



**Testimony in Opposition to S102, which would make HPV vaccination mandatory for girls entering 6<sup>th</sup> grade.**

**Joint Committee on Health Care Finance, July 11, 2007**

Merck, maker of Gardasil, also makes Vioxx, which was taken off the market after many people died or suffered tragic health problems. Vioxx had also been approved by the FDA, which obviously does not guarantee drug safety.

Merck is now selling the most expensive vaccine in history, which we believe has not been adequately tested. They want states to force it on our still-developing little girls as young as nine, without our consent – and, to add insult to injury, make us pay for it through our taxes or insurance premiums! If they are successful, it would not only hand Merck an incredible windfall, **it would also free them from medical liability. When the government mandates a product, the manufacturer is off the hook for liability.**<sup>1</sup> Given the Vioxx history, that is alarming by itself.

In June, the Joint Public Health Committee heard from a number of medical experts regarding the HPV vaccine. I attended that hearing. The near-unanimous opinion of those medical experts was that the vaccine should not be mandatory.

The exemption for religious beliefs would exempt only members of churches with specific doctrines such as Christian Science to protect their daughters. The bill would include girls in non-public schools. The conscientious parents of my own nine young granddaughters would not have any choice.

The Association of American Physicians and Surgeons strongly opposes mandatory vaccination. The AAPS statement, issued in February in response to the Governor of Texas' mandating HPV vaccination for school attendance said that:

***Governor Perry's order is an outrageous violation of civil rights of girls and their parents. It imposes a medical treatment of unproved benefit and unknown safety on patients without informed consent. It forces this burden on girls who are unlikely to be at risk while exempting the entire class of individuals who generally transmit the disease: men and boys. It forces taxpayers or insurance subscribers to pay for what is basically a life-style disease.***

Points made by the Association of American Physicians and Surgeons and others:

1. It usually takes 20 years for cancer to develop. Women who received the vaccine have been followed less than 5 years.<sup>2</sup>

2. Fewer than 1200 girls under 16 were part of the trials, and only 250 nine-year-olds were tested.<sup>3</sup> They have not been followed long enough to rule out long term serious negative effects, such as fertility or auto-immune problems, or interactions with other vaccines.
3. According to the federal government's ongoing National Health and Nutrition Examination Survey, only 2.2 percent of women are carrying one of the two virus strains most likely (but not necessarily) to lead to cervical cancer.<sup>4</sup>
4. Cervical cancer rates are less than one per 100,000 women until age 20 and then begin to pick up in the late 20s and early 30s. Thus, women who likely contracted HPV in their early 20s might be protected by Gardasil taken at 17 or 18. Those who received it before 17 would no longer be protected, since it is only effective for 5 years.<sup>5</sup>
5. 129 women would have to be vaccinated to prevent 1 pre-cancerous lesion. A study published in May suggests that Gardasil may not be as effective as first believed.<sup>6</sup>
6. While cervical cancer was once the leading cause of cancer death for American women, cervical cancer deaths have dropped by 70% due to routine Pap smears.<sup>7</sup>
7. About 85 percent of the women who died had never had a Pap smear.<sup>8</sup>

The threat of prevalent cervical cancer may have been exaggerated, as well as the effectiveness of Gardasil. While the public policy debate is ongoing, and more evidence comes in, there are other ways to lower the death rate from cervical cancer, such as risk avoidance behavior and regular Pap tests. MFI believes that to use the law to force all young girls to submit to being injected with a vaccine that has been inadequately tested, with long term effects and interactions with other vaccines unknown, overriding parent's concerns and objections, would be a tragic mistake. To force a "solution" aimed at negligent parents on all parents, is simply wrong.

Instead, we recommend a careful public education campaign, objectively stating the pro's and con's of this vaccine, excluding any organization with a vested interest in the outcome from designing the program. The vaccine should be available, but not forced. Please recommend that this bill Ought Not to Pass. Thank you.

Evelyn T. Reilly, Director of Public Policy

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<sup>1</sup> Association of American Physicians and Surgeons, Jane M. Orient, M.D., F.A.C.P., Executive director, Irving, Texas, Feb. 11, 2007

<sup>2</sup> Ibid.

<sup>3</sup> American College of Pediatricians, "College States Position on HPV Vaccine," January 1, 2007

<sup>4</sup> National Health and Nutrition Examination Survey

<sup>5</sup> "Cancer-virus vaccine targets wrong age group," Gregory Lopes, Christopher M. Dolan, Washington Times, February 21, 2007

<sup>6</sup> "Study casts new doubts on HPV vaccine, Los Angeles Times, May 10, 2007

<sup>7</sup> American College of Pediatricians. Ibid.

<sup>8</sup> National Health and Nutrition Examination Survey