NVIC Public Comment
Advisory Commission on Childhood Vaccines – December 4, 2015
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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 vaccine policies and laws.

I want to thank Dr. Houston for posting the meeting book online. I needed to refresh my screen to see it and am appreciative that this book is publicly available. That said, NVIC notes that the meeting book does not adequately met FACA reporting requirements in the sense of reflecting all materials used for ACCV meeting purposes. Today's meeting book, for example, does not contain the thoughtful presentation on the impact of increased claims presented by Dr. Houston and Mr. Matanoski, the presentation made today by Dr. Nair on food allergies and the report made by the Adult Immunization Workgroup. There have also been instances where the presentations in the meeting have been modified between the time it was published in the meeting book and actually presented to the Commission. NVIC would appreciate copies of these presentations being forwarded to my email address.

In addition, today's DOJ presentation discussed a case where a successful VICP petitioner felt their injury award was inadequate and requested the award amount to be revisited. NVIC notes that the 2009 Altarum report commissioned by HRSA that surveyed VICP petitioner satisfaction reported inadequacy of settlement as a theme from respondents. While improvements in the speed of settlement and number of claims settled since that report is good news, it is not enough to see claims settled quickly or in great numbers without an understanding what the drivers are for numbers reported by DOJ and DICP, as demonstrated by the Altarum report. Questions that need to be answered include, why isn't there an ongoing VICP survey process; are settlements adequate to meet the needs of those injured, especially because health needs can change over time; how do settlement amounts trend and compare within injury categories and is there consistency in the award amounts to insure adequacy; what progress has been made since the issuing of the Altarum, Banyan and GAO reports to increase satisfaction and awareness of the VICP?

As we have stated in our previous public comments, the law has changed over the years and its interpretation in general, and the VICP program more specifically, has become increasingly adversarial for petitioners. Vaccine injury represents financial and emotional burdens that are often publicly minimized in the media and by governmental agencies. As this committee knows all too well, vaccines carry with them the risk for injury and death. It does not matter how small that risk is and the fact is the IOM points to many additional unknown risks that require investigation. Because there is risk, there must be choice and vaccines cannot be exempt from the informed consent and precautionary principles.

Today, the attacks on non-medical vaccine exemptions are being encouraged by federal and state agencies as well as the National Vaccine Advisory Committee and trample upon basic human and informed consent rights to vaccination. This creates an environment where vaccine risks are not being equally shared and any loss of non-medical vaccine exemptions have the effect of further minimizing those injured or who die as a result of vaccine adverse events as acceptable collateral damage.

Given these points, NVIC requests the following of the ACCV:

1. Additionally publishing online the actual presentations used during meetings of the ACCV along with the meeting book with notations on what material was actually presented during the ACCV meeting.
2. Conduct a review on the findings from the 2009 Altarum, 2010 Banyan and 2014 GAO reports on the VICP and issue a report on the progress made or what is needed to improve satisfaction and awareness of the VICP. This report should also include an analysis of the impact to the VICP of vaccine safety deficits reported by the IOM to the litigative process and how closing vaccine safety research gaps recognized by the IOM would improve the process.
3. Creation of a process whereby the public, when requesting an addition to the VIT, are made aware of the fact that a scientific presentation is made by the government to the ACCV relating to their request. An equal opportunity for the public member requesting the VIT addition to present to the ACCV should be made to further inform the petition for changes to the VIT.
4. Issue a statement that reaffirms that that the use of vaccines carries the risk for injury and death, and that because there is risk the ACCV supports the human and informed consent right of every individual and parent to make voluntary vaccine decisions for themselves and their children without sanction and free from governmental coercion and interference.

In closing, we appreciate the opportunity to provide public comment.