accurate risk benefit assessments as they consider vaccination.

Again, from our perspective distrust and hesitancy 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, as well as information on when there are vaccine failures and the costs associated with those failures.

Thank you for the opportunity to provide public comment today.