

SB2316

Measure Title: RELATING TO HEALTH.

Report Title: Health; Education; Human Papillomavirus Vaccine; Pharmacists;
Health insurance; Reimbursement

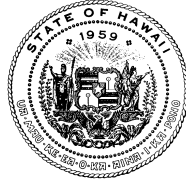
Description: Requires a child to receive at least one dosage of the human papillomavirus vaccine prior to attending seventh grade, beginning with the 2017-2018 school year. Authorizes pharmacists to prescribe and administer the human papillomavirus vaccine to persons between eleven and seventeen years of age. Specifies requirements pharmacists must meet prior to administering the human papillomavirus vaccine. Requires all insurers in the State, including health benefits plans under chapter 87A, Hawaii Revised Statutes, and medicaid managed care programs, to reimburse the costs of human papillomavirus vaccination services.

Companion:

Package: None

Current Referral: CPH/EDU, WAM

Introducer(s): BAKER, ESPERO, GREEN, KIDANI, SHIMABUKURO, TOKUDA, Kim



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on SB 2316
Relating to Health**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR MICHELLE N. KIDANI, CHAIR
SENATE COMMITTEE ON EDUCATION

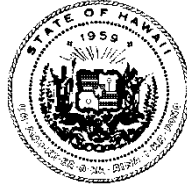
Hearing Date: February 2, 2016 Room Number: 229

1 **Fiscal Implications:** None for the Department.

2 **Department Testimony:** Although the Department appreciates the intent of this measure and
3 the burden of human papillomavirus (HPV) disease and subsequent cervical cancers in Hawaii,
4 the Department opposes the requirement of one dose of HPV vaccine for 7th grade school
5 attendance as it would conflict with the current, proposed draft of the Hawaii Administrative
6 Rules, Title 11, Chapter 157, "Examination and Immunization" (HAR 11-157), which details the
7 immunizations required for Hawaii school entry and attendance. For 7th grade entry and
8 attendance, the proposed draft of HAR 11-157 will require evidence of HPV vaccination in
9 accordance with recognized standard medical practices, namely, the recommendations of the
10 Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices
11 (ACIP).

12 The Department appreciates the intent to optimize access to HPV vaccinations through increased
13 availability in pharmacies but has concerns about the potential adverse effect this may have on
14 the medical home for children in the eleven to thirteen year-old age group. The Department
15 strongly recommends that groups representing Pharmacists confer with local Pediatric and
16 Family Physician organizations to determine an approach that will most effectively preserve the
17 child's medical home.

18 Thank you for the opportunity to testify.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2016

TO: The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Michelle N. Kidani, Chair
Senate Committee on Education

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2316 - RELATING TO HEALTH-[Amended]**
Hearing: Tuesday, February 2, 2016; 9:45 a.m.
Conference Room 229, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the opportunity to testify on this bill and provides comments.

PURPOSE: The purpose of this bill is to require a child to receive at least one dosage of the human papillomavirus vaccine prior to attending seventh grade, beginning with the 2017-2018 school year. Authorizes pharmacists to prescribe and administer the human papillomavirus vaccine to persons between eleven and seventeen years of age. Specifies requirements pharmacists must meet prior to administering the human papillomavirus vaccine. Requires all insurers in the State, including health benefits plans under Chapter 87A, Hawaii Revised Statutes, and Medicaid managed care programs, to reimburse the costs of human papillomavirus vaccination services.

The Medicaid program—through its QUEST Integration health plans—covers, reimburses for, and follows the national guidelines for the human papillomavirus vaccine (HPV). We appreciate and support the intent of the measure to increase vaccination rates. However, the proposed measure mandates the initial vaccination before 7th grade entry and

does not align with national guidelines in all cases. The bill, as currently drafted, may not align with the national guidelines that recommend vaccination at ages eleven to twelve years because the measure mandates that the initiation of the vaccine take place before entry into the 7th grade. The national guidelines are to vaccinate at ages eleven or twelve, and with a child not on a catch-up schedule, until age thirteen. Thus, a child who is on the younger side for 7th grade would be 11 years old throughout much of the grade and still 12 years old in the 8th grade. Per the national guidelines, the child would not need to be on the catch-up schedule until the 9th grade, when they would be 13. Unless more flexible provisions are included in the measure, some children would be prevented from attending school, and this is of concern to the Department.

Thank you for the opportunity to provide comment on this measure.



DAVID Y. IGE
GOVERNOR
SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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P.O. Box 541
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CATHERINE P. AWAKUNI COLÓN
DIRECTOR
JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE SENATE COMMITTEES ON
COMMERCE, CONSUMER PROTECTION, AND HEALTH
AND EDUCATION

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Tuesday, February 2, 2016
9:45 a.m.

TESTIMONY ON SENATE BILL NO. 2316 – RELATING TO HEALTH.

TO THE HONORABLE ROSALYN H. BAKER AND MICHELLE N. KIDANI, CHAIRS, AND MEMBERS OF THE COMMITTEES:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department supports the intent to cover human papillomavirus ("HPV") vaccinations and offers the following comments.

The amendments contained in sections 2-5 of the bill would require health plans to provide coverage for an HPV vaccination for an insured between ages 11 and 17, and would exempt those services from deductibles and copayments. Other sections of the bill would also mandate the scope of the vaccination services and coverage for reimbursement to an administering pharmacist.

The Department notes that the federal Patient and Affordable Care Act (2010) enacted a number of comprehensive health insurance reforms, including certain preventive health services without cost share or copayment for non-grandfathered and non-transitional health plans (ACA compliant plans). Guidelines used to implement the

law were taken in part from the immunizations recommended by the Advisory Committee on Immunization Practices (“ACIP”) of the Centers for Disease Control and Prevention. Effective March 27, 2015, the ACIP made new recommendations for the HPV vaccination. Hawaii adopted a benchmark plan that contains the essential health benefits of the state’s qualified health plan. The benchmark plan covers without cost share or copayment the preventive health guidelines for newborns and children that include immunizations from birth through age 21 as outlined in the ACIP schedule, including the HPV vaccination.

To the extent that the proposed legislation extends these coverage benefits to grandfathered and transitional health plans, the Department takes no position on the addition of any proposed new mandated health insurance coverage. The Department defers to the Legislature to determine the appropriate health coverage mandates. The addition of new expanded mandated coverage, however, may trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the state’s qualified health plan. Any proposed expanded mandated health insurance coverage may also require the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial impacts of the proposed expanded mandate, pursuant to Section 23-51, Hawaii Revised Statutes (“HRS”).

In addition to the substantive additional language, page 5, lines 1-3, and page 6, lines 18-20, would add language exempting only disability income, specified disease, medicare supplement, and hospital indemnity policies. The Department recommends that these amendments not be adopted and that the limited benefit health insurances exceptions in section 431:10A-102.5, HRS, be exempted instead.

Additionally, page 5, lines 4-6, would add language requiring reimbursement to an administering pharmacist. The Department defers to the Legislature to determine the appropriate administering health care provider.

Senate Bill No. 2316
DCCA Testimony of Gordon Ito
Page 3

Page 15, lines 15-21, purports to apply the coverage to health benefits plans under chapter 87A, HRS. The Department takes no position on this expansion.

Page 16, lines 1-4, purports to apply the coverage to Medicaid managed care programs in Hawaii. The Department takes no position on this expansion as it is a federal matter.

We thank this Committee for the opportunity to present testimony on this matter.



DAVID Y. IGE
GOVERNOR

STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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ADMINISTRATOR
DEREK M. MIZUNO

TESTIMONY BY DEREK MIZUNO
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND
HEALTH AND
TO THE SENATE COMMITTEE ON EDUCATION
ON
SENATE BILL NO. 2316

February 2, 2016, 9:45 a.m.

RELATING TO HEALTH

Chair Baker and Kidani, Vice Chair Kidani and Harimoto, and Members of the Committees:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not had an opportunity to take a position on this bill. However, the Committee should be aware of the impact to the EUTF. Currently, the EUTF's medical plans cover vaccination for the human papillomavirus in accordance with the bill's proposals. From that standpoint, there will be no increase in the costs to the EUTF. However, the proposed vaccination requirement for all 7th graders in the State would increase the Plan's costs for the additional vaccinations which should be offset to an extent by cost savings from a reduced incidence of cancer and genital warts in the future. Unfortunately, our insurance carriers have not been able to estimate the cost impact at this time.

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide service that is excellent, courteous, compassionate, and informative.

We thank you for the opportunity to testify and ask that the Committees defer decision making on SB 2316 to provide the EUTF more time to quantify the potential cost impact.

**PRESENTATION OF THE
BOARD OF PHARMACY**

TO THE SENATE COMMITTEE ON
COMMERCE, CONSUMER PROTECTION, AND HEALTH

AND

TO THE SENATE COMMITTEE ON EDUCATION

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Tuesday, February 2, 2016
9:45 a.m.

TESTIMONY ON SENATE BILL NO. 2316, RELATING TO HEALTH.

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
TO THE HONORABLE MICHELLE N. KIDANI, CHAIR,
AND MEMBERS OF THE COMMITTEES:

My name is Lee Ann Teshima, Executive Officer for the Board of Pharmacy (“Board”). I appreciate the opportunity to testify on Senate Bill No. 2316, Relating to Health, that requires a child to receive at least one dosage of the human papillomavirus (“HPV”) vaccine prior to attending seventh grade beginning with the 2017-2018 school year. In order to accomplish this, the bill authorizes pharmacists, who have completed a Board approved training program, to administer the HPV vaccine to persons between eleven and seventeen years of age. This bill also provides for insurance coverage for HPV vaccination services of any insured or dependent of an insured between the ages of eleven and seventeen.

The Board notes that although the bill’s description provides for pharmacists to “prescribe and administer”, the bill itself provides only for administering the vaccine.

Testimony on Senate Bill No. 2316
Tuesday, February 2, 2016
Page 2

Because this is an important distinction, the Board recommends that the bill's description and bill contents be reconciled.

Thank you for the opportunity to testify on Senate Bill No. 2316.



Date: February 1, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Michelle N. Kidani, Chair
The Honorable Breene Harimoto, Vice Chair
Members of the Senate Committee on Education

From: Jessica Yamauchi, Executive Director, Hawai'i Public Health Institute

Re: **Strong Support for SB 2316, Relating to Health**

Hrg: February 2, 2016 at 9:45 am at Capitol Room 229

Thank you for the opportunity to offer testimony in strong support of SB 2316, Relating to Health.

The Hawai'i Public Health Institute (HIPHI) supports and promotes policy efforts to create a healthy Hawai'i. HIPHI weaves silos into working relationships as an effective network, ensuring that we come together across sectors to advance collaboration and innovation in public health and work towards making Hawai'i the healthiest place on earth.

SB 2316 requires a child to receive at least one dosage of the human papillomavirus (HPV) vaccine prior to attending seventh grade. According to the Centers for Disease Control and Prevention (CDC), HPV infects approximately 79 million people in the United States with 14 million new cases each year. HPV is a very common virus that can cause cervical cancer in women; penile cancer in men, anal cancer, and cancer of the throat in men and women. The HPV vaccine protects against infection and the cancers caused by HPV. CDC recommends that preteen boys and girls receive the HPV vaccine at age eleven or twelve so they are protected prior to any exposure to the virus. The HPV vaccine is a series of three shots over the course of six months.

This bill will also require all insurers in the State, including health benefits plans under chapter 87A, Hawaii Revised Statutes, and Medicaid managed care programs, to reimburse the costs of HPV services. With the Affordable Care Act, most private health insurance plans cover the HPV vaccine.

HPV vaccine prevents cancer. We ask that you protect our keiki and pass SB 2316.

Thank you for the opportunity to provide testimony.

A handwritten signature in black ink, reading "Jessica Yamauchi". The signature is written in a cursive, flowing style with a prominent loop at the end of the last name.

Jessica Yamauchi, MA
Executive Director

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: mrocca@hscadv.org
Subject: *Submitted testimony for SB2316 on Feb 2, 2016 09:45AM*
Date: Tuesday, January 26, 2016 3:45:45 PM

SB2316

Submitted on: 1/26/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Rocca	Hawaii State Coalition Against Domestic Violence	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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HAWAII YOUTH SERVICES NETWORK

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Rick Collins, President

Judith F. Clark, Executive Director

Big Brothers Big Sisters of
Hawaii
Bobby Benson Center
Central Oahu Youth Services
Association
Child and Family Service
Coalition for a Drug Free Hawaii
Domestic Violence Action Center
EPIC, Inc.
Family Programs Hawaii
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Hale Kipa, Inc.
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Marimed Foundation
Maui Youth and Family Services
P.A.R.E.N.T.S., Inc.
Parents and Children Together
(PACT)
Planned Parenthood of the
Great Northwest and
Hawaiian Islands
Salvation Army Family
Intervention Services
Sex Abuse Treatment Center
Susannah Wesley Community
Center
The Catalyst Group
Uhane Pohaku Na Moku
O Hawai'i
Waikiki Health

January 27, 2016

To: Senator Rosalyn Baker, Chair,
And members of the Committee on Commerce, Consumer Protection
and Health

Senator Michelle Kidani, Chair
And Members of the Committee on Education

TESTIMONY IN SUPPORT OF SB 2316 RELATING TO HEALTH

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports SB 2316 Relating to Health

The human papillomavirus (HPV) is the most common of all sexually transmitted infections and persistent HPV infection can cause cervical cancer and genital warts. The Centers for Disease Control and Prevention (CDC) estimates that there are 6.2 million new HPV infections each year, and that over 20 million Americans are currently infected. The National Health and Nutrition Examination Survey (NHANES) estimates that women ages 15-24 account for 74% of incident cases.

HPV is accepted as the virus responsible for virtually all cases of cervical cancer. Nationwide, the direct annual cost of HPV-related disease prevention and treatment was \$4.6 billion in 2005.

The introduction of the HPV vaccine broke new ground in public health as it is the first vaccine that can prevent certain cancers. The HPV vaccine has the potential to offer extra protection to low-income and minority women who are least likely to receive frequent screening.

There is a long way to go in combating cancer, but this bill provides an exciting opportunity to affect women's health.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH
Executive Director



An Independent Licensee of the Blue Cross and Blue Shield Association

February 3, 2016

The Honorable Rosalind H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Senate Committee on Commerce, Consumer Protection
and Health

Re: SB 2316 – Relating to Health

Dear Chair Baker, Vice Chair Kidani, and Committee Members:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on SB 2316 which would require health plan coverage of the immunization of school-aged children with the human papillomavirus (HPV) vaccination, and to authorize pharmacists to administer the HPV vaccination. HMSA supports the intent of this Bill, but we do offer comments

HMSA very much is concerned about the breadth of HPV breadth of and negative effects of HPV infections. The Centers for Disease Control and Prevention report that nearly 80 million people (about one in four) are infected with HPV. According to a September 3,, 2015, study by the Kaiser Family Foundation, that number has been growing by 14 million new infections each year.

Cancer resulting from the infection is a major concern. The virus has caused oral, anal, vulvar, vaginal, and penile cancers. More alarming, HPV is related to almost 100 percent of cervical cancer.

The Affordable Care Act acknowledges the criticality of immunization of children in preventive health. It already mandates coverage for immunizations, including HPV vaccine immunization without cost sharing.

In line with the ACA, HMSA non-grandfathered plans and the EUTF and QUEST plans offer immunizations at no cost.

While HMSA certainly supports the intent of HB 2316, we do have operational questions with respect to provisions of the Bill that relate to the administration of the HPV vaccine by pharmacists:

- (1) As drafted, HB 2316 allows school attendance by a child is dependent upon written documentation of immunization from a licensed physician or advanced practice registered nurse. Will the State Department of Health be allowed to accept documentation from a pharmacist?



An Independent Licensee of the Blue Cross and Blue Shield Association

- (2) HB 2316 provides for coverage for up to three service visits, each to include HPV vaccination. Would the service have to be delivered by the same provider? How do we monitor to ensure the child receives only the acceptable levels of vaccination?
- (3) Pharmacists are reimbursed for immunization services via an administration fee. Will the administration of the HPV vaccination be included in the current administration fee?

Thank you for allowing us to testify on HB 2316. Your consideration of our questions is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", with a long horizontal flourish extending to the right.

Jennifer Diesman
Vice President, Government Relations.



To: Hawaii State Senate Committee on Commerce, Consumer Protection and Health
and Committee on Education
Hearing Date/Time: Tuesday, February 2, 2016, 9:45 a.m.
Place: Hawaii State Capitol, Rm. 229
Re: Testimony in support of S.B. 2316

Dear Chairs Baker and Kidani and Members of the Committees,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of S.B. 2316, which requires all public school students to receive one dose of the HPV vaccine prior to the 7th grade, allows pharmacists to prescribe and administer the vaccine to 11-17 year olds and requires insurance providers to cover the costs of the vaccination series.

PPVNH is dedicated to protecting and promoting the sexual and reproductive health of Hawaii’s people and we support S.B. 2316 because it will prevent HPV-related cancer. In our health centers, we see firsthand the sometimes devastating effects of HPV on our patients. By increasing the number of young people who are vaccinated against HPV, S.B. 2316 will help to lower cervical and other cancer rates.

The HPV vaccine is cancer prevention. It is a safe and effective regular pre-teen vaccine.

The Advisory Committee on Immunization Practices recommends routine vaccinations for all youth between the ages of 11 and 12 (a series of three shots over the course of six months). Yet, too few adolescents in Hawaii are receiving HPV vaccines, which results in more cases of HPV and cervical and other cancers and diseases. According to the Centers for Disease Control and Prevention, HPV infects approximately 79 million people in the United States with 14 million new cases each year. HPV is so common that nearly all sexually-active men and women will get at least one type of HPV at some point in their lives. There is no cure for HPV, only treatment for related health problems.

Cervical cancer is the second leading cancer killer of women worldwide. In the United States, nearly 10,000 women are diagnosed with cervical cancer each year and nearly 4000 women die. Since almost 70% of cervical cancer cases are linked to four strains of HPV that are protected through the two FDA-approved vaccines on the market (Merck’s Gardasil and GlaxoSmithKline’s Cervarix), increased utilization of the HPV vaccine will greatly reduce our current cervical cancer rates.

Currently, there are 26 million girls under 13 years of age in the United States.

168,400 will develop cervical cancer if none are vaccinated.
51,100 will die from cervical cancer if none are vaccinated.

In Hawaii, only 55-64% of adolescent girls 13-17 years in Hawaii are covered with one or more doses of the HPV vaccine (National Center for Immunizations and Respiratory Diseases, Immunization Services Division, June 11, 2014). We can do better to protect their health.

In 2009, the state convened a working group to assess whether to require cervical cancer vaccinations for girls before they entered the 7th grade. The group did not recommend requiring the HPV vaccine for girls prior to 7th grade entry because of a number of barriers, including inconsistent health insurance coverage, the high cost of the vaccine, inequality of access to the vaccination and the substantial administrative burden that would be placed on school personnel. However, since then, these barriers have been reduced or

eliminated entirely. With the Affordable Care Act, most private health insurance plans cover the HPV vaccine with no out-of-pocket costs. Further, this bill will increase equal access by allowing pharmacists to prescribe and administer the vaccine.

Until all youth are regularly and routinely vaccinated, S.B. 2316 will go far to prevent cancer in future generations. While we can't protect them everything, we can help to protect them from cancer in the future by passing this measure.

Thank you for this opportunity to testify in support of S.B. 2316.

Sincerely,
Laurie Field
Hawaii Legislative Director and Public Affairs Manager

**American Congress of Obstetricians and
Gynecologists
District VIII, Hawaii (Guam & American Samoa)
Section**

Greigh Hirata, MD, FACOG, Chair
94-235 Hanawai Circle, #1B
Waipahu, Hawaii 96797



To: Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn Baker, Chair
Senator Michelle Kidani, Vice Chair, and
Senate Committee on Education
Senator Michelle Kidani, Chair
Senator Breene Harimoto, Vice Chair

DATE: Tuesday, February 2, 2016
TIME: 9:45 A.M.
PLACE: Conference Room 229

FROM: Hawaii Section, ACOG
Dr. Greigh Hirata, MD, FACOG, Chair
Dr. Jennifer Salcedo, MD, MPH, MPP, FACOG, Vice-Chair
Lauren Zirbel, Community and Government Relations

Re: SB2316 Relating to Health

Position: Support with Revisions

Required Human Papilloma Virus Immunization

Dear Senators Baker, Kidani, Harimoto and Committee Members:

Thank you for hearing this important bill on adolescent health.

The American Congress of Obstetricians and Gynecologists, Hawaii Section (Hawaii ACOG) supports SB2316 requiring at least one dose of the human papilloma virus (HPV) immunization prior to matriculating to seventh grade.

HPV is associated with multiple cancers, including anogenital cancer (including cervical, vaginal, vulvar, penile, and anal), oropharyngeal cancer, and genital warts. The HPV vaccination can significantly reduce the incidence of anogenital cancer and genital warts.

The Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists recommend routine vaccination with HPV vaccine for girls and boys. The 9-valent HPV vaccine is recommended by the Advisory Committee on Immunization Practices and was licensed by the U.S. Food and Drug Administration in December 2014 for girls and boys aged 11–12 years. Compared with other vaccines recommended in the same age bracket, HPV vaccination rates in the

United States are unacceptably low. Safety data for all three HPV vaccines are reassuring. According to the Vaccine Adverse Events Reporting System, more than 60 million doses of HPV vaccine have been distributed, and there are no data to suggest that there are any severe adverse effects or adverse reactions linked to vaccination. The HPV vaccine is a proven way to prevent future cancers, and the Legislature has the ability to protect the future health of Hawaii's keiki by passage of this legislation.

We respectfully ask that the following the following change be made to SB2316 to include exemptions for medical or religious regions, which already exist for other required immunizations in order to maintain consistency in the requirements based on current Hawaii State Law (*HRS §302A-1156, §302A-1157, §325-0034 and HAR §11-157-5*).

Insert on page 3, insert between lines 16-17 of the bills original language: §302A-1154 Immunization upon attending school; tuberculosis clearance; human papilloma virus vaccination.

(d) **Exemptions** A child may be exempted from the required immunizations:

- (1) If a licensed physician certifies that the physical condition of the child is such that immunizations would endanger the child's life or health; or
- (2) If any parent, custodian, guardian, or any other person in loco parentis to a child objects to immunization in writing on the grounds that the immunization conflicts with that person's bona fide religious tenets and practices. Upon showing the appropriate school official satisfactory evidence of the exemption, no certificate or other evidence of immunization shall be required for entry into school. [L 1996, c 89, pt of §2].

Section 325-32 shall be construed not to require the vaccination or immunization of any person for three months after a duly licensed physician or an authorized representative of the department of health has signed two copies of a certificate stating the name and address of the person and that because of a stated cause the health of the person would be endangered by the vaccination or immunization, and has forwarded the original copy of the certificate to the person or, if the person is a minor or under guardianship, to the person's parent or guardian, and has forwarded the duplicate copy of the certificate to the department for its files.

[§11-157-5] Exemptions.

(a) Medical exemptions from the requirements for specific immunizing agents shall be granted upon certification by a physician on the physician's professional stationery that an immunization is medically contraindicated for a specific period of time. The original certificate shall be provided to the exempt person or parent or guardian. A copy of the certificate shall be maintained in the student's school health record. Reports of such certificates shall be submitted to the department by each school.

(b) A religious exemption shall be granted to a student whose parent, custodian, guardian, or other person in loco parentis certifies that the person's religious beliefs prohibit the practice of immunization. Requests for religious exemptions based on objections to specific immunizing agents will not be granted. Students who have reached the age of majority shall apply on their own behalf. The certification shall be retained in

the student's health record. Reports of such exemptions shall be submitted to the department by each school.

(c) If at any time, the director determines that there is the danger or presence of an outbreak or epidemic from any of the communicable diseases for which immunization is required under this chapter, the exemption from immunization against such disease shall not be recognized and inadequately immunized students shall be excluded from school until the director has determined that the presence or danger of the outbreak or epidemic no longer exists.

Mahalo for the opportunity to testify, and for your support of Hawaii Adolescent Health.

Reference: Human papillomavirus vaccination. Committee Opinion No. 641. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;126:e38-43.



Halehuki circa 1940

'Imi Hale

Native Hawaiian Cancer Awareness
Research & Training Network
A Program of Papa Ola Lōkahi

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Telephone: (808) 597-6550
Fax: (808) 597-6552
Email: imihale@yahoo.com

To: Hawai'i State Senate Committee on Commerce, Consumer Protection and Health and the Committee on Education
Hearing
Date/Time: Tuesday, February 2, 2016, 9:45 a.m.
Place: Hawaii State Capitol, Rm. 229
Re: Testimony of Planned Parenthood of Hawaii in support of S.B. 2316

Dear Chairs Baker and Kidani and Members of the Committees,

'Imi Hale Native Hawaiian Cancer Network, one of 23 NCI funded networks in the U.S., writes in strong support of SB 2316, which requires students to receive one dose of the HPV vaccine prior to the seventh grade, allows pharmacists to prescribe and administer the vaccine to 11 to 17 year olds and requires insurance providers to cover the costs of the vaccination series.

In Hawai'i, our current HPV vaccine completion uptake (all 3 doses) rates are at 38% for girls and 31% for boys. These percentages fall far beneath our rates for the Tdap (82%) and Meningococcal (78%) vaccines, also on the same ACIP recommended list as the HPV vaccine. Factors that contribute to the low HPV vaccine uptake rates include the lack of a strong recommendation from the child's doctor and lack of parental knowledge of the vaccine. Through 'Imi Hale's research with 800 parents of adolescents in Hawai'i and 73 physicians (Soon et. al, 2015), we strongly believe that SB 2316 provides the physicians, parents and communities with the support needed to increase the recommendation and administration of the HPV vaccine.

Pharmacies are a viable and underutilized source to increase HPV vaccine uptake in Hawai'i. Due to the multiple doses of the HPV vaccine, the pharmacies can offer parents the convenience of getting the shots within the patient's community, during the weekends and after hours. Pharmacists are informed and highly trained health educators and have been equipped with administering vaccines to various ages and populations. We have recently interviewed pharmacists to gauge their comfort level in administering vaccines to adolescents and all 20 stated that they are comfortable administering to youth at the recommended ACIP age (11 to 12 years old) and older. Thus, lowering the age to 11 years old will not be a hardship for pharmacists.

'Imi Hale developed the first local HPV vaccine brochure vetting it with 160 parents in Hawai'i to address the lack of knowledge about the vaccine. This is particularly important for our Native Hawaiian and Filipino communities where cervical cancer incidence and mortality are highest. The brochure and two complementary posters are being distributed statewide to physicians to assist in

*Halehuki, in Hilo Hawai'i, was the family home of Hawaiian composer Helen Desha Beamer. It was a gathering place for family, friendship and music.

'Imi Hale is supported by a grant from the National Cancer Institute.

educating parents about this vaccine which prevents cancer. We believe that SB 2316 legislation provides the added support to increase the vaccine's uptake by making the vaccine affordable and accessible and convenient through partnerships with pharmacies.

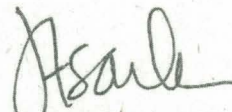
Cervical cancer runs in my family and while it is too late for me to get the HPV vaccine, it is timely for my two young daughters, one who is 11 years old and already received two doses of the HPV vaccine. I am grateful that with the HPV vaccine they are protected from cervical cancer and some cancers. This is better than a cure for cancer, it will prevent cancer. As our poster clearly states, "If there was a vaccine against cancer wouldn't you get it for your *keiki*?" Well, there is. It is our hope that all *keiki* in Hawai'i are protected.

Mahalo for this opportunity to submit testimony in support of SB 2316.

Aloha,



May Rose Dela Cruz, DrPH
Co-Project Director



JoAnn Tsark, MPH
Co-Project Director

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: KimberlyUsherMauiRainbow@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 10:53:50 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Usher	vaccinationinjury.blogspot.com	Oppose	No

Comments: You do not need me to tell you that what you are doing here is corruption to the full extent of decent boundaries of Humanity...Thank-you for showing the people who you really are...That's the only thing this bill does that is good. Genocide is what this is...and is against everything in this world that stands for Life. True flag colors from those who brought this bill forward...Skull and Cross Bones... Greed, and ignorance once again from the same ones...shows even more. Poisoned food purveyors who help destroy our health, but act like this is otherwise... Now this ridiculous example of legislation... I blog about vaccination injury...so don't think my anger is out of the blue either... READ MY BLOG! Here's a little bit..."ER Vaccine Injury Cover-UP A nurse has written a frightening and scary account of working the emergency room when a vaccine injury was presented to her. The child patient was seizing. The child had received vaccines within a few hours and had been rushed to the hospital by ambulance. The ambulance report was a male child who had just received vaccinations a few hours ago, who was progressively deteriorating in mentation and finally experienced sudden onset seizing. It was what we call status epilepticus, where the seizure starts, and it doesn't stop. It just keeps going. I wrote in large letters across the bottom of the paramedic report "JUST RECEIVED VACCINATIONS, NOW SEIZING"" <http://vaccinationinjury.blogspot.com/2015/12/er-vaccine-injury-cover-up.html> I leave you with a letter of note by Mark Twain...

Kimberly Usher Nov. 20. 1905 J. H. Todd 1212 Webster St. San Francisco, Cal. Dear Sir, Your letter is an insoluble puzzle to me. The handwriting is good and exhibits considerable character, and there are even traces of intelligence in what you say, yet the letter and the accompanying advertisements profess to be the work of the same hand. The person who wrote the advertisements is without doubt the most ignorant person now alive on the planet; also without doubt he is an idiot, an idiot of the 33rd degree, and scion of an ancestral procession of idiots stretching back to the Missing Link. It puzzles me to make out how the same hand could have constructed your letter and your advertisements. Puzzles fret me, puzzles annoy me, puzzles exasperate me; and always, for a moment, they arouse in me an unkind state of mind toward the person who has puzzled me. A few moments from now my resentment will have faded and passed and I shall probably even be praying for you; but while there is yet time I hasten to wish that you may take a dose of your own poison by mistake, and enter swiftly into the damnation which you and all other

patent medicine assassins have so remorselessly earned and do so richly deserve.
Adieu, adieu, adieu! Mark Twain

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To: [CPH Testimony](#)
Cc: mommyinthegarden@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 11:11:43 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Amber Woolsey	Individual	Oppose	No

Comments: Aloha, I strongly oppose this bill. This vaccine in particular has caused some very extreme side affects. I do not believe it behooves the state to mandate this, or any, vaccine. This is a huge infringement on our rights to make decisions for ourselves and our children. The government shouldn't be allowed to make those decisions for us. Please stand with me in opposing this bill. Mahalo and malama pono.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: angrybraids@aol.com
Subject: *Submitted testimony for SB2316 on Feb 2, 2016 09:45AM*
Date: Monday, February 01, 2016 9:54:32 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Amelia Ensign	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: kiele1@msn.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 12:15:59 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Anne-Marie Forsythe	Individual	Oppose	No

Comments: I absolutely oppose this bill as there is far too much risk to the health of our children with very little research having been done. I do not support this bill at all. Our children are current on all their vaccinations as it is our choice to do so and we feel it is for their health benefit however, I would choose not to give this particular vaccination as it has not been thoroughly tested.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: aubrey_aea@yahoo.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 11:57:10 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Aubrey Aea	Individual	Oppose	No

Comments: Please oppose this bill. PARENTS have a right to choose what is injected into their children, NOT the government.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: thinkingglobal@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Thursday, January 28, 2016 9:10:55 PM

SB2316

Submitted on: 1/28/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Carmen Golay	Individual	Oppose	No

Comments: I strongly oppose SB 2316, pertaining to HPV vaccination mandate. When there is risk, there always must be a choice. And this vaccine carries a large risk. It carries such a large risk, that many countries, including Japan, no longer are recommending it. Just a few days ago, "The American College of Pediatricians stated that the HPV vaccines could possibly be associated with the very rare but serious condition of premature ovarian failure (POF), also known as premature menopause. There have been two case report series (3 cases each) published since 2013 in which post-menarcheal adolescent girls developed laboratory documented POF within weeks to several years of receiving Gardasil, a four-strain human papillomavirus vaccine (HPV4). There are legitimate concerns that should be addressed: (1) long-term ovarian function was not assessed in either the original rat safety studies 3,4 or in the human vaccine trials, (2) most primary care physicians and most certainly PHARMACISTS are probably unaware of a possible association between HPV4 and POF and may not consider reporting POF cases or prolonged amenorrhea (missing menstrual periods) to the Vaccine Adverse Event Reporting System (VAERS), (3) potential mechanisms of action have been postulated based on autoimmune associations with the aluminum adjuvant used¹ and previously documented ovarian toxicity in rats from another component, polysorbate 80,² and (4) since licensure of Gardasil® in 2006, there have been about 213 VAERS reports (per the publicly available CDC WONDER VAERS database) involving amenorrhea, POF or premature menopause, 88% of which have been associated with Gardasil®.⁵ The two-strain HPV2, Cervarix™, was licensed late in 2009 and accounts for 4.7 % of VAERS amenorrhea reports since 2006, and 8.5% of those reports from February 2010 through May 2015. This compares to the pre-HPV vaccine period from 1990 to 2006 during which no cases of POF or premature menopause and 32 cases of amenorrhea were reported to VAERS." Additionally, there is still some scientific debate on how long the vaccine even lasts, some reports say only 5 years, which means that vaccinating 7th graders is not the best health policy from any perspective, as HPV is only transmitted sexually. Also, vaccine manufacturers have no civil liability. The 1986 law partially shielded drug companies selling vaccines in the U.S. from civil liability and, in 2011, the US Supreme Court completely shielded vaccine manufacturers from liability for FDA licensed and CDC recommended vaccines. There is no product liability or accountability for

pharmaceutical companies marketing federally recommended and state mandated vaccines that injure Americans or cause their death, which makes flexible medical and non-medical vaccine exemptions in vaccine policies and laws the only way Americans can protect themselves and their children from vaccine risks and failures.

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Cc: aloha.cecilia@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 12:34:50 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Cecilia Ortiz	Individual	Oppose	No

Comments: As a parent of a school age child I oppose SB2316. I am not someone who is opposed to vaccines, in fact, my child is up-to-date with all of his vaccinations. However, I believe that making the HPV vaccine mandatory is unreasonable. HPV is a sexually transmitted disease and I do not believe the state should force me to have my child vaccinated for a STI. The HPV vaccine is relatively new to the market and there have been many reports of adverse reactions. I do not believe the vaccine has been around long enough to be sure of the potentially harmful effects. Also I do not believe that the risk of cervical cancer which can be prevented in several ways and treated if caught early enough with regular pap-sears warrants a mandatory vaccine for all adolescents. Please trust me as a parent to make safe/smart decisions for my child.

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January 21, 2016

To: Senator Rosalyn Baker, Chair of Committee on Commerce, Consumer Protection & Health; Senator Michelle Kidani, Vice Chair of Committee on Commerce, Consumer Protection & Health and Chair of Committee on Education; Senator Breene Harimoto, Vice Chair of Committee of Education

From: Cheryl Toyofuku

Re: Strong Opposition to S.B. 2316 –Requiring the HPV vaccine prior to 7th grade

Hearing: Tuesday, February 2, 2016 at 9:45 am, State Capitol, Room 229

I strongly oppose S.B. 2316. The big question is: Why is there such a push to **require** children (both girls and boys) as young as age 11 to receive a HPV (human papilloma virus) vaccine that:...

- Has caused over 28,400 adverse reactions as of December 2012 including lupus, paralysis, blood clots, stroke, genital warts, ovarian cysts, miscarriage/stillbirth, cardiac arrest, anaphylactic shock, Guillain-Barre Syndrome, multiple recurring seizures, Multiple Sclerosis, neural inflammation, coughing up of blood, menstrual cessation, gastrointestinal disorders, skin outbreaks, autoimmune disorders, permanent disabilities and deaths.
- Contains 3 horrific ingredients with potential for long term, serious health consequences: polysorbate 80 (known to cause infertility in mice, anaphylactic-like reactions and immune system problems in humans), aluminum (neuro-toxin) and sodium borate (also found in rat poison, pesticides, flame retardants and laundry detergent; also known as borax that interferes with sperm production & male fertility when given to animals at high doses).
- May increase the risk of cervical cancer and pre-cancerous lesions by 44.6% in girls who may already have one of the 4 HPV viruses (types 6, 11, 16 & 18) in the vaccine. To clarify, the vaccine actually raises the risk of cervical cancer for anyone exposed to the virus before they were vaccinated. Yet, there are no plans to screen patients to determine if they already have the virus prior to vaccination.
- Has not been researched and tested in children under 15 years old, yet it is being required for children as young as 11 years old or those entering 7th grade.
- Has not been proven to prevent cervical cancer. There are over 200 strains of HPV with 15 to 20 types associated with cervical cancer. The Gardasil HPV vaccine has 4 types (6, 11, 16 & 18) with only two of those strains (16 & 18) associated with cancer. The prescribing information states, "Gardasil has not been demonstrated to protect against diseases due to HPV types not contained in the vaccine." It is also unknown how long the HPV vaccine protection lasts. Consequently, youth entering adulthood, along with their parents are lulled into a false sense of security.
- Continues to be controversial in the healthcare community and public due to the grave concerns and questions about its short-term or long-term safety and effectiveness.
- Is marketed aggressively to preteens and their parents by the vaccine manufacturer, including the lobbying of state legislators to make it mandatory for young children to get another vaccine "just in case" in order to prevent cervical cancer.

HPV does not spread through the air like measles or the flu. HPV infections occur mainly with sexual intercourse. Studies have confirmed that most women who contract HPV do NOT develop cervical cancer and approximately 90% of HPV infections clear up on their own within two years. North America has the lowest incidence of cervical cancer and the survival rate for cervical cancer patient over 5 years is 91%.

Cervical cancer is most prevalent at 40 years of age. Does giving a HPV vaccine to an eleven year old child really lower the incidence of cervical cancer much later in their lives, when it is unknown how long the vaccine protection lasts? Absolutely not. This vaccine is completely unnecessary and definitely should not be mandated as a school requirement. As our lawmakers, please be diligent in researching this critical vaccine mandate that is being presented to our state. Please do not ignore scientific evidence and common sense. The health consequences to our keiki will be a responsibility that you will carry for your own ohana and ours.

Lastly, the decision to vaccinate or NOT to vaccinate against HPV is a private medical matter and does NOT need the involvement and promotion from government.

Please **DO NOT pass SB 2316** out of your committee and protect our keiki from questionable vaccinations.



COURTNEY BRUCH

POB 735
Makawao, HI 96768

T 808-283-6837
CourtneyBruch@info.com

February 1, 2016
CPH/EDU Committees
Hawaii State Legislature

SB2316~Opposed

Dear Senators,

I am strongly opposed and demand that you strongly oppose this bill! You will see that the community is going to come out strong opposing this and other vaccination bills. I hope that you will oppose them ASAP so we can focalize our energy on other important matters this legislative session. Legislators that support these bills will definitely be frowned upon. Taking away the right for the freedom to choose for adults and teenagers regarding this kind of vaccination is reprehensible and unacceptable.

Instead of mandatory HPV vaccination, focus on a test for males so that they can be monitored for having HPV in the first place. This currently does not exist as it does for other STDs and is essential in stopping the spread of this virus.

Here are some points as to why I oppose this bill:

*This is a very controversial vaccine!

*The vaccine was fast-tracked and only studied for two years before it went on the market. The researchers only studied 1,200 girls under 16 before it went to market. Boys were not tested. The side effects that occurred during the pre-licensure clinical trials, including deaths, were written off as a coincidence by the vaccine-makers.

* There were 40,593 adverse vaccine reactions reported to VAERS, and 225 deaths as a result of vaccination.

*The vaccine is unnecessary. Cervical cancer makes up less than 3% of all cancers. 90% of those who are exposed to HPV no longer have infections within two years – the cells go back to normal; however are still able to develop antibodies for future protection

*The vaccine can cause seizures, speech problems, paralysis, short term memory loss, blindness, Guillain-Barre syndrome (GBS), pancreatitis, ovarian cysts, and death.

* It contains genetically engineered virus-like protein particles, which can adversely affect immune function.

*Further, according to the vaccine manufacturer product information insert, the vaccine has not been evaluated for the potential to cause cancer or to be toxic to genes.

*The vaccine only protects against four of 100 types of HPV viruses (40 of which are sexually transmitted with 15 of the 40 being associated with cervical cancers and genital warts).

*If you've already been exposed to any of the four viruses in the vaccine, it doesn't work against those either.

*There is a huge gap in coverage with this vaccine, and the vaccine comes with a high risk for adverse events.

*Teens could become confused and believe that being vaccinated protects them from risk of other sexually-transmitted infections (a study demonstrated that 24% of girls believed the HPV vaccine would protect them against other infections).

*Other countries have removed this vaccine from the recommended schedule due to high amounts of adverse events.

*The bottom line is that there is NOT enough evidence to definitively state that vaccination is safe for everyone, and therefore individuals and parents should always be able to choose, with the advice of their own healthcare providers.

*Most importantly, in medicine we are given INFORMED CONSENT and therefore also have the option of informed dissent. We do not have to say yes to any medical procedure or treatment. Vaccines are no different. We have a right to our bodies and what goes in them. The state has no right to mandate vaccination.

Sincerely yours,

Courtney Bruch

Kula, Maui

This is a bad bill and it needs to be rejected. It's an unconscionable and unprecedented attack on religious freedom, parental rights and the health of all Hawaiian children.

Injury and death are some of the *listed* risks on the labels of vaccine injections. No parent should be forced to subject his or her child to such hazards. And no law should compel children to undergo such dangers.

I urge Hawaiian legislators to REJECT this bad bill. It's sure to injure our youngest and most vulnerable, draw lawsuits from parents and cost legislators their seats.

D.M. McLean
Lahaina, Maui

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: hafi@me.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Saturday, January 30, 2016 8:09:08 AM

SB2316

Submitted on: 1/30/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
heather lafi	Individual	Oppose	No

Comments: Parents should be allowed to decide on which vaccines to give or not. This isn't tested properly. It IS NOT proven to lead to cancer. It is proven that HPV can go away on its own. We should be teaching abstinence & require Pap smears instead of putting more toxins in our girls bodies that can cause strokes, seizures and death!!

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: ruralwarrior81@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Friday, January 29, 2016 2:36:05 PM

SB2316

Submitted on: 1/29/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Holly Socciarelli	Individual	Oppose	No

Comments: This is gross government overreach. Please withdraw this dangerous bill. Human Papilloma Virus is not communicable in a school setting therefore it has no place in a school mandate. There are also still many concerns about the safety of this vaccine. Many countries are actively investigating the safety of this vaccine after thousands have reported serious and some grave injuries. Please consider these points and let this vaccine be a personal choice.

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January 31, 2016

RE: SB 2316 POSITION: OPPOSE

Measure RELATING TO HEALTH.

Title:

Report Title: Health; Education; Human Papillomavirus Vaccine; Pharmacists; Health insurance; Reimbursement

Description: Requires a child to receive at least one dosage of the human papillomavirus vaccine prior to attending seventh grade, beginning with the 2017-2018 school year. Authorizes pharmacists to prescribe and administer the human papillomavirus vaccine to persons between eleven and seventeen years of age. Specifies requirements pharmacists must meet prior to administering the human papillomavirus vaccine. Requires all insurers in the State, including health benefits plans under chapter 87A, Hawaii Revised Statutes, and medicaid managed care programs, to reimburse the costs of human papillomavirus vaccination services.

Companion:

Package: None

Current CPH/EDU, WAM

Referral:

Introducer(s) BAKER, ESPERO, GREEN, KIDANI, SHIMABUKURO, TOKUDA, Kim

I, Janell Tuttle, am submitting personal testimony in opposition to SB 2316 requiring all students receive at least one dosage of the HPV vaccine beginning of the 2017-2018 school year.

When Government is given the authority to force anything on or in a person's body, it is a violation of our basic human rights. It takes away our freedom to choose, which is un-American. It is a slippery slope and tyrannical.

This action also goes against many of our personal religious beliefs. Forcing parents to go against their personal convictions and beliefs is a degradation to our humanity.

What stumbles me is that HPV is not an airborne virus. It is transmitted through sexual contact. Yet, a child would be denied an education because they did not receive this vaccine? This makes absolutely no sense at all.

Furthermore, it is well known this vaccine has caused both injury and death to many young women who would still be alive and well today, had it not been for this vaccine. To add insult to injury, vaccine manufacturers are exempt from any and all responsibilities and liabilities when it comes to adverse vaccine reactions.

I ask that you take my testimony to heart, as well as the testimonies of others who oppose this bill, and know that Bill 2316 is absolutely a violation of our basic human rights, unnecessary, and runs the risk of injury and/or death to our keikis.

**Sincerely,
Janell Tuttle**

I strongly oppose SB2316 to require children entering 7th grade to receive the Human Papillomavirus (HPV) vaccination, commonly known as Gardasil. This vaccine was “fast-tracked” to approval by the Food and Drug Administration (FDA) without long-term testing and has a high incidence of side effects:

- As of September 1, 2015, 295 claims were filed in the federal Vaccine Injury Compensation Program (VICP) for injuries and deaths following HPV vaccination, including 13 deaths and 282 serious injuries.
- Using the MedAlerts search engine, as of Sept. 30, 2015, there were a total of [37,474](#) vaccine reaction reports made to the federal Vaccine Adverse Events Reporting System (VAERS) associated with Gardasil vaccinations, including [209](#) deaths.
- Case stories have now revealed this vaccine can cause Premature Ovarian Failure (POF), also known as premature menopause in teenage girls. There are currently 89 reports of amenorrhea of at least 4 months following Gardasil vaccination in the federal government’s Vaccine Adverse Event Reporting System (VAERS). There has not been follow-up to date to determine whether these cases will progress to POF.

The American College of Pediatricians issued a position statement on the HPV vaccine in January 2016 entitled, “New Concerns about the Human Papillomavirus Vaccine” and has contacted the manufacturer of Gardasil, the Advisory Committee on Immunization Practices (ACIP), and the FDA to make known their concerns and request more rat studies be done to look at long-term ovarian function after Gardasil vaccination.

According to Centers for Disease Control (CDC) records, a high number of side effects have been reported following HPV vaccination. The estimated rate of anaphylaxis in young women after HPV vaccination is 5 to 20 times higher than those identified in comparable school-based vaccination programs; Rheumatoid arthritis, including juvenile rheumatoid arthritis, was recorded 3 times more frequently in the Gardasil-vaccinated subjects than the control group. Additionally, a number of cases of possibly immune-based inflammatory neurodegenerative disorders of the central nervous system, i.e., acute disseminated encephalomyelitis following Gardasil vaccination has been recorded in medical literature worldwide.

In fact, lawsuits have been filed against HPV vaccine manufacturers in France, India, Japan, and Spain, and other countries. The Spanish lawsuit cites the manipulation of vaccine safety data by the manufacturer by failing to use an inert placebo. The Japanese government withdrew its recommendation to use human papillomavirus (HPV) vaccines in girls in 2013, citing concerns from the public about adverse effects. According to testimony presented to the National Health Ministry by Dr. Sotaro Sato, who has examined many of the Japanese girls injured by Gardasil:

“...the convulsions, inability to walk, and involuntary movements of hands and toes were caused by encephalomyelitis, or inflammation of the brain and spinal cord. Cervical cancer vaccines, which are chemically bound to special types of adjuvants, often trigger encephalomyelitis. Since the vaccines cause auto-antibodies against the brain’s neuronal fibers to be produced in many cases, they have triggered demyelinating disorders. They have also induced many cases of cerebral vasculitis.”

Adjuvants, often Aluminum Hydroxide or other neurotoxic ingredients, such as Squalene, are used in vaccines that contain killed viruses. Adjuvants are used to provoke an immune response from the body that otherwise would not recognize an inactive pathogen. Adjuvants have been found to cause autoimmune reactions and cause demyelinating disorders, such as multiple sclerosis and are linked to Alzheimer's Disease.

Clearly other countries have recognized the dangers of this vaccine that our legislature wants to force on our keiki. It is worth noting that the legal recourse against the vaccine manufacturer that has been taken abroad, is not available to American adolescents injured by Gardasil—Vaccine manufacturers have been indemnified in the United States through the 1986 National Childhood Vaccine Injury Act.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: jenniferhairgrove@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Tuesday, January 26, 2016 3:20:49 PM

SB2316

Submitted on: 1/26/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Hairgrove	Individual	Comments Only	No

Comments: Please Add A Religious Exception for people.

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To: [CPH Testimony](#)
Cc: jen7lynn@msn.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 1:57:35 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Viets	Individual	Oppose	No

Comments: As a mother of a teenage daughter i totally and completely oppose this bill! *In its development, it was tested against a bioactive aluminum adjuvant-containing placebo, which likely masked differences in groups on adverse outcome measures (as opposed to the differences that would have likely shown up between groups if it was compared with a non-toxic placebo, e.g. saline) *The vaccine was fast-tracked and only studied for two years before it went on the market. The researchers only studied 1,200 girls under 16 before it went to market. Boys were not tested. The side effects that occurred during the pre-licensure clinical trials, including deaths, were written off as a coincidence by the vaccine-makers. * There were 40,593 adverse vaccine reactions reported to VAERS, and 225 deaths as a result of vaccination. *The vaccine is unnecessary. Cervical cancer makes up less than 3% of all cancers. 90% of those who are exposed to HPV no longer have infections within two years – the cells go back to normal; however are still able to develop antibodies for future protection *The vaccine can cause seizures, speech problems, paralysis, short term memory loss, blindness, Guillain-Barre syndrome (GBS), pancreatitis, ovarian cysts, and death. * It contains genetically engineered virus-like protein particles, which can adversely affect immune function. *Further, according to the vaccine manufacturer product information insert, the vaccine has not been evaluated for the potential to cause cancer or to be toxic to genes. *The vaccine only protects against four of 100 types of HPV viruses (40 of which are sexually transmitted with 15 of the 40 being associated with cervical cancers and genital warts). *If you've already been exposed to any of the four viruses in the vaccine, it doesn't work against those either. *There is a huge gap in coverage with this vaccine, and the vaccine comes with a high risk for adverse events. *Cervical cancer is a result of chronic HPV infections that go untreated for long periods of time, which is why PAP smears are the most effective way to identify and treat HPV and cervical cancer deaths. *Teens could become confused and believe that being vaccinated protects them from risk of other sexually-transmitted infections (a study demonstrated that 24% of girls believed the HPV vaccine would protect them against other infections). *Other countries have removed this vaccine from the recommended schedule due to high amounts of adverse events. *The bottom line is that there is NOT enough evidence to definitively state that vaccination is safe for everyone, and therefore individuals and parents should always be able to choose, with the advice of their own

healthcare providers. *Most importantly, in medicine we are given INFORMED CONSENT and therefore also have the option of informed dissent. We do not have to say yes to any medical procedure or treatment. Vaccines are no different. We have a right to our bodies and what goes in them. The state has no right to mandate vaccination. Mahalo, Jennifer Viets

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Cc: hiloland@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 1:09:47 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jerry Deutsch	Individual	Comments Only	No

Comments: Please see CBS news report <http://www.cbsnews.com/videos/gardasil-vaccine-draws-concern/> There are documented serious side effects from the Gardasil vaccine. And how serious is HPV among teens in Hawaii? Education is the answer, not dangerous compulsory vaccination! Please do not act hastily in this regard.

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Cc: jnichthus@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Saturday, January 30, 2016 5:14:43 PM

SB2316

Submitted on: 1/30/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jessica McCormick	Individual	Oppose	No

Comments: I oppose SB 2316/HB 1910 the HPV vaccine mandate. HPV vaccine should not be mandated to attend school nor be administered by a pharmacist. This vaccine has NOT been thoroughly tested. There have been numerous injuries and deaths reported through the VAERS (Vaccine Adverse Events Reporting System). It also authorizes pharmacists to prescribe and administer this vaccine to children eleven and older without parental consent. How is a parent supposed to know what is wrong if a child is given a vaccine and has a reaction without their knowledge? Whenever there is a risk of injury or death it should be a parent's decision if they want to take that risk. This disease is not communicable by normal person to person contact, so there is no risk of it spreading among a school. Also, my research has shown that this vaccine's efficacy is only 5 years, after which it is no longer protective. It's reasonable to assume that most 7th grade students, age 12 to 13, will not be sexually active and most likely won't be until they are at least 17 or 18. Therefore, by the time these students are becoming sexually active and at risk for this disease the vaccine will have worn off. There is no logical reason why this HPV vaccine should be mandated for school attendance. There are, however, numerous reasons I have listed why the decision to vaccinate for HPV should be the parent's decision and NOT the state's. I urge our legislators to oppose this bill.

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To: [CPH Testimony](#)
Cc: jessicamitchell51@yahoo.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Wednesday, January 27, 2016 3:06:03 PM

SB2316

Submitted on: 1/27/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jessica Mitchell	Individual	Oppose	No

Comments: Oh my.. Why would it be required? You cannot catch cervical cancer or warts by going to school. This is another infringement on my rights as a parent. I choose what to inject them with.

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To: [CPH Testimony](#)
Cc: jessica@stammnutrition.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 1:12:53 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jessica Stamm	Individual	Oppose	No

Comments: I vigorously oppose this measure. The Gardasil vaccine has been found to have devastating side effects in a higher proportion of the population than most vaccines. Mandating this vaccine puts our children at risk. Please oppose this bill and look for a safer alternative for Hawaii's children.

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Cc: info@joannatano.com
Subject: *Submitted testimony for SB2316 on Feb 2, 2016 09:45AM*
Date: Monday, February 01, 2016 12:26:09 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joanna Tano	Individual	Oppose	No

Comments:

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To: [CPH Testimony](#)
Cc: Karen@RedwoodGames.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Sunday, January 31, 2016 7:31:31 AM

SB2316

Submitted on: 1/31/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Chun	Individual	Oppose	No

Comments: I am very, very pro-vaccine for public health issues like pertussis, diphtheria, polio, etc. But this is not something that is a public health issue. It is a PERSONAL health issue. As such it is not an appropriate subject for legislating mandatory vaccination. Pure and simple, this is corporate welfare. Additionally, someone close to me came down with a deadly autoimmune disease right after being vaccinated with this. Anecdotal is not proof but this is too new of a vaccine with too many negative reports to be mandating - especially since there are other, safer and less invasive ways to protect against the virus.

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Cc: kgravesenc@yahoo.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 1:15:00 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine Gravesen	Individual	Oppose	No

Comments: HPV is a STD. I should not be mandated to give my child a STD vaccine with known side effects. Vaccines come with much risk. VEARS has paid out over 3 BILLION dollars in injury claims to people injured by vaccines.

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From: [EDU Testimony](#)
To: [CPH Testimony](#)
Subject: FW: Please oppose SB 2316
Date: Monday, February 01, 2016 11:29:55 AM

Geri
Office of **Senator Michelle Kidani**
Phone: 808-586-7100

From: Kim Berry [mailto:kimberry007@gmail.com]
Sent: Monday, February 01, 2016 10:52 AM
To: EDU Testimony
Subject: Please oppose SB 2316

I'm in Sacramento, California, where drug lobbyists rammed their mandate through as SB277.

Regardless of any belief whether HPV vaccine is good or bad, the lack of an HPV vaccination poses no risk to others in a classroom setting. Therefore it would constitute unreasonable and illogical discrimination to bar children from an education for lack of this vaccination. There is no "herd immunity" associated with HPV, and the association between HPV and cancer is questionable.

There is substantial evidence that the Gardasil vaccine can cause substantial permanent harm - the facts are still unknown.

Please oppose this discriminatory legislation and improperly attempts to tie the right to an education with the profit motives of drug companies.

Sincerely,
Mr. Kim Berry
Sacramento, California
916-769-4170

Please see:

<http://truthaboutgardasil.org/>

<https://www.facebook.com/DangersOfGardasil/>

<http://news.nationalpost.com/news/canada/concordia-professor-condemns-hpv-vaccine-after-winning-270k-federal-grant-to-study-it>

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: Blastkka@hotmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 9:52:08 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kim Simpson	Individual	Oppose	No

Comments: I am a Hawaiian resident and a mother. I have had the full dosage of the HPV vaccine, Gardasil. However, I would not have wanted to be required to get this vaccine, nor do I want my children to be required to get it. If the goal is to protect health of residents, let's educate and make information readily available so that everyone can make informed choices, assessing risks and benefits. I strongly oppose this bill and ask you to oppose it too. Thank you.

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To: [CPH Testimony](#)
Cc: KimberlyUsherMauiRainbow@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 10:53:50 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Usher	vaccinationinjury.blogspot.com	Oppose	No

Comments: You do not need me to tell you that what you are doing here is corruption to the full extent of decent boundaries of Humanity...Thank-you for showing the people who you really are...That's the only thing this bill does that is good. Genocide is what this is...and is against everything in this world that stands for Life. True flag colors from those who brought this bill forward...Skull and Cross Bones... Greed, and ignorance once again from the same ones...shows even more. Poisoned food purveyors who help destroy our health, but act like this is otherwise... Now this ridiculous example of legislation... I blog about vaccination injury...so don't think my anger is out of the blue either... READ MY BLOG! Here's a little bit..."ER Vaccine Injury Cover-UP A nurse has written a frightening and scary account of working the emergency room when a vaccine injury was presented to her. The child patient was seizing. The child had received vaccines within a few hours and had been rushed to the hospital by ambulance. The ambulance report was a male child who had just received vaccinations a few hours ago, who was progressively deteriorating in mentation and finally experienced sudden onset seizing. It was what we call status epilepticus, where the seizure starts, and it doesn't stop. It just keeps going. I wrote in large letters across the bottom of the paramedic report "JUST RECEIVED VACCINATIONS, NOW SEIZING"" <http://vaccinationinjury.blogspot.com/2015/12/er-vaccine-injury-cover-up.html> I leave you with a letter of note by Mark Twain... Kimberly Usher Nov. 20. 1905 J. H. Todd 1212 Webster St. San Francisco, Cal. Dear Sir, Your letter is an insoluble puzzle to me. The handwriting is good and exhibits considerable character, and there are even traces of intelligence in what you say, yet the letter and the accompanying advertisements profess to be the work of the same hand. The person who wrote the advertisements is without doubt the most ignorant person now alive on the planet; also without doubt he is an idiot, an idiot of the 33rd degree, and scion of an ancestral procession of idiots stretching back to the Missing Link. It puzzles me to make out how the same hand could have constructed your letter and your advertisements. Puzzles fret me, puzzles annoy me, puzzles exasperate me; and always, for a moment, they arouse in me an unkind state of mind toward the person who has puzzled me. A few moments from now my resentment will have faded and passed and I shall probably even be praying for you; but while there is yet time I hasten to wish that you may take a dose of your own poison by mistake, and enter swiftly into the damnation which you and all other

patent medicine assassins have so remorselessly earned and do so richly deserve.
Adieu, adieu, adieu! Mark Twain

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Subject: *Submitted testimony for SB2316 on Feb 2, 2016 09:45AM*
Date: Monday, February 01, 2016 11:25:03 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kylee Mar	Individual	Oppose	No

Comments:

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To: [CPH Testimony](#)
Cc: laulani@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Friday, January 29, 2016 11:59:54 PM

SB2316

Submitted on: 1/29/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Laulani Teale	Individual	Oppose	No

Comments: Aloha kakou, Mahalo for the opportunity to testify. I strongly oppose this measure, and all mandatory vaccination. This is contrary to the concept of Ea, which relates to both self-determination and health. As a specialist in Kanaka Maoli health issues, I must emphasize how crucial self-determination is to our well-being and survival. This measure would be harmful in this regard. Furthermore, the risk/benefit ratio for this particular intervention is not good, due to this particular vaccine's many potential complications. Data on the vaccine's true effectiveness is complex and in many ways, unclear. Alternative prevention methods are available and should be a legitimate choice for youth and their parents. Also, this intervention poses a risk of providing a false sense of security for youth, who may not be adequately protected (from all STD's, of which HPV is only one) despite the vaccine, and may not engage in important preventive measures (eg condoms, pap smears) due to the assumption that they are protected by the vaccine. For these reasons and more, I ask that you please oppose this measure. Mahalo nui loa, Laulani Teale, MPH

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Cc: laurenelaide721@yahoo.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 2:25:14 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Ampolos	Individual	Oppose	No

Comments: Please accept this testimony in strong opposition to the state mandating HPV vaccines for all 7th graders. This is one of the most controversial vaccines on the market today and should not be forced upon anyone. The vaccine was fast-tracked and only studied for two years before it went on the market. The researchers only studied 1,200 girls under 16 before it went to market. Boys were not tested. The side effects that occurred during the pre-licensure clinical trials, including deaths, were written off as a coincidence by the vaccine-makers. Furthermore, in its development, it was tested against a bioactive aluminum adjuvant-containing placebo, which likely masked differences in groups on adverse outcome measures (as opposed to the differences that would have likely shown up between groups if it was compared with a non-toxic placebo, e.g. saline). There are many who have already experienced irreversible damage from this vaccine. There were 40,593 adverse vaccine reactions reported to VAERS, and 225 deaths as a result of vaccination. The vaccine can cause seizures, speech problems, paralysis, short term memory loss, blindness, Guillain-Barre syndrome (GBS), pancreatitis, ovarian cysts, and death. It contains genetically engineered virus-like protein particles, which can adversely affect immune function. Furthermore, according to the vaccine manufacturer product information insert, the vaccine has not been evaluated for the potential to cause cancer or to be toxic to genes. Other countries have removed it from their recommended schedules as a result of the controversy. I've personally had several friends who suffered from neurological and autoimmune symptoms post-vaccination, and are still suffering years later. Not only is the vaccine dangerous, it is unnecessary. Cervical cancer makes up less than three percent of all cancers. Ninety percent of those who are exposed to HPV no longer have infections within two years – the cells go back to normal; however are still able to develop antibodies for future protection. The vaccine only protects against four of 100 types of HPV viruses (40 of which are sexually transmitted, with 15 of the 40 being associated with cervical cancers and genital warts). Therefore, the vaccine does not even provide comprehensive coverage. If you've already been exposed to any of the four viruses in the vaccine, it doesn't work against those either. There is a huge gap in coverage with this vaccine, and the vaccine comes with a high risk for adverse events. The truth of the matter is that cervical cancer is a result of chronic HPV infections that go untreated for long periods of time, which is why PAP smears are the most effective

way to identify and treat HPV and cervical cancer deaths. Another issue is that teens could become confused and believe that being vaccinated protects them from risk of other sexually-transmitted infections (a study demonstrated that 24% of girls believed the HPV vaccine would protect them against other infections). The bottom line is that there is NOT enough evidence to definitively state that vaccination is safe for everyone, and therefore individuals and parents should always be able to choose, with the advice of their own healthcare providers. Most importantly, in medicine we are given INFORMED CONSENT and therefore also have the option of informed dissent. We do not have to say yes to any medical procedure or treatment without proper informed consent. Vaccines are no different. We have a right to our bodies and what goes in them. The state has no right to mandate vaccination.

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Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Sunday, January 31, 2016 10:42:52 AM

SB2316

Submitted on: 1/31/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lin ter Horst	Individual	Oppose	No

Comments: Vaccination for sexually transmitted disease should not be mandated by the state. It is not a communicable disease like mumps, measles, etc. Each person should be responsible for weighing their own risks and rewards. Requiring unnecessary and potentially harmful vaccination for school children will drive families who can't afford private school education to homeschool their children. HPV Vaccine Can Make You Susceptible to More Serious Strains of HPV May 05, 2015 By Dr. Mercola The US Centers for Disease Control and Prevention (CDC) recommends that all 11- and 12-year olds (both girls and boys) receive the human papillomavirus (HPV) vaccine. Touted as "anti-cancer" vaccines even though they've not been proven to prevent cancer, Gardasil and Cervarix have been embroiled in controversy from the start. At issue, initially, was that Gardasil had been fast tracked to licensure in the US in 2006 without adequate scientific evidence that it had been proven safe and effective for girls under age 16 and that it was not appropriate for government to recommend and mandate the vaccination of school children against a sexually transmitted disease (STD) that could not be transmitted in an education setting.^{1,2} Then came California bill AB499, which permits minor children as young as 12 years old to be vaccinated with HPV and other STD vaccines without parental knowledge or parental consent. As more children and teens have received HPV vaccines, adverse reaction reports have been pouring in to the Vaccine Adverse Events Reporting System (VAERS). Meanwhile, the HPV vaccine's effectiveness has continued to be questioned as well. Now, research presented at the 2015 annual meeting of the American Association for Cancer Research showed that women who were vaccinated against HPV had a higher risk of developing non-vaccine strains of the virus.³ Women Vaccinated for HPV May Be at Higher Risk of HPV Infection In an analysis of nearly 600 women between the ages of 20 and 26, 60 percent of those who had received the original Gardasil vaccine, which protects against only four strains (types) of HPV (6,11,16,18), had a higher risk of being infected with another non-vaccine HPV virus strain. The unvaccinated women had lower rates of the non-vaccine high-risk strains of HPV, which suggests getting vaccinated may make you more susceptible to being infected with other strains of HPV. The researchers' solution to the problem was to suggest women who already have gotten three doses of the original four-strain Gardasil vaccine now get another shot of a new Gardasil vaccine, which contains nine different HPV strains. In December 2014, the US Food

and Drug Administration (FDA) approved Gardasil 9 that includes five additional HPV types (31, 33, 45, 52, 58) not found in the original vaccine. So if you have already received one or more doses of the original Gardasil vaccine, you may actually be at a higher risk of being infected with the five additional HPV types than if you had never been vaccinated at all. And if you're already infected with one of the four to nine types of HPV viruses in either the original or new Gardasil vaccines, getting vaccinated will not eliminate the infection. Not to mention, there are more than 100 different strains of HPV, 30 of which are sexually transmitted, and about 15 of them have been associated with development of cancer but only IF HPV infection persists over a long period of time and regular pap screen tests are not conducted to identify and treat pre-cancerous cervical lesions. Gardasil's Effectiveness Seriously Questioned In 2012, a systematic review of pre- and post-licensure trials of the HPV vaccine by researchers at the University of British Columbia showed that the vaccine's effectiveness is not only overstated (through the use of selective reporting or "cherry picking" data) but also unproven. In the summary of the clinical trial review, the authors stated quite clearly:⁴ "We carried out a systematic review of HPV vaccine pre- and post-licensure trials to assess the evidence of their effectiveness and safety. We found that HPV vaccine clinical trials design, and data interpretation of both efficacy and safety outcomes, were largely inadequate. Additionally, we note evidence of selective reporting of results from clinical trials (i.e., exclusion of vaccine efficacy figures related to study subgroups in which efficacy might be lower or even negative from peer-reviewed publications). Given this, the widespread optimism regarding HPV vaccines long-term benefits appears to rest on a number of unproven assumptions (or such which are at odds with factual evidence) and significant misinterpretation of available data. For example, the claim that HPV vaccination will result in approximately 70% reduction of cervical cancers is made despite the fact that the clinical trials data have not demonstrated to date that the vaccines have actually prevented a single case of cervical cancer (let alone cervical cancer death), nor that the current overly optimistic surrogate marker-based extrapolations are justified. Likewise, the notion that HPV vaccines have an impressive safety profile is only supported by highly flawed design of safety trials and is contrary to accumulating evidence from vaccine safety surveillance databases and case reports which continue to link HPV vaccination to serious adverse outcomes (including death and permanent disabilities). We, thus, conclude that further reduction of cervical cancers might be best achieved by optimizing cervical screening (which carries no such risks) and targeting other factors of the disease rather than by the reliance on vaccines with questionable efficacy and safety profiles." [Emphasis mine] Gardasil Might Increase the Risk of Precancerous Lesions?! In 2012, research also revealed that the HPV vaccine reduced HPV type-16 infections by only 0.6% in vaccinated women vs. unvaccinated women – and, similar to the featured study, data showed other high-risk HPV infections were diagnosed in vaccinated women 2.6% to 6.2% more frequently than in unvaccinated women.⁵ There are also suspicions that Gardasil HPV vaccine might actually paradoxically increase your risk of cervical cancer if you are actively infected at the time of vaccination This pre-licensure information came straight from Merck and was presented to the FDA prior to approval.⁶ According to Merck's own research, if you have been exposed to HPV-16 or -18 before you get a Gardasil shot, you may increase your risk of developing precancerous lesions, or worse, by 44.6 percent! Health officials report that about 79

million Americans are actively infected with the sexually transmitted HPV virus, and 14 million are newly infected each year. The CDC even states, "HPV is so common that nearly all sexually active men and women get it at some point in their lives."⁷ At face value, this sounds far more frightening than it actually is because most HPV infections do not lead to cancer and, instead, clear from the body naturally within two years with no complications. There's usually no treatment necessary and often no adverse health effects felt whatsoever in 90 percent of HPV infection cases! Likewise, cervical cancer accounts for less than one percent of all cancer deaths in the US, while anal cancer is associated with approximately 300 deaths a year. So, this vaccine is not addressing a major public health threat, no matter which way you look at it.

The Risks of HPV Vaccine Are Significant By mid-March 2015, the HPV vaccine Gardasil had generated more than 35,000 adverse reaction reports to the US government, including more than 200 deaths.⁸ This is probably a gross underestimate, because, although a federal law was passed in 1986 (the National Childhood Vaccine Injury Act) mandating that doctors and other vaccine providers report serious health problems or deaths that occur after vaccination to VAERS, there are no legal penalties for vaccine providers not reporting and it is estimated that perhaps less than 10 percent of the vaccine adverse events that do occur are reported to VAERS.⁹ Health problems associated with the Gardasil vaccine include immune-mediated inflammatory neurodegenerative disorders, suggesting that something is causing the immune system to overreact in a detrimental way—sometimes fatally. A growing body of medical literature demonstrates that the HPV vaccine is linked to nervous and immune system disorders in some young women and girls. In one case study published in the *Journal of Investigative Medicine*,¹⁰ researchers described the case of a 14-year-old girl who developed postural orthostatic tachycardia syndrome (POTS) with chronic fatigue two months following Gardasil vaccination. POTS is a disorder of the autonomic nervous system, which controls functions in your body such as your heart rate, balance, digestion, bladder control, and sleep. While rare, incidence of POTS appears to be increasing and emerging evidence suggests it may be an autoimmune disorder, in which your immune system mistakenly attacks your own body. In the case study, POTS fulfilled the criteria for a condition known as autoimmune/auto-inflammatory syndrome induced by adjuvants (ASIA), highlighting the underlying mechanisms of how vaccines, and particularly their adjuvants (such as aluminum), may be triggering disease. Gardasil contains an aluminum adjuvant, which is designed to hyper-stimulate the immune system to provoke a strong antibody response. A second study, published in the *European Journal of Neurology*,¹¹ described six patients who developed POTS from six days to two months following HPV vaccination. In addition, deadly blood clots, acute respiratory failure, cardiac arrest and "sudden death due to unknown causes" have all occurred in girls after they've received the Gardasil vaccine.

Pap Smears Can Detect Cervical Cancer and Pre-Cancers Early On It's also important to understand that if cervical cancer does occur, it is one of the most preventable and treatable forms of cancer. Routine pap smear testing is a far more rational, less expensive, and less dangerous strategy for cervical cancer prevention, as it can identify chronic HPV infection and may provide greater protection against development of cervical cancer than reliance on HPV vaccines that have not been adequately proven to be safe and effective. Cervical cancer cases have dropped more than 70 percent in the US since pap screening became a routine part of

women's health care in the 1960s, as it can detect pre-cancerous cervical lesions early so they can be effectively removed and treated. In addition, the risks of getting or transmitting HPV infection can be greatly reduced, if not virtually eliminated, by choosing abstinence or use of condoms. Furthermore, even if adolescent girls and boys get vaccinated, there are still recommendations for girls and women to have pap screens every few years to detect any cervical changes that may indicate pre-cancerous lesions -- because there is little guarantee that either Gardasil or Cervarix will prevent HPV infection or cervical and other cancers. Dr. Kunle Odunsi, deputy director and chairman of the Department of Gynecologic Oncology at Roswell Park Cancer Institute in Buffalo, New York, even told Live Science, "We need to remember that there are more than 80 HPV types, and some of them can still be associated with risk of cervical malignant disease¹² In other words, getting vaccinated is not a guarantee that you won't contract an HPV infection that could theoretically cause cancer in the future if the infection becomes chronic. Odunsi went on to say that "future vaccines could include even more strains of the virus," which adds further credence to the fact that today's vaccines are in no way a foolproof solution. Additional risk factors that increase your chances of developing chronic HPV infection include: Smoking Co-infection with herpes, chlamydia, or HIV Having multiple sex partners Compromised immunity Long-term use of hormonal contraceptives Most of these are modifiable risk factors and you can boost your immune system health to help reduce your risk of contracting or having complications from HPV or other infections by following my nutrition plan, exercising, and optimizing your vitamin D levels. One of the simplest steps you can take is to eliminate your consumption of sugar and most non-vegetable carbohydrates. The over-abundance of many processed foods in the typical Western diet simultaneously enhance inflammation while muting your immune system's ability to respond to and ultimately control infections. Your Right to Informed Consent Is Under Attack I cannot stress enough how critical it is to get involved and stand up for your fundamental human right to exercise informed consent to medical risk-taking and your legal right to obtain non-medical vaccine exemptions. This does not mean you have to opt out of all vaccinations if you decide that you want to get vaccinated or give one or more vaccines to your child. The point is that everyone should have the right to evaluate the potential benefits and real risks of pharmaceutical products, including vaccines, and opt out of getting any vaccine or drug they decide is unnecessary or not in the best interest of their health or their child's health. While it seems "old-fashioned," the only truly effective actions you can take to protect the right to informed consent to vaccination and legally obtain vaccine exemptions is to get personally involved with your state legislators and the leaders in your community. Vaccine use recommendations are made at the federal level but vaccine laws are made at the state level, and it is at the state level where your action to protect your vaccine choices can have the greatest impact. Signing up for the National Vaccine Information Center's free online Advocacy Portal at www.NVICAdvocacy.org not only gives you immediate, easy access to your state legislators so you can become an effective vaccine choice advocate in your own community, but when state and national vaccine issues come up, you will have the up-to-date information and call to action items you need at your fingertips to make sure your voice is heard. So please, as your first step, sign up for the NVIC Advocacy Portal. Contact Your Elected Officials Write or email your elected state representatives and share your concerns.

Call them, or better yet, make an appointment to visit them in person in their office. Don't let them forget you! It is so important for you to reach out and make sure your concerns get on the radar screen of the leaders and opinion makers in your community, especially the politicians you elect and are directly involved in making vaccine laws in your state. These are your elected representatives, so you have a right and a responsibility to let them know what's really happening in your life and the lives of people you know when it comes to vaccine mandates. Be sure to share the "real life" experiences that you or people you know have had with vaccination. Share Your Story with the Media and People You Know If you or a family member has suffered a serious vaccine reaction, injury, or death, please talk about it. If we don't share information and experiences with one another, everybody feels alone and afraid to speak up. Write a letter to the editor if you have a different perspective on a vaccine story that appears in your local newspaper. Make a call in to a radio talk show that is only presenting one side of the vaccine story. I must be frank with you; you have to be brave because you might be strongly criticized for daring to talk about the "other side" of the vaccine story. Be prepared for it and have the courage to not back down. Only by sharing our perspective and what we know to be true about vaccination will the public conversation about vaccination open up so people are not afraid to talk about it. We cannot allow the drug companies and medical trade associations funded by drug companies to dominate the conversation about vaccination. The vaccine injured cannot be swept under the carpet and treated like nothing more than "statistically acceptable collateral damage" of national one-size-fits-all mass vaccination policies that put way too many people at risk for injury and death. We should be treating people like human beings instead of guinea pigs.

Internet Resources Where You Can Learn More and Share information I encourage you to visit the following web pages on the National Vaccine Information Center (NVIC) website at www.NVIC.org: If You Vaccinate, Ask 8 Questions: Learn how to recognize vaccine reaction symptoms and prevent vaccine injuries. NVIC Memorial for Vaccine Victims: View descriptions and photos of children and adults who have suffered vaccine reactions, injuries, and deaths. If you or your child experiences an adverse vaccine event, please consider posting and sharing your story here. NVIC Vaccine Reaction Registry. Make a vaccine injury or death report to NVIC that will not be shared with others unless you give permission. Vaccine Freedom Wall: View or post descriptions of harassment by doctors, employers, or school officials for making independent vaccine choices. Vaccine Failure Wall. View or post experiences of being vaccinated and still getting sick with the infectious disease that the vaccine was supposed to prevent. Connect with Your Doctor or Find a New One Who Will Listen and Care If your pediatrician or doctor refuses to provide medical care to you or your child unless you agree to get vaccines you don't want, I strongly encourage you to have the courage to find another doctor. Harassment, intimidation, and refusal of medical care is becoming the modus operandi of the medical establishment in an effort to stop the change in attitude of many parents about vaccinations after they become truly educated about health and vaccination. However, there is hope. At least 15 percent of young doctors recently polled admit that they're starting to adopt a more individualized approach to vaccinations in direct response to the vaccine safety concerns of parents. It is good news that there is a growing number of smart young doctors, who prefer to work as partners with parents in making personalized vaccine decisions for children, including delaying

vaccinations or giving children fewer vaccines on the same day or continuing to provide medical care for those families, who decline use of one or more vaccines. So take the time to locate a doctor, who treats you with compassion and respect and is willing to work with you to do what is right for you or your child.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: nakoam@aol.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Sunday, January 31, 2016 11:33:57 PM
Attachments: [SB 2316.doc](#)

SB2316

Submitted on: 1/31/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Maly Nakoam	Individual	Oppose	No

Comments: PLEASE VOTE AGAINST THIS BILL.

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SB 2316

Hello, my name is Maly Nako. I am a mother, aunty, and registered nurse for 19 years, working in an acute care obstetrics unit. As a healthcare professional my life has been devoted to the health and wellbeing of my patients, my family, and myself.

I am writing in opposition to SB 2316. At face value vaccinating our children against a potential cancer risk seems like a no-brainer. Who in their right mind would be opposed to such a thing, right? If that was all that the vaccine entailed then there should be little argument, but unfortunately that is not the case. Every medication no matter how helpful has risk and vaccines are no exception. And while the CDC and Big Pharma may deem the risk insignificant, any parent whose child has been vaccine injured, or worse killed, will strongly and rightfully disagree.

Some facts to be considered: 1. Vaccines are a special category of drugs as they are aimed at mostly healthy individuals for prevention of a disease to which an individual may never be exposed to so establishing true efficacy is difficult. 2. The HPV vaccine covers only 4 strains of the over 100 HPV strains known. Of the 100+ different strains about 15 strains are known to cause cancer and the vaccine only covers 2 of the 15 cancer causing strains. The other 2 strains in the vaccine protect against genital warts. 3. Despite the large study that has been cited on safety, the vaccine was in fact fast tracked and this is not common knowledge, nor is it part of informed consent. 4. The reproductive health of females was not studied and cases of premature menopause amongst vaccinated females have been noted in the US, the UK, and Ireland (this phenomenon is very rare amongst this age group). 5. The studies were done on 16-24 yr olds yet they are giving the vaccines to children as young as 9 years old. 6. Most women who contract HPV do not develop cervical cancer and almost all HPV infections resolve in 1-2 years. 7. A Pap smear is highly effective (90%) in preventing and diagnosing cervical cancer. 8. When the HPV vaccine was placed on the market it had 3 times the reporting of adverse reactions than any other vaccine. This included serious adverse events, including deaths. 9. As of December 2015 there have been 42, 635 reported HPV vaccine adverse events. While the VAERS (Vaccine Adverse Events Reporting System) is voluntary and therefore vaccine reactions cannot always be proven, with numbers this high vaccine reaction cannot be denied. And with most reporting, under-reporting is usually what is found, not over-reporting. 10. The vaccine contains dangerous ingredients: aluminum, Polysorbate 80, & Sodium Borate.

As parents it is our duty and right to decide whether we want to vaccinate our children. It is not the right of the government influenced by Big Pharma lobbyist. The HPV virus is primarily a sexually transmitted disease and as such should have no bearing on whether or not a child should be allowed to attend the 7th grade or any grade. Most parents will choose to vaccinate but those parents who choose, for whatever reason, not to vaccinate their child need to be protected and represented by their elected officials. I implore you to not circumvent the rights of parents but instead preserve the rights of these parents and oppose SB 2316.

January 29, 2016

To: Senator Rosalyn Baker, Chair of Committee on Commerce, Consumer Protection & Health;
Senator Michelle Kidani, Vice Chair of Committee on Commerce, Consumer Protection & Health and Chair of
Committee on Education; Senator Breene Harimoto, Vice Chair of Committee of Education

From: Margie Garza

Re: Strong Opposition to S.B. 2316 –Requiring the HPV vaccine prior to 7th grade

Hearing: Tuesday, February 2, 2016 at 9:45 am, State Capitol, Room 229

I **strongly** oppose S.B. 2316. The big question is: Why is there such a push to **require** children (both girls and boys) as young as age 11 to receive a HPV (human papilloma virus) vaccine that is known to have caused many deaths and chronic illness? Have all you done personal research on the matter? I have 16 grandchildren and 33 great children with 2 more on the way here in Hawaii and I am devastated to think that my family will be subject to this forced vaccine. HPV is not the measles, it is NOT the flu and it is not chicken pox. I urge you to personally research this vaccine - Please **DO NOT pass SB 2316** out of your committee and protect our keiki from questionable vaccinations.

Sincerely,
Margie Garza

From: [Mardi](#)
To: [CPH Testimony](#)
Subject: I object to the forced immunization bills. HB1722, SB2316, SB2393, SB2394, HB1945
Date: Monday, February 01, 2016 11:09:35 AM

My name is Martha Werner. I live at 205 Kulipuu St.
I completely and totally object to forced immunization of any kind. We have the right to choose. And if these bills pass you will see me for I will be protesting.
Martha Werner.

Sent from my iPhone

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: berrettbunch@hotmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 1:03:40 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Marti Berrett	Individual	Oppose	No

Comments: Known neurotoxins are included in the list of vaccine ingredients. Severe injuries and even death have been documented side effects of vaccinations. The US Government has paid out \$3 billion to vaccine-injured through the Vaccine Adverse Event Reporting System (VAERS). Because there is a very real risk of injury I do not support mandatory vaccinations.

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TESTIMONY to Senate Committee on Commerce, Consumer Protection, and Health &
Senate Committee on Education

S.B. 2316 Relating to Health

Tuesday, February 2, 2016

9:45 AM -- State Capitol Conference Room 229

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789

Chairs Baker and Kadani; Vice Chairs Kadani and Harimoto, and Committee Members:

1. I Strongly **OPPOSE SB2316**. This bill violates the privacy of one's body and self-determination. I have been told repeatedly, a medical decision must be made between a doctor and the patient (with parental consent for minors under 18 years of age - although recent legislature imposed restrictions on alcohol and tobacco products have raised the age of adult decision making to 21 years of age.) It is not government's business to tell people what they must insert into their bodies. It is a matter of privacy. A person should not be forced to disclose whether they have been vaccinated or not. There are reports such are the one linked [here](#) that indicate adverse effects that can harm some individuals who definitely **SHOULD NOT** be vaccinated with certain products.
2. Access to quality education in public facilities should be available to all. Taxpayers pour billions of tax dollars into these programs. Disqualifying a person for an education because they do not disclose private medical information should not be tolerated much less mandated in legislation. By restricting access to educational services the government is failing its citizens and abdicating its responsibilities. This bill is legislative blackmail.
3. HPV vaccines are not sufficient to protect people from HPV. The development of the vaccine is in its infancy and only protects against a small percentages of the HPV strains. The side effects of the HPV vaccine have harmed many young girls. In addition, the vaccine often gives the recipient the false notion that they are protected from HPV once they have the vaccination, but that isn't true. Unfortunately, once people think they are "protected", they engage in more risky behaviors.
4. There is a lot of misinformation about the effectiveness of HPV vaccines. Of course the developers will proclaim their benefits, but there are [studies](#) that show that unvaccinated individuals have a lower incidence of HPV than those who were vaccinated. If parents were aware of that fact, they would object to allowing their child to be injected with these chemicals that could have devastating side-effects only evident years later. The CDC [report](#) that only covered a few years up to 2008 reported 32 deaths. the same report indicated " As of May 13, 2013, VAERS had received 29,686 reports of adverse events following HPV vaccinations, including [136 reports of death](#),², as well as

922 reports of disability, and 550 life-threatening adverse events. These are unnecessary deaths. When all of this can be avoided by abstinence education, it seems absurd to put the life of our children in jeopardy.

5. According to Sharlene Bidini, RD, CSO, she points out regarding a study based on 740 girls, of which only 358 were sexually active, and of those, only 111 had received at least one dose of the HPV vaccine that the unvaccinated girls had better results.

"Table 1 from the journal article compares 1,363 girls, aged 14-19, in the pre-vaccine era (2003-2006) to all 740 girls in the post-vaccine era (2007-2010) regardless of sexual history or immunization status."

In the pre-vaccine era, an estimated 53 percent of sexually active girls between the ages of 14-19 had HPV. Between 2007 and 2010, the overall prevalence of HPV in the same demographic declined by just over 19 percent to an overall prevalence of nearly 43 percent.

As Bidini points out, this reduction in HPV prevalence can NOT be claimed to be due to the effectiveness of HPV vaccinations. On the contrary, **the data clearly shows that it was the unvaccinated girls in this group that had the best outcome!**

"In 2007-2010, the overall prevalence of HPV was 50 percent in the vaccinated girls (14-19 years), but only 38.6 percent in the unvaccinated girls of the same age.

*Therefore, HPV prevalence dropped 27.3 percent in the unvaccinated girls, but only declined by 5.8 percent in the vaccinated group. **In four out of five different measures, the unvaccinated girls had a lower incidence of HPV,**" she writes.*

6. Parents need to know that their **children are less likely to contract HPV if they are not vaccinated.** Is that the information that the Board of Education will provide?

7. Since the HPV vaccine is not effective and may endanger our children, it should not be promoted by the state. If the state promotes something known to be harmful to children, it will open the state to all kinds of liability lawsuits. [Judicial Watch](#) found regarding lawsuits: *"The amount awarded to the 49 claims compensated totaled 5,877,710.87 dollars. This amounts to approximately \$120,000 per claim."* We can't afford to harm our children -- and the state can not afford to make reparations for the damage their programs encourage.

8. The legislature should not contemplate lowering medical standards of care by allowing pharmacists to administer these vaccinations.

9. I recommend that **SB 2316 not pass out of committee** so that our keiki can be protected from chemicals injected into their young, immature bodies.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: DrTuttle@anewlifehawaii.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 12:19:40 AM
Attachments: [HPVGardasil.pdf](#)

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Matthew Tuttle	Individual	Oppose	Yes

Comments: OPPOSE mandating HPV vaccine. It's a very dangerous vaccine that has caused a multitude of harm and is ineffective for it's purpose. Moreover, since when to kids need protection from an STD to attend school?

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HPV & Gardasil

Council Members:

According to the CDC, the human papilloma virus (HPV) is the most common sexually transmitted disease in America. More than 6 million women contract it annually, yet cervical cancer claims less than 3,900 women – most of which are due to not getting regular Pap smears. In the U.K., cervical cancer claims a mere 400 lives per year. Why is your risk of dying from cervical cancer so low?

Because your immune system is usually strong enough to clear up this kind of infection on its own, and does so in more than **90 percent of all cases**. The CDC even admits to this fact on their website.

And, as long as you're getting regular PAP smears, cervical cancer can be caught in its early, and easily treatable, stages.

So, the question begs to be asked: **WHY** is the HPV vaccine being pushed so vigorously when:

1. it prevents a type of cancer that is very rare to begin with
2. it protects against a virus that, 98 percent of the time, is not the cause of cervical cancer
3. it prevents a type of cancer that can be easily caught and treated by promoting regular gynecological exams
4. it offers less protection than what promotion of safe sex practices could accomplish
5. it is promoted to girls years before becoming sexually active, even though the vaccine may only offer about three years worth of protection
6. it prevents just 4 out of more than 100 strains of HPV; all of which your body can clear up on its own in 90 percent of all cases anyway
7. it has NOT been proven safe. No one knows if it can cause cancer or infertility, for example

And why would you go so far as to add Gardasil to the list of vaccinations that all female and MALE students must get before they can enter the 7th grade? We're not dealing with potential import of bubonic plague here...

According to a [New England Journal of Medicine study](#), the use of condoms reduces the incidence of HPV by 70 percent, offering FAR better protection than Gardasil, for

example. Which is still kind of silly considering most 7th graders are not even having sex, much less having it a school. Even then it's not something they can catch just by showing up to class and doing school work.

The HPV vaccine is a total head-scratcher of a mystery as far as what its ultimate purpose is, because “curing the rampant health disaster of cervical cancer” is certainly NOT it.

And since when do we have to be vaccinated against an STD or cancer in order to be let into a school?

Does the HPV Vaccine LITERALLY Mean “One Less”?

Marketing geniuses are known to play on words and create slogans with quirky double meanings, and if you've been tracking the concerns raised about the potential hazards of Gardasil and Cervarix, the potential for these HPV vaccines to cause *infertility* – whether purposely or inadvertently – is being heard with ever increasing frequency. The federal government's Vaccine Adverse Events Reporting System (VAERS) has received over 9,000 reports of problems between the vaccine's introduction in 2006, and Oct 2008, which include at least 28 spontaneous abortions, and 27 deaths.

Is it possible that Gardasil's cry to fame, 'One Less', is turning out to be nothing but a sick, ironic play on words?

Worst part in all of this is that you will be forcing boys to get the shot... BOYS! The reality is for boys will die from the shot than will die of HPV.

Sincerely,

Matthew Tuttle

DrTuttle@anewlifehawaii.com

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: foodsovereigntynow@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Wednesday, January 27, 2016 8:16:22 PM

SB2316

Submitted on: 1/27/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mitsuko Hayakawa	Individual	Oppose	No

Comments: Aloha, I am strongly opposed to forced vaccinations, particularly for the HPV vaccine. Japan no longer recommends it after having thousands of reported adverse effects. As a mother of two healthy Japanese teenage girls, I would not take a risk on such a controversial vaccine. Please oppose SB2316.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: nschomer@msn.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Sunday, January 31, 2016 3:17:59 PM

SB2316

Submitted on: 1/31/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nadia Ranne	Individual	Oppose	No

Comments: The Hawaii legislature is considering a bills, such as this SB2316 and others, that would require all public school student be immunized, thereby removing the religious exemption to vaccination, and would seem to limit a medical provider's ability to argue for medical exemptions to vaccines. This raises a number of grave concerns for parents, children, and patients in general. Parents have a right to make decisions about treatments for their children based on informed consent. Limiting a patient's ability to make informed decisions about what gets put into his or her body violates medical ethics. Individuals are also very different in how they respond to immune system stimulation and traces of toxins as found in vaccines. A vaccine or a vaccine schedule that might be safe for one child might not be for another. I know that the vaccination question is a hotly debated topic, even in the medical community. There is an abundance of evidence that shows the dangers of exposure to the HPV vaccine. Please oppose this bill. Current law protects our right to make healthcare choices in consultation with our trusted physicians. I call upon you to oppose ANY legislation that would restrict the current exemptions for vaccines.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: jadesky7@hotmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Saturday, January 30, 2016 7:46:54 AM

SB2316

Submitted on: 1/30/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
natasha sky	Individual	Oppose	No

Comments: I am a resident of Hawaii and I strongly Oppose this bill. The HPV vaccine is an elective vaccine, let's keep it that way. Why require students to get vaccinated for a non communicable disease that's sexually transmitted? Are you going to deny our children an education if they or there parents have moral issues with this absurdity? Are you going to take our rights away to govern our own bodies, to protect our children from toxic preservatives and additives in the gardasil vaccine or no education? Really? Pharmacist have no place in administering this vaccine to children. How is this even a bill here in Hawaii?It's shocking really. Squash this bill now!!!!

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: nikkiyokoyama@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 10:08:48 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Yokoyama	Individual	Oppose	No

Comments: I OPPOSE mandating HPV vaccine. This is a very dangerous vaccine that has been withdrawn in other countries due to THOUSANDS of children who have suffered debilitating horrific side effects/ long term injury. This vaccine is packed full of known neurotoxic adjuvants and is NOT proven safe. It prevents against 4 of 100 strains of HPV 90% of which the body clears up on its own. Furthermore, mandating this is a violation of our basic human rights.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: rbkarasuda@hotmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Wednesday, January 27, 2016 11:05:47 AM

SB2316

Submitted on: 1/27/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
RaeDeen Karasuda	Individual	Oppose	No

Comments: Strongly oppose. We are seeing ramifications of other vaccines in today's children.

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To: [CPH Testimony](#)
Cc: destiny96797@aol.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Sunday, January 31, 2016 11:59:42 PM

SB2316

Submitted on: 1/31/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
renee kawelo	Individual	Oppose	No

Comments: It is devastating with all the new information and lawsuits coming out from other countries against this vaccine in Hawaii we will be mandating and FORCING persons to take it. Basically raping us from a decision and violating our freedom of choice. All vaccines carry a risk and we all should be able to decide if we want to take that risk. Especially in this case. This vaccine if it was to work properly as it is suggested that it would reduce the risk of getting cancer per an individual where is the risk to everyone else getting this cancer. Its not a disease. I am loosing faith in our government in doing what is right. I am not responsible for someone elses safety only my own and my families. Who will pay for damages caused to all the kids that fall ill or die from your mandates. you aren't making a decision on budgets. My children are not just another number another dollar sign. I am upset that I even have to ask for the rights to my own body to the rights of my childrens body to not be injected with something that has been proven deadly.

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To: [CPH Testimony](#)
Cc: roya.m.dennis@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 9:24:36 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Roya Dennis	Individual	Oppose	No

Comments: Relating to SB 2316 I am in opposition of this proposition in any form. Vaccines of this sort relating to sexual contact should be put in the hands of parents and pediatricians to decide whether it is in the best interest of their child to receive this vaccine. This legislation is clearly violating our right to make choices about our children's health plans. Vaccine are a controversial topic and the jury is not out on the necessity of the HPV vaccine for herd protection. Thank you, Roya Dennis

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To: [CPH Testimony](#)
Cc: sarahkauai@yahoo.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 10:25:54 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
sarah smith	Individual	Oppose	No

Comments: It offends every cell in my body that the state would mandate anything to do with my personal health choices. Many people become ill from vaccines and experience debilitating health problems for the rest of their lives. Is this something that our legislators want on their conscience? Let the individual decide.

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To: [CPH Testimony](#)
Cc: shellyronen@gmail.com
Subject: *Submitted testimony for SB2316 on Feb 2, 2016 09:45AM*
Date: Monday, February 01, 2016 10:54:04 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Shelly Ronen	Individual	Oppose	No

Comments:

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To: [CPH Testimony](#)
Cc: leivoss@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Friday, January 29, 2016 3:28:37 PM

SB2316

Submitted on: 1/29/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sidney Voss	Individual	Oppose	No

Comments: I have two eleven year old boys and a nineteen year old son. All of my children have had ALL their recommended vaccinations (I am not anti-vaccines). My teenager received his first HPV vaccination at 16 years of age. He was not screened for prior exposure to HPV, yet he was vaccinated. I regret having had him vaccinated for HPV. Since my teenager was vaccinated, he has suffered from loss of appetite, diarrhea, and lethargy!!!! Unfortunately, I did not know any better, I simply took my doctor's recommendation. I strongly oppose S.B. 2316. Why is the government pushing to require children as young as age 11 to receive a HPV vaccine that has been proven to cause: Over 28,400 adverse reactions as of December 2012 including lupus, paralysis, blood clots, stroke, genital warts, ovarian cysts, miscarriage/stillbirth, cardiac arrest, anaphylactic shock, Guillain-Barre Syndrome, multiple recurring seizures, Multiple Sclerosis, neural inflammation, coughing up of blood, menstrual cessation, gastrointestinal disorders, skin outbreaks, autoimmune disorders, permanent disabilities and deaths. This vaccine has awful ingredients with potential for long term, serious health consequences: polysorbate 80, aluminum, and sodium borate. May increase the risk of cervical cancer and pre-cancerous lesions. The vaccine actually raises the risk of cervical cancer for anyone exposed to the virus before they were vaccinated. How will my son be affected? Yet, there are no plans to screen our keiki to determine if they already have the virus prior to vaccination. Has not been researched and tested in children under 15 years old, yet it is being required for children as young as 11 years old or those entering 7th grade. Has not been proven to prevent cervical cancer. There are over 200 strains of HPV with 15 to 20 types associated with cervical cancer. It is also unknown how long the HPV vaccine protection lasts. Which in turn is misleading if families believe that the protection will last a lifetime. Is marketed aggressively to preteens and their parents by the vaccine manufacturer, including the lobbying of state legislators to make it mandatory for young children to get another vaccine "just in case" in order to prevent cervical cancer. HPV does not spread through the air like measles or the flu. HPV infections occur mainly with sexual intercourse. Cervical cancer is most prevalent at 40 years of age. Does giving a HPV vaccine to an eleven year old child really lower the incidence of cervical cancer much later in their lives, when it is unknown how long the vaccine protection lasts? Absolutely not. This vaccine is completely unnecessary and definitely should not be mandated as a school requirement. As our

lawmakers, please be diligent in researching this critical vaccine mandate that is being presented to our state. Please do not ignore scientific evidence and common sense. The health consequences to our keiki will be a responsibility that you will carry for your own ohana and ours. Lastly, the decision to vaccinate or NOT to vaccinate against HPV is a private medical matter and does NOT need the involvement and promotion from government. Please DO NOT pass SB 2316 out of your committee and protect our keiki from questionable vaccinations.

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To: [CPH Testimony](#)
Cc: stephmanera@gmail.com
Subject: *Submitted testimony for SB2316 on Feb 2, 2016 09:45AM*
Date: Monday, February 01, 2016 12:33:58 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Stephanie Manera	Individual	Oppose	No

Comments:

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To: [CPH Testimony](#)
Cc: stevemcc0870@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Friday, January 29, 2016 2:10:44 PM

SB2316

Submitted on: 1/29/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen McCormick	Individual	Oppose	No

Comments: I strongly oppose any mandate which eliminates a citizen's right to informed consent to any kind of medical care or treatment. Not only does this proposed law violate a parent's right to decide what medical care is most appropriate for their own child, but it does so for a condition which is not communicable in a way that represents any threat to ordinary person to person contact in a school setting. This makes the proposed law (SB2316) both unreasonable and unnecessary. Further, even the most conservative medical resources will concede that all vaccines (indeed all medications) represent some degree of risk to the patient. If any degree of risk exists, it should be the parent's right to determine if that risk is or is not appropriate for their child; it is not for the State to decide. This violation of personal and parental rights would be an unconscionable abuse of State authority.

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Aloha Legislators,

I am writing to express my vehement opposition to the Hawaii senate bill 2316.

Here are some quick facts on the HPV vaccine:

- Merck's Gardasil vaccine was studied for less than two years in about 1,200 children under age 16 before it became the first licensed HPV vaccine in the U.S. Gardasil was not studied in children with health problems or in combination with all other vaccines routinely given to American adolescents, such as Tdap and meningococcal vaccines;
- Clinical trials did not use a true placebo to study safety but compared Gardasil against a bioactive aluminum containing placebo;
- After Gardasil was licensed and three doses recommended for 11-12 year old girls and young women, there were thousands of reports of sudden collapse with unconsciousness within 24 hours seizures; muscle pain and weakness; disabling fatigue; Guillain Barre Syndrome (GBS); facial paralysis; brain inflammation; rheumatoid arthritis; lupus; blood clots; optic neuritis; multiple sclerosis; strokes; heart and other serious health problems, **including death**, following receipt of Gardasil vaccine;
- GlaxoSmithKline's Cervarix vaccine, which has been used in Europe since 2007 and was licensed in the U.S. in 2009, contains an AS04 adjuvant containing aluminum and MPL, which hyper-stimulates the immune system and has never been used in U.S. vaccines. Cervarix was studied for less than six years in fewer than 1200 healthy girls under age 15 and was not tested with a true placebo but was compared against Hepatitis A vaccine and other childhood vaccines that can cause adverse reactions;
- As of September 1, 2015, there had been 295 claims filed in the federal Vaccine Injury Compensation Program (VICP) for injuries and deaths following HPV vaccination, including 13 deaths and 282 serious injuries.
- Using the MedAlerts search engine, as of Sept. 30, 2015, there were a total of [37,474](#) vaccine reaction reports made to the federal Vaccine Adverse Events Reporting System (VAERS) associated with Gardasil vaccinations, including [209](#) deaths. There were a total of [3,119](#) vaccine adverse reaction reports made to VAERS associated with Cervarix vaccinations, including [16](#) deaths. (Merck's Gardasil vaccine, which was the first HPV vaccine licensed in the U.S., has the majority of the HPV vaccine market in the U.S.).

As per this reference, Rosenthal S, Chen R. [The reporting sensitivities of two passive surveillance systems for vaccine adverse events](#). *Am J Public Health* 1995; 85: pp. 1706-9, only 1-10% of adverse vaccine reactions are reported to VAERS. So the numbers below are a more accurate representation of how many children have been harmed or have died from this vaccine.

Gardasil – 374,470-3,747,400 reactions with 2,090-20,900 DEATHS

Cervarix – 31,190-311,190 reactions with 160-1,600 DEATHS

HPV infection is experienced by the majority of sexually active women and men and is naturally cleared from the body within two years by more than 90 percent of those who become infected. HPV is NOT a serious condition warranting a vaccine mandate for our children.

Gardasil's slogan "One Less" should be rebranded as "One More". One more child who will be harmed or killed by this useless and unsafe vaccine.

OPPOSE this harmful bill. Stop hurting our children. Stop the vaccine mandates.

Mahalo,

Stephanie Whaley

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: stevemcc0870@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Friday, January 29, 2016 2:10:44 PM

SB2316

Submitted on: 1/29/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen McCormick	Individual	Oppose	No

Comments: I strongly oppose any mandate which eliminates a citizen's right to informed consent to any kind of medical care or treatment. Not only does this proposed law violate a parent's right to decide what medical care is most appropriate for their own child, but it does so for a condition which is not communicable in a way that represents any threat to ordinary person to person contact in a school setting. This makes the proposed law (SB2316) both unreasonable and unnecessary. Further, even the most conservative medical resources will concede that all vaccines (indeed all medications) represent some degree of risk to the patient. If any degree of risk exists, it should be the parent's right to determine if that risk is or is not appropriate for their child; it is not for the State to decide. This violation of personal and parental rights would be an unconscionable abuse of State authority.

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January 29, 2016

To: Senator Rosalyn Baker, Chair of Committee on Commerce, Consumer Protection & Health; Senator Michelle Kidani, Vice Chair of Committee on Commerce, Consumer Protection & Health and Chair of Committee on Education; Senator Breene Harimoto, Vice Chair of Committee of Education

From: Tiffany L. Garza

Re: STRONG Opposition to S.B. 2316 –Requiring the HPV vaccine prior to 7th grade

Hearing: Tuesday, February 2, 2016 at 9:45 am, State Capitol, Room 229

I oppose S.B. 2316 with every fiber of my being. Why are we pushing to **mandate that** children (both girls and boys) as young as age 11 to receive a HPV (human papilloma virus) vaccine that can lead to terrifying and devastating affects? Have each of you who are considering passing this bill researched this vaccine and it's reactions? Have any of your children been vaccinated with the HPV vaccine?

I am 32 years old and vaccinated. I know that there are vaccines that have helped to prevent the spread of disease BUT HPV is not like the flu, or measles or anything else. It is overwhelming to think that my children will be forced to risk their lives and/or their quality of life by taking this vaccine.

HPV infections occur mainly with sexual intercourse. Studies have confirmed that most women who contract HPV do NOT develop cervical cancer and approximately 90% of HPV infections clear up on their own within two years.

Cervical cancer is most prevalent at 40 years of age. Does giving a HPV vaccine to an eleven year old child really lower the incidence of cervical cancer much later in their lives, when it is unknown how long the vaccine protection lasts? Absolutely not. This vaccine is completely unnecessary and definitely should not be mandated as a school requirement. As our lawmakers, please be diligent in researching this critical vaccine mandate that is being presented to our state. Please do not ignore scientific evidence and common sense. The health consequences to our keiki will be a responsibility that you will carry for your own family and ours.

Lastly, the decision to vaccinate or NOT to vaccinate against HPV is a private medical matter and does not need the involvement and promotion from government.

Please **DO NOT pass SB 2316** out of your committee and protect our keiki!

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: TRISH@TRISHBARKER.COM
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 12:37:21 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
TRISH BARKER	Individual	Oppose	No

Comments: This vaccine is linked to Ovarian failure in girls. It is not safe and should not be mandated for ANYONE. In medicine we are given INFORMED CONSENT and therefore also have the option of informed dissent. We do not have to say yes to any medical procedure or treatment. Vaccines are no different. We have a right to our bodies and what goes in them. The state has no right to mandate vaccination.

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Cc: tabraham08@gmail.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Monday, February 01, 2016 12:37:20 PM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Troy Abraham	Individual	Oppose	No

Comments: Nobody deserves to be forced to be vaccinated against their will it violates their rights.

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Cc: wailani_g@yahoo.com
Subject: *Submitted testimony for SB2316 on Feb 2, 2016 09:45AM*
Date: Monday, February 01, 2016 9:50:15 AM

SB2316

Submitted on: 2/1/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
wailani gonsalves	Individual	Oppose	No

Comments:

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Cc: plumeria7201@yahoo.com
Subject: Submitted testimony for SB2316 on Feb 2, 2016 09:45AM
Date: Sunday, January 31, 2016 12:01:47 PM

SB2316

Submitted on: 1/31/2016

Testimony for CPH/EDU on Feb 2, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Wells	Individual	Oppose	No

Comments: I oppose this bill as a parent. HPV does not represent a threat to the safety of this country or its people so should NOT be mandated as a requirement to 7th grade. It is not in the same category as Polio or Pertussis and should not be required. It also has not been fully studied for its long term effects and is now banned in many other developed countries due to possible ill effects. More studies should be done before certain vaccines are mandated.

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