

DAVID Y. IGE  
GOVERNOR



KATHRYN S. MATAYOSHI  
SUPERINTENDENT

STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

**Date:** 04/15/2016  
**Time:** 09:30 AM  
**Location:** 329  
**Committee:** House Health

**Department:** Education

**Person Testifying:** Kathryn S. Matayoshi, Superintendent of Education

**Title of Resolution:** SCR 030, SD1 REQUESTING THE DEPARTMENTS OF HEALTH AND EDUCATION TO COLLABORATE ON EDUCATIONAL INFORMATION AND MATERIALS ABOUT THE HUMAN PAPILOMAVIRUS VACCINE THAT CAN BE PROVIDED TO PARENTS OF PUBLIC MIDDLE AND INTERMEDIATE SCHOOL CHILDREN.

**Purpose of Resolution:**

**Department's Position:**

The Department of Education (Department) supports SCR 030 SD1 which focuses on an important health issue and will collaborate with the Department of Health (DOH) in disseminating informational materials produced by the DOH to parents of middle and intermediate public school students.

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



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

**Testimony in OPPOSITION to SCR 30 SD 1**  
**REQUESTING THE DEPARTMENTS OF HEALTH AND EDUCATION TO**  
**COLLABORATE ON EDUCATIONAL INFORMATION AND MATERIALS ABOUT**  
**THE HUMAN PAPILLOMAVIRUS VACCINE THAT CAN BE PROVIDED TO**  
**PARENTS OF PUBLIC MIDDLE AND INTERMEDIATE SCHOOL CHILDREN.**

REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE ROY M. TAKUMI, CHAIR  
HOUSE COMMITTEE ON EDUCATION

Hearing Date: April 15, 2016 Room Number: 329

1 **Fiscal Implications:** The Department of Health opposes this measure as additional state funds  
2 would be required since other fiscal sources such as federal funds are not readily available,  
3 especially because federal funds are awarded and directed to be utilized toward fulfilling specific  
4 federal or national measures and expectations. Costs to develop educational information and  
5 materials are estimated to be \$40,000. Annual printing costs required to provide the educational  
6 materials to parents of middle and intermediate school children are estimated to be an additional  
7 \$30,000 (\$10,000 per grade level) per year. In addition, the Department defers to the Governor's  
8 Executive Budget request for DOH appropriations and personnel priorities.

9 **Department Testimony:** Although the Department appreciates the intent of this measure and  
10 understands the significant burden of human papillomavirus (HPV) disease in Hawaii, DOH  
11 would require additional resources for the costs associated with implementation. DOH is willing  
12 to work collaboratively with the Department of Education if appropriate resources are made  
13 available.

14 Thank you for the opportunity to testify.

# HAWAII YOUTH SERVICES NETWORK

677 Ala Moana Boulevard, Suite 904 Honolulu, Hawaii 96813

Phone: (808) 489-9549

Web site: <http://www.hysn.org> E-mail: [info@hysn.org](mailto:info@hysn.org)

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

Family Support Hawaii

Hale Kipa, Inc.

Hale 'Opio Kauai, Inc.

Hawaii Student Television

Hui Malama Learning Center

Kokua Kalihi Valley

Life Foundation

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

April 13, 2016

To: Representative Della Au Belatti, Chair,  
And members of the Committee on Health

Representative Roy Takumi, Chair  
And Members of the Committee on Education

**TESTIMONY IN SUPPORT OF SCR 30 SD1 REQUESTING THE  
DEPARTMENTS OF HEALTH AND EDUCATION TO  
COLLABORATE ON EDUCATIONAL INFORMATION AND  
MATERIALS ABOUT THE HUMAN PAPILOMA VIRUS VACCINE  
THAT CAN BE PROVIDED TO PARENTS OF PUBLIC MIDDLE  
AND INTERMEDIATE SCHOOL CHILDREN**

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports SCR 30 Requesting the Departments of Health and Education to Collaborate on Educational Information and Materials about the Human Papilloma Virus Vaccine that can be provided to Parents of Public Middle and Intermediate School Children

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 National Health and Nutrition Examination Survey (NHANES) estimates that women ages 15-24 account for 74% of incident cases.

Vaccination rates for HPV in Hawaii are low with only 34% of women and 15% of men immunized. The vaccine is recommended for adolescents ages 11 and older. Providing information to parents of middle and intermediate school students may help increase vaccination rates and lower the risk of cervical cancer for our population.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH  
Executive Director



To: Hawaii State House of Representatives Committees on Health and Education  
Hearing Date/Time: Friday, April 15, 2016, 9:30 a.m.  
Place: Hawaii State Capitol, Rm. 329  
Re: Testimony of Planned Parenthood of Hawaii in support of S.C.R. 30, S.D.1

Dear Chairs Belatti and Takumi and Members of the Committees,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of S.C.R. 30, S.D.1, which requests the Departments of Health and Education to collaborate on educational information and materials about the Human Papilloma Virus (“HPV”) that can be provided to parents of public middle and intermediate school children.

PPVNH is dedicated to protecting and promoting the sexual and reproductive health of Hawaii’s people and we support S.C.R. 30 because it will help to educate parents and youth about how to prevent HPV-related cancers. In our health centers, we see firsthand the sometimes devastating effects of HPV on our patients. By increasing the number of parents and young people who are educated about the HPV vaccine, we hope to see a rise in vaccinations and a corresponding drop in cervical and other cancer rates.

It is incredibly important for people to understand that the HPV vaccine is cancer prevention. It is a safe and effective regular pre-teen vaccine. Over the past few years, a great deal of false information and fear-mongering has spread about the HPV vaccine to the detriment of our youth. These resolutions will help to combat that by ensuring that parents and public school children have medically accurate information about the HPV 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.

We must educate parents and children about HPV so that all youth are regularly and routinely vaccinated and HPV and its related cancers cease to exist in future generations. While we can't protect our youth from everything, we can help to protect them from cancer in the future by passing SCR 30.

Sincerely,  
Laurie Field  
Hawaii Legislative Director and Public Affairs Manager

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 3:30 PM  
**To:** HLTtestimony  
**Cc:** agandiza@hawaii.edu  
**Subject:** \*Submitted testimony for SCR30 on Apr 15, 2016 09:30AM\*

**SCR30**

Submitted on: 4/13/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ashley Gandiza	Planned Parenthood Votes Northwest and Hawaii	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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April 15, 2016

To: Representative Della Au Belatti, Chair  
Representative Richard Creagan, Vice Chair and  
Members of the Committee on Health

To: Representative Roy Takumi, Chair  
Representative Takashi Ohno, Vice Chair and  
Members of the Committee on Education

From: Jeanne Y. Ohta, Co-Chair

RE: SCR 30/SR 12 Requesting the Departments of Health and Education to Collaborate on  
Educational Materials about HPV vaccine  
Hearing: Friday, April 15, 2016, 9:30 a.m., Room 329

POSITION: Strong Support

The Hawai'i State Democratic Women's Caucus writes in strong support of SCR 30 Requesting the Department of Health and Education to Collaborate on Educational Materials about the human papilloma virus (HPV) for middle and high school parents.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawaii's women and girls it is because of this mission that the Caucus strongly supports this measure.

The Advisory Committee on Immunization Practices recommends routine vaccinations for all youth between the ages of 11 and 12. Yet, too few adolescents in Hawaii are receiving HPV vaccines, which results in more cases of HPV and cervical and other cancers and diseases.

Providing medically accurate information to parents through the Department of Education can help to increase HPV vaccine rates and lower cervical and other cancer rates by ensuring that parents and youth are given factual information from a trusted source about the vaccine. HPV vaccine is cancer prevention; it is safe and effective; and is a regular pre-teen vaccine.

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 3700 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, increased utilization of the HPV vaccine would greatly reduce our current cervical cancer rates. Currently, there are 26 million girls under 13 years of age in the United States.

With the Affordable Care Act, most private health insurance plans cover the HPV vaccine with no out-of-pocket costs. Although at least 25 states have enacted legislation to either require, fund or educate the public about the HPV vaccine, Hawai'i is not one of them.

While this bill does not require youth to be vaccinated, it does at least ensure that parents receive factual information about HPV and the vaccines from a trusted source, our public schools. Parents then are able to make an informed decision about their children's health,

We ask that the committee pass this measure and we thank the committee for the opportunity to provide testimony.



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, April 14, 2016 10:17 AM  
**To:** HLTtestimony  
**Cc:** susan.wurtzburg@gmail.com  
**Subject:** Submitted testimony for SCR30 on Apr 15, 2016 09:30AM

**SCR30**

Submitted on: 4/14/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Susan J. Wurtzburg	American Association of University Women, Hawaii	Support	No

Comments: So important for reducing cancer rates.

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Date: April 14, 2016

To: The Honorable Della Au Belatti, Chair  
The Honorable Richard P. Creagan, Vice Chair  
Members of the House Committee on Health

The Honorable Roy M. Takumi, Chair  
The Honorable Takashi Ohno, Vice Chair  
Members of the House Committee on Education

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

Re: **Strong Support for SCR 30, SD1**

Hrg: April 15, 2016 at 9:30 am at Capitol Room 329

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Thank you for the opportunity to offer testimony in strong support of SCR 30, SD1 which requests the Departments of Health and Education to collaborate and provide educational information and materials on the human papillomavirus vaccine to parents of public middle and intermediate school children.

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.

**Increasing knowledge and awareness on human papillomavirus (HPV) and HPV vaccine will help to increase immunization rates and ultimately, prevent cancer.** Several studies have shown HPV knowledge to be relatively low among parents and adult women in the United States<sup>1</sup>. HIPHI believes that having adequate knowledge on HPV and its harmful effects can help parents in making informed decisions to vaccinate their child, and prevent them from getting cancer. 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.

**Educators and healthcare providers play increasingly important roles in influencing parents to make healthier choices for their children.** Although most information on HPV is received in the doctor's office, HIPHI believes that educators also play a key role in sharing knowledge on HPV. HIPHI notes that by sharing educational materials, educators and staff must also feel confident about discussing the HPV vaccine and directing parents to a resource that will help them to make informed decisions.

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.

HPV vaccine prevents cancer. We ask that you protect our keiki and pass SCR 30, SD1.

Thank you for the opportunity to provide testimony.

A handwritten signature in cursive script that reads "Jessica Yamauchi".

Jessica Yamauchi, MA  
Executive Director

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<sup>i</sup> Reiter, Paul L., Brenda Stubbs, Catherine A. Panozzo, Dianne Whitesell, and Noel T. Brewer. "HPV and HPV Vaccine Education Intervention: Effects on Parents, Healthcare Staff, and School Staff." *Cancer Epidemiology, Biomarkers & Prevention*, 23 Sept. 2011. Web. 2 Mar. 2016. <<http://cebp.aacrjournals.org/content/20/11/2354.full.pdf+html>>.

To: Hawaii State House of Representatives Committees on Health and Education  
Hearing Date/Time: Friday, April 15, 2016, 9:30 a.m.  
Place: Hawaii State Capitol, Rm. 329  
Re: Testimony in support of S.C.R. 30, S.D.1

Dear Chairs Belatti and Takumi and Members of the Committees,

I am writing in support of S.C.R. 30, S.D.1, which requests the Departments of Health and Education to collaborate on educational information and materials about the Human Papilloma Virus (“HPV”) that can be provided to parents of public middle and intermediate school children.

As a public health professional working in communicable diseases and cancer prevention, I support S.C.R. 30 because it will help to educate parents and youth about how to prevent HPV-related cancers. In my work, I see firsthand the sometimes devastating effects of vaccine-preventable cancers in our communities. By increasing the number of parents and young people who are educated about the HPV vaccine, I hope to see a rise in vaccinations and a corresponding drop in cervical and other cancer rates.

It is incredibly important for people to understand that the HPV vaccine is cancer prevention. It is a safe and effective regular pre-teen vaccine. Over the past few years, a great deal of false information and fear-mongering has spread about the HPV vaccine to the detriment of our youth. These resolutions will help to combat that by ensuring that parents and public school children have medically accurate information about the HPV 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.

We must educate parents and children about HPV so that all youth are regularly and routinely vaccinated and HPV and its related cancers cease to exist in future generations. While we can't protect our youth from everything, we can help to protect them from cancer in the future by passing SCR 30.

Aloha,  
Thaddeus Pham  
District 25  
Honolulu, HI

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 10:48 AM  
**To:** HLTtestimony  
**Cc:** amymonk99@hotmail.com  
**Subject:** \*Submitted testimony for SCR30 on Apr 15, 2016 09:30AM\*

**SCR30**

Submitted on: 4/13/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Amy Monk	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 2:13 PM  
**To:** HLTtestimony  
**Cc:** jen.harvey.81@gmail.com  
**Subject:** \*Submitted testimony for SCR30 on Apr 15, 2016 09:30AM\*

**SCR30**

Submitted on: 4/13/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Nill	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 3:20 PM  
**To:** HLTtestimony  
**Cc:** Bryanspublic@gmail.com  
**Subject:** \*Submitted testimony for SCR30 on Apr 15, 2016 09:30AM\*

**SCR30**

Submitted on: 4/13/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Bryan Sarte	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 2:46 PM  
**To:** HLTtestimony  
**Cc:** mendezj@hawaii.edu  
**Subject:** \*Submitted testimony for SCR30 on Apr 15, 2016 09:30AM\*

**SCR30**

Submitted on: 4/13/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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Date: April 14, 2016

To: Hawaii State House of Representatives Committees on Health and Education  
Hearing Date/Time: Friday, April 15, 2016, 9:30 a.m.  
Place: Hawaii State Capitol, Rm. 329  
Re: Testimony in support of S.C.R. 30

Dear Chairs Belatti and Takumi:

I am writing in support of S.C.R. 30 which requests the Departments of Health and Education to collaborate on educational information and materials about the Human Papilloma Virus ("HPV") that will be provided to parents of public middle intermediate school children.

As a public health professional working for full immunization of vulnerable populations, I support S.C.R. 30 because it will help educate parents and youth about how to prevent HPV-related cancers.

In my work with the Hawaii Immunization Coalition and previously with the Hawaii State Dept. of Health Immunization Branch, I became aware of the damaging effects of vaccine-preventable cancers – like HPV. By increasing the number of parents and young people who are educated about the HPV vaccine, we would see an increase in HPV vaccinations. We cannot protect our young people from everything but we can protect them from some HPV viruses through vaccination with three shots of HPV vaccine.

It is incredibly important for people to understand that the HPV vaccine is cancer prevention. The vaccine is safe and effective.

Over the past few years, a great deal of false information has circulated on TV, radio, social media sites and word-of-mouth. Incorrect information confuses parents. This resolution will help combat that by ensuring that parents and public school children have medically accurate information about how to protect their adolescents with a safe and effective vaccine.

Based on data from 2006 to 2010, about 33,200 HPV-associated cancers occur in the United States each year: about 20,600 among **females**, and about 12,600 among **males**.

- **Females** - Cervical cancer is the second leading cancer killer of women worldwide. 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.**
- **Males** - Oropharyngeal cancers - those of the back of the throat, including the base of the tongue and tonsils - are the most common among men.

We must educate parents and children about HPV so that all youth are regularly and routinely vaccinated. HPV vaccine is the best strategy for doing that. While we can't protect our youth from everything, we can help to protect them from cancer in the future by passing SCR 30.

Aloha,  
Judy Strait-Jones

To: Hawaii State House of Representatives Committees on Health and Education  
Hearing Date/Time: Friday, April 15, 2016, 9:30 a.m.  
Place: Hawaii State Capitol, Rm. 329  
Re: Testimony in support of S.C.R. 30, S.D.1

Dear Chairs Belatti and Takumi and Members of the Committees,

I provide my strong support of S.C.R. 30, S.D.1, which requests the Departments of Health and Education to collaborate on educational information and materials about the Human Papilloma Virus (“HPV”) that can be provided to parents of public middle and intermediate school children.

My background in cancer research and prevention has shaped my perspective of cancer and the importance of education regarding vaccine preventable cancers. As a former Research Assistant at Memorial Sloan Kettering Cancer Center (MSKCC) in Radiation Oncology, I witnessed first hand the misery and suffering of those undergoing chemotherapy and radiation treatment for cervical cancer. At MSKCC, I focused my research on improving the quality of life of women affected by gynecologic cancers. My experience at MSKCC fueled my passion for cancer prevention. This led to my current position as a Research Assistant in Epidemiology at the University of Hawaii Cancer Center where I am working on a project sponsored by the NCI to improve HPV vaccination practices within our state.

Virtually all cases of cervical cancer are caused by the human papillomavirus (HPV). Human papillomavirus (HPV) is also the causative agent of a substantial proportion of anal, vulvar, vaginal, penile, and oropharyngeal cancers as well as anogenital warts. Worldwide, HPV is responsible for an estimated 600,000 incident cancers and 250,000 deaths. HPV is the most common sexually transmitted infection with an estimated 80% of individuals acquiring HPV at some point in their lifetime. According to the CDC, 13% of American girls are sexually experienced by age 15, by age 17 this proportion grows to 43%, and by 19 to 70%. **Education of our youth at this age is crucial to reaching those at high risk of contracting sexually transmitted diseases like HPV.**

Current HPV vaccines (Cervarix and Gardasil) offer protection against approximately 70% of cervical cancers. The newly approved nonavalent vaccine offers increased overall prevention of cervical cancer of approximately 90%. 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). However, from 2011 to 2013, HPV coverage decreased 28% among Hawaii females aged 13-17, a trend which was counter to that of the US overall. Uptake in 2015 of all three doses in Hawaii continues to remain low, at 38.0% for females and 30.9% for males ages 13-17; well below targets set for Healthy People 2020, a national initiative to achieve 80% HPV vaccination coverage.

Over the past few years, a great deal of false information has been spread about the HPV vaccine to the detriment of our youth. I support S.C.R. 30 because I believe this is an opportunity to provide accurate

information and appropriate education for parents and youth about the HPV vaccine and how it prevents HPV related cancers. Research demonstrates that the middle school and intermediate school level is a crucial time to educate our youth about HPV. We have an incredible opportunity to provide parents and children with the tools to make an informed decision about HPV vaccination. We also have the potential to eliminate the HPV related cancer burden on our youth and future generations. I strongly urge you to pass SCR 30.

Aloha,  
Ashlyn Tom  
District 16  
Aiea, HI

## **Allegations of Scientific Misconduct by GACVS/WHO/CDC Representatives et al**

**An open-letter of complaint to the Director-General of the World Health Organization, Dr. Margaret Chan** [chanm@who.int](mailto:chanm@who.int)

Cc: The Ministry of Health, Labour and Welfare, Japan, [www-admin@nhlw.go.jp](mailto:www-admin@nhlw.go.jp)  
Minister of Health, Labour and Welfare, Japan, [shiozaki@y-shiozaki.or.jp](mailto:shiozaki@y-shiozaki.or.jp)  
Thomas Frieden, Director CDC, [tomfrieden@cdc.gov](mailto:tomfrieden@cdc.gov)  
Vice-Chancellor, Professor Stuart McCutcheon, The University of Auckland,  
[s.mccutcheon@auckland.ac.nz](mailto:s.mccutcheon@auckland.ac.nz)

From: Sin Hang Lee, MD [shlee01@snet.net](mailto:shlee01@snet.net)

Date: January 14, 2016

Dear Dr. Chan:

As a medical doctor and scientist, I write to present grave concerns regarding the conduct of certain members of the Global Advisory Committee on Vaccine Safety (GACVS), the World Health Organization, the CDC and other scientific/health professionals during the time shortly before the public hearing on HPV Vaccine Safety which was held in Tokyo, Japan on February 26, 2014. I have come into possession of documentation which leads me to believe multiple individuals and organizations deliberately set out to mislead Japanese authorities regarding the safety of the human papillomavirus (HPV) vaccines, Gardasil® and Cervarix®, which were being promoted at that time.

I am sure you are well aware of the controversy currently surrounding these vaccines on a global level. I am also sure you are aware of the fact that public confidence in national and international health authorities is at an all time low throughout the world.

Should the information in this letter prove to be accurate, nothing short of an immediate independent investigation resulting in appropriate disciplinary actions for those involved will be able to restore the public trust. Therefore, I implore you to act quickly and decisively regarding this critical public health issue.

### **FOI Request and Significant Related Communications**

A series of emails recently uncovered via a Freedom of Information request submitted in New Zealand revealed evidence that Dr. Robert Pless, the chairperson of the Global Advisory Committee on Vaccine Safety (GACVS), Dr. Nabae Koji of the Ministry of Health of Japan, Dr. Melinda Wharton of the CDC, Dr. Helen Petousis-Harris of Auckland University, New Zealand, and others (including WHO officials) may have been actively involved in a scheme to deliberately mislead the Japanese Expert Inquiry on human papillomavirus (HPV) vaccine safety before, during and after the February 26, 2014 public hearing in Tokyo. I believe the information supplied by this group led directly to the issuance of the GAVCS statement on the continued safety of HPV vaccination on March 12, 2014 which contains the following paragraph:

*“Several papers have also been published pertaining to the finding of HPV L1 gene DNA fragments in clinical specimens following HPV vaccination [13, 14]. These papers claimed an association with clinical events of an inflammatory nature, including cerebral vasculitis. While the GACVS has not formally reviewed this work, both the finding of DNA fragments in the HPV vaccine and their postulated relationship to clinical symptoms, have been reviewed by panels of experts. First, the presence of HPV DNA fragments has been addressed by vaccine regulatory authorities who have clearly outlined it as an expected finding given the manufacturing process, and not a safety concern [15]. Second, the case reports [13] of adverse events hypothesized to represent a causal association between the HPV L1 gene DNA fragments and death were flawed in both clinical and laboratory methodology [16]. The paper described 2 fatal cases of sudden death in young women following HPV vaccine, one after 10 days and one after 6 months, with no autopsy findings to support death as result of cerebral vasculitis or an inflammatory syndrome. Thus the hypotheses raised in these papers are not supported by what is understood about the residual DNA fragments left over following vaccine production [17]: given the extremely small quantities of residual HPV DNA in the vaccine, and no evidence of inflammation on autopsy, ascribing a diagnosis of cerebral vasculitis and suggesting it may have caused death is unfounded.” (the references 13-17 quoted were those listed in the GACVS Statement)*

I believe this paragraph to be deceitful based on the following analysis:

The first sentence, *“Several papers have also been published pertaining to the finding of HPV L1 gene DNA fragments in clinical specimens following HPV vaccination [13, 14]”* was apparently constructed for dissembling and designed to mislead. The study in reference 13 [Tomljenovic L, Shaw CA. Death after Quadrivalent Human Papillomavirus (HPV) Vaccination: Causal or Coincidental? Pharmaceut Reg Affairs 2012, S12:001] was about HPV L1 VLPs. The authors of reference 13 never mentioned HPV L1 gene DNA fragments at all. Dr. Pless knew the difference between HPV L1 VLPs and HPV L1 gene DNA fragments because in his February 18, 2014 email addressed to Dr. Helen Petousis-Harris and the others involved in this scheme, Dr. Pless specifically asked Dr. Petousis-Harris to address her *“statement regarding the alleged role of aluminum binding to DNA fragments and subsequent effects.”* (see copy of February 18, 2014 email attached- It was not about HPV L1 VLPs). One cannot help but conclude that Dr. Pless intentionally put these two unrelated articles together and claimed that both articles studied HPV L1 gene DNA fragments in order to mislead the non-scientific readers and vaccination policy makers.

The second sentence, *“These papers claimed an association with clinical events of an inflammatory nature, including cerebral vasculitis”* is not true because the author in reference 14 (Lee, SH. Detection of human papillomavirus L1 gene DNA fragments in postmortem blood and spleen after Gardasil® vaccination—A case report. Advances in Bioscience and Biotechnology, 2012, 3, 1214-1224) never claimed clinical events of an inflammatory nature, including cerebral vasculitis. Dr. Pless in fact misstates the author’s words in this document apparently to create a target to attack.

## When the facts don't fit – simply change them?

The purpose of Dr. Pless intentionally combining two unrelated studies and two unrelated chemicals shows up in the following sentence: *“the finding of DNA fragments in the HPV vaccine and their postulated relationship to clinical symptoms, have been reviewed by panels of experts”*. Who were these panels of experts? Dr. Pless presented none of their names.

The sentence *“Second, the case reports [13] of adverse events hypothesized to represent a causal association between the HPV L1 gene DNA fragments and death were flawed in both clinical and laboratory methodology [16],”* is a blatant misrepresentation of the facts. The authors quoted in Reference #13 never presented any data on HPV L1 gene DNA fragments. Reference #16 never reviewed the potential harm of HPV L1 gene DNA fragments in the HPV vaccines when injected into humans.

## A plea for help – and anyone will do?

The fact that Dr. Pless could not find any scientific reviews on the HPV L1 gene DNA fragments in HPV vaccines was illustrated in the email he sent to Dr. Helen Petousis-Harris on February 18, 2014 with the following plea for help:

*“We are seeking your advice on someone who may be able to address the more detailed questions around HPV DNA - specifically the hypotheses you have address in your statement regarding the alleged role of aluminum binding to DNA fragments and subsequent effects. While the issue of whether the fragments constitute “contamination” has been dealt with, your statement was the only one to address the more obscure alleged consequences of the presence of those fragments. The GACVS has not yet had a chance to delve into the DNA question.”*

The FDA declaration confirming HPV DNA fragments in Gardasil® as an expected finding (Ref. 15), but providing no safety data on these HPV DNA fragments after being injected into animals or humans, obviously does not represent a review by panels of experts because it does not refer to any animal or human experimental data on *“aluminum binding to DNA fragments and subsequent effects,”* which was supposed to be Dr. Pless' major concern.

It is worth noting Dr. Helen Petousis-Harris demonstrated to Dr. Pless that she had experience using similar tactics in her *February 18, 2014* email which stated:

*“To the best of my knowledge the rebuttal on our website is the only attempt to address this particular issue which Shaw and Lee presented at a coronal enquiry here. Placing the rebuttal in the public domain was the only means of providing the information to the crown representatives involved in that process at the 11th hour.”*

Apparently under pressure to issue a statement within a week or two after the public hearing, Dr. Pless needed to find a panel of experts to declare the safety of aluminum bound to DNA fragments after injection into humans. The only publication remotely related to the subject he could use was Reference #16, a Clinical Immunization Safety Assessment (CISA) Network Technical Report titled “Review of a

published report of cerebral vasculitis after vaccination with the Human Papillomavirus (HPV) Vaccine” dated November 9, 2012.

However, in this CDC technical report, the unnamed author(s) of the document only questioned the data on HPV-16 L1 particles, never HPV L1 gene DNA fragments because the Lee paper reporting the finding of HPV L1 gene DNA fragments (Lee, SH. Detection of human papillomavirus L1 gene DNA fragments in postmortem blood and spleen after Gardasil® vaccination—A case report. *Advances in Bioscience and Biotechnology*, 2012, 3, 1214-1224) was not published until December 27, 2012, one and a half months after the CISA Network Technical Report was issued.

For the record, the quoted CISA report (Reference #16) began with the following paragraph:

*“Recently there was discussion on a federally-sponsored vaccine safety listserv of a report in the literature of cerebral vasculitis after vaccination with the Human Papillomavirus Vaccine (HPV) (Tomljenovic L, Shaw CA. Death after Quadrivalent Human Papillomavirus (HPV) Vaccination: Causal or Coincidental? Pharmaceutical Regulatory Affairs: Open Access 2012,S12:001). To address questions about the findings and conclusions reported in this manuscript, CDC convened a CDC-Clinical Immunization Safety Assessment (CISA) working group. Researchers from Vanderbilt Medical Center, Johns Hopkins University, Columbia University, Duke Clinical Research Institute (Duke University), CDC and FDA participated in the call.”*

### Lack of Peer-Review Credibility

According to: <http://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/publications.html>, this is the ONLY Technical Report issued in the last 12 years of records that has never been published in peer-reviewed journals. The Disclaimer at the end of this report states:

*“The information and conclusions in this report are those of the work group participants addressing this issue and do not necessarily represent the official position of CDC.”*

In other words, the CDC’s “Technical Report” (Ref #16 of the GACVS Statement) was written by unnamed ghost writer(s) based on phone conversations.

Apparently Dr. Pless had no choice but to misbrand two unrelated articles and two unrelated chemicals in the vaccine Gardasil® so that he could use the CISA Network Technical Report on HPV-16 L1 particles to support his declaration on safety of HPV L1 gene DNA fragments after injection into humans. But first, he had to make policy makers believe “HPV-16 L1 particles” were synonymous to “HPV L1 gene DNA fragments” in chemistry. Once that was done, he apparently thought he could use the opinion on HPV-16 L1 particles to uphold the safety of HPV L1 gene DNA fragments bound to aluminum adjuvant.

Unable to find a scientific report published in a peer reviewed journal on this issue of concern, Dr. Pless had to knowingly misquote the CISA report on HPV-16 L1 particles as evidence to support Dr. Helen Petousis-Harris’ blog published in the social media as he wrote in the GACVS statement:



*“Thus the hypotheses raised in these papers are not supported by what is understood about the residual DNA fragments left over following vaccine production [17]”.*

## Acknowledgement of Residual HPV DNA in Gardasil®

Dr. Helen Petousis-Harris, the author of Ref. 17, was the only writer brave enough to publicly claim “*extremely small quantities of residual HPV DNA in the vaccine*” to be harmless without any supportive data.

Who is Dr. Helen Petousis-Harris? Her qualification was disclosed in Dr. Pless’ email dated February 18, 2014 as he wrote:

*“A meeting has recently been organized in Tokyo for February 26th, where Dr. Lee will present his findings...*

*...We are seeking your advice on someone who may be able to address the more detailed questions around HPV DNA - specifically the hypotheses you have address in your statement regarding the alleged role of aluminum binding to DNA fragments and subsequent effects. While the issue of whether the fragments constitute "contamination" has been dealt with, your statement was the only one to address the more obscure alleged consequences of the presence of those fragments. The GACVS has not yet had a chance to delve into the DNA question.”*

Accepting the assignment, Dr. Helen Petousis-Harris wrote back immediately on February 18, 2014 as follows:

*From: Helen Petousis-Harris [mailto:h.petousis-harris@auckland.ac.nz] Sent: Tuesday, February 18, 2014 5:19 AM To: 'Robert Pless' Cc: Robert Pless (Robert.Pless@phac-aspc.gc.ca); 難波江 功二(nabae-koji); ZUBER, Patrick Louis F.; Wharton, Melinda (CDC/OID/NCIRD) Subject: RE: URGENT: Regarding the posted commentary on the coronial inquiry expert witness testimony*

*Dear Rob Oh dear! I am so saddened to hear how extensive the impact of Lee, Shaw and Tomljenovic’s activities has become. I will certainly do anything I can to assist. To the best of my knowledge the rebuttal on our website is the only attempt to address this particular issue which Shaw and Lee presented at a coronal enquiry here. Placing the rebuttal in the public domain was the only means of providing the information to the crown representatives involved in that process at the 11th hour. Prof David Gorsky has written prolifically on some of the experiments in his science blog over the past few years so I assume he has also given the material some thought.*

*I do not know if I am expert on this but certainly have some experience in considering aluminium in vaccines and its role in inflammatory responses and local AEFI as part*

of my PhD some years ago. I assume you are referring to the VLP tightly bound to the adjuvant and the Shaw and Tomljenovic 'hypothesis' that it somehow finds its way to the brain carried by macrophage?"

## Lack of Qualification/Credibility of Expert Witness Dr. Helen Petousis-Harris

Based on the above correspondence, Dr. Helen Petousis-Harris had no clue what Dr. Pless wanted her to address at the February 26, 2014 public hearing. She mistakenly assumed she was being asked to comment on "the VLP tightly bound to the adjuvant." She did not even know that VLP is a protein, and cannot be tightly bound to the aluminum adjuvant as the DNA molecules can.

Evidently, her only qualification was she had written a social media blog much like Professor David Gorski, a well-known online character assassin masquerading as a science defender whom she also recommended to the group saying:

*"Prof David Gorsky has written prolifically on some of the experiments in his science blog over the past few years so I assume he has also given the material some thought."*

I find it incredible that the WHO GACVS had to depend on online science blog writings as evidence to dismiss the potential risk of HPV DNA fragments in Gardasil®. As evidenced in the email above, on February 18, 2014, Dr. Pless knew very well that the CISA Network Technical Report dated November 2012 did not address the presence of HPV L1 gene DNA fragments in the vaccine Gardasil® because he wrote to Dr. Helen Petousis-Harris:

*"...We are seeking your advice on someone who may be able to address the more detailed questions around HPV DNA - specifically the hypotheses you have address in your statement regarding the alleged role of aluminum binding to DNA fragments and subsequent effects. While the issue of whether the fragments constitute "contamination" has been dealt with, your statement was the only one to address the more obscure alleged consequences of the presence of those fragments. ..."*

So, as of February 18, 2014 Dr. Pless and those whose names are listed on his email knew Dr. Helen Petousis-Harris and Professor David Gorski were the only two writers who had addressed the issue of HPV L1 gene DNA fragments in the HPV vaccine, but in social media blogs only, and not in peer-reviewed scientific journals. Dr. Pless needed to find someone to put a veneer of science over these online blogs. He found Dr. Helen Petousis-Harris for that.

## Government Counter-Actions to Evidence of Harmful Effects of HPV Vaccination

The following emails showed the actions taken by the bureaucrats of the Ministry of Health, Labour and Welfare of Japan, the chair of the public hearing session, Dr. Pless and Dr. Melinda Wharton of the CDC to counter the plausible consequences of the presence of the HPV DNA fragments in the Gardasil® vaccines.

**From:** 難波江 功二(nabae-koji) <nabae-koji@mhlw.go.jp>  
**Sent:** Friday, 21 February 2014 11:05 p.m.  
**To:** Robert Pless; Helen Petousis-Harris; ZUBER, Patrick Louis F.; jbeytout@chu-clermontferrand.fr; Wharton, Melinda (CDC/OID/NCIRD); Koji Nabae (k-nabae-@nifty.com); 阿部 圭史(abe-keishi); Robert Pless  
**Subject:** RE: (FYI) HPV vaccine international sympo on 25 Feb in Tokyo  
**Attachments:** GACVS Statement HPV Feb 2014 discussion draft.docx; Annotated Agenda 26 Feb 2014.docx; Participants List.docx

Dear Rob,

Thank you so much for the excellent work you and your colleagues have done. It sounds very strong. It is indeed very helpful.

I made minor comments on the attached file.

===

For the conference call today, there will be 4 participants from Japan.

Koji Nabae (Ministry of Health, Labour and Welfare (MHLW)) Keishi Abe (MHLW) Ichiro Kurane (Chair of the public hearing session, Deputy Director General of National Institute of Infectious Diseases(NIID)) Dr Hiroshi Yoshikura (Former DG of NIID)

In case you wish to discuss GACVS statement only among GACVS members, please let me know so that we will join you later.

==

Attached please find the draft annotated agenda and participant list of the public hearing meeting.

I look forward to talking to you soon.

Warm regards,

Koji  
Deputy Director  
Division of Tuberculosis and Infectious Disease Control Ministry of Health, Labour & Welfare Government of Japan-  
Tel: [REDACTED]  
Fax: +81-3-3581-6251  
email: [nabae-koji@mhlw.go.jp](mailto:nabae-koji@mhlw.go.jp)

-----Original Message-----

From: Robert Pless [<mailto:rpless2@gmail.com>]

Sent: Friday, February 21, 2014 4:19 PM

To: Helen Petousis-Harris; 難波江 功二 (nabae-koji); ZUBER, Patrick Louis F.; [jbeytout@chu-clermontferrand.fr](mailto:jbeytout@chu-clermontferrand.fr);

Wharton, Melinda (CDC/OID/NCIRD); Koji Nabae ([k-nabae-nifty.com](mailto:k-nabae-nifty.com)); 阿部 圭史 (abe-keishi); Robert Pless

Subject: Re: (FYI) HPV vaccine international sympo on 25 Feb in Tokyo

Dear all,

Attached please find a draft GACVS statement for review. We can discuss it tomorrow (actually in a few hours) and then it would go through vetting by the committee if the feeling remains that it should be posted in advance of the events of next week.

I propose the following topics for discussion on our call:

1. Introductions
2. Current situation in Japan with respect to the signal
3. Origins of the 2 meetings being held next week and potential outcomes
4. Planned and likely topics that may arise by the speakers (MMF, HPV DNA, ...other)
5. Responses during the meeting on the 26th (invited experts, Ministry, Expert advisory group)
6. Format and timing of responses outside the meetings (GACVS statement, follow up statements?)
7. Other interventions?
8. Other issues

Please feel free to add/alter

Looking forward to getting together on the phone, Rob

Based on the emails copied above, Dr Pless and those listed in these emails already drafted a GACVS statement before the public hearing. However, after having discussed to his boss, Dr. Nabae Koji wrote to the group on February 23, 2014 the following email:

**From:** 難波江 功二(nabae-koji) <nabae-koji@mhlw.go.jp>  
**Sent:** Sunday, 23 February 2014 6:01 p.m.  
**To:** SAHINOVIC, Isabelle; rpless2@gmail.com; Robert.Pless@phac-aspc.gc.ca; Helen Petousis-Harris; mew2@cdc.gov; ZUBER, Patrick Louis F.; jbeytout@chu-clermontferrand.fr  
**Cc:** 阿部 圭史(abe-keishi); 難波江 功二(nabae-koji)  
**Subject:** HPV vaccine conf call Follow-up

Dear all,

Thank you so much for your time and commitment. The conference call was very useful for us.

I talked to my boss and we agree that it is better not to have WHO GACVS presence during the public hearing session [REDACTED] and there is no need to hurry for a statement. We are hoping the statement to come out a week or two weeks later so that our expert committee can refer to it when they finalize the report in March (or a bit later) (if things go smoothly).

Thank you so much for your help.

I look forward to meeting and talking to you later.

Warm regards,

Koji Nabae

In plain language, it appears that Dr. Nabae was instructing the WHO GACVS not to present any information formally in order to avoid cross-examination and scrutiny at the February 26, 2014 Public Hearing. Information provided after the public inquiry would provide a means for decision makers to be duly influenced by informal and cherry-picked 'expert' opinions.

I believe this maneuver was orchestrated by the Chairperson of the WHO GACVS and others as nothing more than a very cunning means of avoiding having to supply scientific evidence to decision makers. Actions like this corrupt the entire concept of science-based medicine.

Dr. Helen Petousis-Harris was finally selected as spokesperson for the February 26, 2014 Tokyo public hearing. But according to the emails uncovered, Dr. Petousis-Harris' Powerpoint slides had to be reviewed by the group before presentation at the public hearing to ensure she put forth the proper message.

I found it astonishing to read the February 25, 2014 email sent by Dr. Nabae Koji to Dr. Helen Petousis-Harris, their designated spokesperson. Dr. Nabae was concerned about Dr. Helen Petousis-Harris' Powerpoint slide which stated "*immune activation on uptake of HPV vaccine does not include an increase in inflammatory factors (incl TNF) even in vaccinees with large injection site reactions at time of local inflammation*" because such claim contradicted the data presented by another expert at their previous meeting which in fact confirmed that cytokines following vaccines increased particularly at injection site after Cervarix® compared to other vaccines (including tumor necrosis factor- TNF).

It is of interest to note that Dr. Nabae Koji also deleted some questionable “*Japanese Wildcard*” data from Dr. Helen Petousis-Harris’ Powerpoint slides to be presented at the February 26, 2014 public hearing because he, Dr. Nabae, could not “*explain it well*”.

## GACVS Suppresses Vital Information and Manipulates Data to Support Claim of Vaccine Safety in the Face of Valid Contradictory Evidence

I find this to be yet another blatant example of suppression of information this group found to be potentially contradictory to and/or not totally compatible with their pre-determined GACVS “party line” statement on continued safety of HPV vaccination. Dr. Pless and the WHO officials seemed to have simply written a script for Dr. Helen Petousis-Harris to regurgitate at the public hearing and then proceeded to put forth the same presentation as an independent research reference to support their pre-determined GACVS statement. What an insult to the intelligence of the citizens of the world!

The Powerpoint slides Dr. Helen Petousis-Harris presented at the public hearing claimed Dr Lee’s case report had no controls to prove that unvaccinated New Zealand teenage girls do not have HPV DNA in non-B conformations in their blood, therefore the findings are not scientifically valid. She said, “*There are no controls used (unvaccinated). This is a vital part of the scientific process.*” [original emphasis.]

Dr. Helen Petousis-Harris evidently does not understand the difference between a case report and a clinical trial; nor does she seem to know how hard it is for pathologists to find any HPV DNA in blood samples of patients, even those known to have HPV infections, let alone HPV DNA in non-B conformations. This shows how little, if any, experience she has in laboratory medicine.

I find Dr Petousis-Harris blog<sup>1</sup> which was quoted as Ref. 17 by Dr Pless in the GACVS statement in support of the declaration of HPV vaccination safety, to be more concerned with character assassination than in disputing the science of HPV L1 gene DNA fragments in Gardasil® or in postmortem materials.

The very important email exchange between Dr. Nabae and Dr. Helen Petousis-Harris on February 25, 2014, one day before the Tokyo public hearing, is copied in this correspondence so you can judge for yourself whether these people manipulated the scientific data and process in order to mislead the Japanese Expert Inquiry, and vaccination policy makers worldwide.

First, please note Dr. Nabae’s concern about Dr. Helen Petousis-Harris’ claim of no cytokine increases in HPV vaccinees, as expressed in the email dated February 25, 2014 shown below, which was apparently written after he had an opportunity to review her proposed powerpoint presentation.

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<sup>1</sup> [http://www.nzdoctor.co.nz/media/2003295/response\\_to\\_theories\\_by\\_lee\\_and\\_shaw\\_final\\_180912.pdf](http://www.nzdoctor.co.nz/media/2003295/response_to_theories_by_lee_and_shaw_final_180912.pdf)

**From:** 難波江 功二(nabae-koji) <nabae-koji@mhlw.go.jp>  
**Sent:** Tuesday, 25 February 2014 1:56 p.m.  
**To:** Helen Petousis-Harris  
**Subject:** RE: Doc and Video Conf  
**Attachments:** NZ Public hearing session on HPV safety.pptx

Fantastic!! Very strong and convincing. Many many thanks!  
It think there is no need for further explanation since your slides tell all the story.

One thing I came up to my mind,

- In addition, the immune activation on uptake of HPV vaccine does not include an increase in inflammatory factors (incl TNF) even in vaccinees with large injection site reactions at time of local inflammation.

In our previous meeting, one expert presented his studies on mice,  
<http://www.mhlw.go.jp/file/05-Shingikai-10601000-Daijinkanboukouseikagakuka-Kouseikagakuka/0000033876.pdf>

In page 21 and 22, cytokines following vaccines increased particularly at injection site after Cervarix compared by other vaccines (incl TNF) but not in serum. I am just concerned that this finding may contradict with your statement.

I also deleted Japanese Wildcard (since I cannot explain it well!!!) and found one typo in page 2.

Grateful for your confirmation!!

Best regards,

Koji

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**From:** Helen Petousis-Harris [<mailto:h.petousis-harris@auckland.ac.nz>]  
**Sent:** Tuesday, February 25, 2014 8:03 AM  
**To:** 難波江 功二(nabae-koji)  
**Subject:** RE: Doc and Video Conf

Dear Koji

Phew!

Here you are.

I have put some credentials on the first slide, please adjust to what you think would be most useful  
Also, I have used the Japanese translation for the word Wildcard (according to Google) but if this doesn't work please remove it from Slide 3.

Later in the morning apparently after a video conference Dr. Helen Petoussis Harris replied, asserting her scientific authority to comment as follows:

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**From:** Helen Petoussis-Harris [mailto:h.petoussis-harris@auckland.ac.nz]  
**Sent:** Tuesday, February 25, 2014 10:02 AM  
**To:** 難波江 功二(nabae-koji)  
**Subject:** RE: Doc and Video Conf

Great!

Actually that is my own work, We have conducted a clinical trial using Gardasil vaccine. We specifically examined the reactogenicity of the vaccine and associations with 27 cytokines inc TNF and IL1, all the main players. There was no elevation of any cytokine associated with reactogenicity. I have it on a list to publish and it had been peer reviewed in a PhD thesis which is available in the University Library and the data is available for scrutiny.

So Dr. Helen Petoussis-Harris used her PhD thesis<sup>2</sup> as authoritative research to support her theory of “No elevation of any cytokine associated with reactogenicity”?

In fact, her PhD thesis has not been published in a peer-reviewed scientific journal because not only the experimental design and methodology used were highly questionable, as demonstrated in over 500 pages of Official Information documents and emails, but also in section 8.2 on limitations of this thesis, where Dr. Petoussis-Harris states:

“Timing and lack of baseline cytokine measures: Only a single blood sample was taken. The absence of a baseline measure precludes any within-individual changes. It cannot be determined if there were any changes in cytokine levels as a result of the administration of the vaccine or if these were base-line levels. In addition, blood samples were taken on day two, the day following vaccine administration, as it was thought local reactions would peak on this day. Injection site reactogenicity is not reported in a way that clarifies the peak time of reactions therefore this was an educated guess. Reactions actually peaked on the day of vaccination. It is possible that any elevations in cytokine levels may have waned by day two. Also, as many cytokines have localised activity it is possible that increased activity is not captured systemically. The fact that atopic score was associated with a range of cytokines supported that the assays were conducted successfully.”

In Dr Helen Petoussis-Harris’ own words, “as many cytokines have localised activity it is possible that increased activity is not captured systemically.” Nevertheless, Dr. Helen Petoussis-Harris managed to satisfy Dr. Nabae that she only measured the cytokines in the serum and found no increase of cytokines after HPV vaccination and her data did not really contradict the findings presented by their

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<sup>2</sup> <https://researchspace.auckland.ac.nz/handle/2292/10600>



expert which confirmed increases in cytokines at the site of HPV vaccine injection. So both Dr. Nabae and Dr. Petousis-Harris decided to use “no increase in serum” as evidence for “*No elevation of any cytokine associated with reactogenicity*” as illustrated in the following email exchange.

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**From:** Helen Petousis-Harris [<mailto:h.petousis-harris@auckland.ac.nz>]  
**Sent:** Tuesday, February 25, 2014 10:11 AM  
**To:** 難波江 功二(nabae-koji)  
**Subject:** RE: Doc and Video Conf

...yes, this was measured in human serum the day after vaccination – when the innate immune response and macrophages are at their busiest.

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**From:** 難波江 功二(nabae-koji) [<mailto:nabae-koji@mhlw.go.jp>]  
**Sent:** Tuesday, 25 February 2014 2:06 p.m.  
**To:** Helen Petousis-Harris  
**Subject:** RE: Doc and Video Conf

Great!! I understand this is in human serum. We will set the slides as I sent in my previous mail (change red color to black in page 2). Thanks!!

1

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Koji

In my opinion these emails clearly demonstrate that ***this group of WHO officials and government employees charged with the responsibility to advise the expert committee of the Japanese government on HPV vaccination safety knew before the February 26, 2014 Tokyo public hearing that one of their own experts showed scientific evidence that HPV vaccination does increase cytokines, including tumor necrosis factor (TNF), particularly at the injection site compared to other vaccines. Yet, they chose to suppress this information at the public hearing.*** Of course, this piece of scientific data which was known to all members of the group, including Dr Robert Pless, the chairperson of GACVS, is also missing from the GACVS Statement on the continued safety of HPV vaccination issued on March 12, 2014.

So why does HPV vaccination increase the level of cytokines, including TNF, at the site of injection compared to other vaccines?

The answer is: HPV vaccines contain HPV L1 gene DNA fragments, the viral DNA fragments, bound to aluminum adjuvants in the vaccines. To understand this, the members of the GACVS should keep up with the recent research and scientific publications on aluminum adjuvants. A brief summary on this subject with 22 key peer-reviewed references is presented as follows.

### Use of Aluminum Adjuvant

Aluminum salts have been used as adjuvants in vaccination empirically to boost immune responses of the host to the protein antigens for many decades. However, the mechanism of the adjuvant effects of aluminum salts has only been recently investigated at the molecular level. It is now generally agreed in

the scientific community that aluminum salts used as adjuvants are toxic and always damage the cells of the host at the site of injection, causing a localized inflammation at the vaccination site. This initial cell damage by the aluminum salt is an essential and necessary step to initiate its adjuvant effects because the free host DNA molecules released from the aluminum salt-damaged host cells act as mediators to trigger augmented immune responses of the host [1, 2]. The free DNA molecules of the dying host cells, also referred to as damage-associated molecular patterns (DAMPs) [3] bind the aluminum salt adjuvant at the site of injection, and the resulting DNA/aluminum complexes are phagocytized by the antigen-presenting cells (APCs) and macrophages. It was known as early as 2003, that when bound to aluminum salts as nanoparticles, free DNA molecules undergo dramatic conformational changes and can be introduced into mammalian cells as a means of gene transfection [4]. In vaccination with aluminum adjuvants, the transfected host DNA activates the pathways that would increase their ability to interact productively with antigen-specific CD4 T cells to boost host immune responses [1, 2].

In plain language, free DNA derived from the dying host cells is needed to be carried by aluminum adjuvants into the APCs or macrophages to function as mediators for boosting immune responses in vaccination.

However, the presence of recombinant HPV L1-specific DNA fragments in the vaccine Gardasil® has disrupted this expected normal immunity response platform in vaccination. The HPV DNA molecules, being of a viral origin, are “non-self” microbial products, also referred to as pathogen-associated molecular patterns (PAMPs). The human body’s defense system can distinguish the PAMPs from the DAMPs in order to mount an appropriate immune response to either the presence of a pathogen or a tissue damage [3].

The amorphous aluminum hydroxyphosphate sulfate (AAHS) nanoparticles which are expected to bind the free host DNA at the site of vaccine injection can also bind the fragments of HPV L1 gene DNA present in the vaccine Gardasil® [5] through a ligand exchange process between the phosphate groups of the DNA molecule and the hydroxyl groups on the aluminum adjuvant surface, similar to a reaction between phospholipids and AAHS in the recombinant hepatitis B vaccine [6].

In other words, Gardasil® has been furnished with a set of ready-made instant DNA immune “mediators” already in the adjuvant, in the form of a viral DNA/aluminum chemical compound, specifically an HPV L1 gene DNA/AAHS complex. The downstream events after transfection into the human macrophages of these viral DNA fragments which are rarely found in the human genome [7] are quite different from those after the DNA of the dying host cells is introduced into the macrophages. Despite similarities between DNA molecules, mammalian cells have the remarkable ability to distinguish viral DNA from their own DNA. The human macrophages are able to recognize the HPV L1 gene DNA as a 'stranger' and a 'danger' signal, and in response produce many antiviral immune molecules, collectively referred to as type I interferons and pro-inflammatory cytokines [8-10].

Massive systemic production of these type I interferons and pro-inflammatory cytokines induces an antiviral state and protects the host, but it also can contribute to endotoxin lethality and autoimmune diseases [9]. Many of these cytokines are myocardial depressants. The two cytokines that show the greatest cardiovascular effects in animals and humans are tumor necrosis factor (TNF)- $\alpha$  and IL-1 $\beta$  [11].

Administration of recombinant TNF- $\alpha$  in animal models is known to cause hemodynamic changes and even death [11].

Injection of Gardasil<sup>®</sup> into animals has been shown to induce unusually early strong innate immune responses with quick releases of a variety of cytokines from the macrophages [12]. Injection of HPV DNA/AAHS complexes into the host is also known to induce a strong immune reaction and a strong CD8 T cell response [13]. Based on experiments with other viral DNA molecules, the recombinant HPV L1 gene DNA fragments transfected into human macrophages would also be recognized as “stranger” and “danger” signal, and invariably activate the macrophages to release numerous antiviral cytokines. Many of these cytokines, including TNF- $\alpha$  and IL-1 $\beta$ , are recognized myocardial depressants [14-18]. Hypotensive shock induced by TNF- $\alpha$  has been well documented among animals [19, 20] and humans [21, 22].

This brief review shows that there is a known molecular mechanism to explain why serious adverse reactions occur more often in people injected with HPV vaccines than with other vaccines, and why certain predisposed vaccinees may suffer a sudden unexpected death as the result of Gardasil<sup>®</sup> vaccination.

It is my opinion that Dr Pless, those whose names appeared in the emails attached to this complaint, and all who blindly dismiss the potential toxicity of the newly created HPV L1 gene DNA/AAHS compound in order to continue to promote HPV vaccinations should be held accountable for their actions. There is no excuse for intentionally ignoring the scientific evidence. There is no excuse for misleading global vaccination policy makers at the expense of public interest.

It is my contention these people have not only violated the Terms of Reference of the WHO Global Advisory Committee on Vaccine Safety (GACVS); they have violated the public trust. Immediate, independent and thorough investigations into their actions with appropriate disciplinary action is the only option available that might restore the public’s confidence in worldwide health authorities.

Thank you for your attention to this matter.

Sincerely,



Sin Hang Lee, MD, F.R.C.P. (C), FCAP  
Director  
Milford Molecular Diagnostics Laboratory  
2044 Bridgeport Avenue, Milford, CT 06460 USA  
Email [shlee01@snet.net](mailto:shlee01@snet.net)

**Attachments:**

GACVS Terms of Reference  
GACVS Statement on the continued safety of HPV vaccination on March 12, 2014  
WHO GACVS emails from February 18, 2014 to February 27, 2014 in chronologic order  
Original FOIA -Attachment obtained in New Zealand

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 9:47 PM  
**To:** HLTtestimony  
**Cc:** natalie@nataliebrownphotography.com  
**Subject:** Submitted testimony for SCR30 on Apr 15, 2016 09:30AM

**SCR30**

Submitted on: 4/13/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Natalie Brown	Individual	Comments Only	No

Comments: Make sure to include information on how extremely dangerous the HPV vaccine can be and the risks. I will never allow my children to get this vaccine. Victims of HPV vaccine in Japan will Sue State and Vaccine Makers: <http://www.thevaccinereaction.org/2016/04/victims-of-hpv-vaccine-in-japan-will-sue-state-and-vaccine-makers/> American College of Pediatricians Latest to Warn of Gardasil HPV Vaccine Dangers: <http://healthimpactnews.com/2016/american-college-of-pediatricians-latest-to-warn-of-gardasil-hpv-vaccine-dangers/> New Concerns about the Human Papilloma Virus (HPV) Vaccine: <http://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine> American College of Pediatricians Warns Parents about Gardasil HPV vaccines: <http://www.thehealthyhomeeconomist.com/american-college-of-pediatricians-warning-gardasil-hpv-vaccines/> Young Girls Convulse on floor after Gardasil shot: <https://www.youtube.com/watch?v=npan3q3dJtY> Dr. Russell Blaylock (retired Neurosurgeon) exposes Gardasil, HPV vaccine fraud: <http://tv.naturalnews.com/v.asp?v=4D703FEAA094BED0DB02BEDC4507765C> WHO, CDC, GACVS Mislead HPV Vaccine Safety Alleges MD in Open Letter: <http://www.greenmedinfo.com/blog/who-cdc-gacvs-mislead-hpv-vaccine-safety-alleges-md-open-letter>

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 6:15 AM  
**To:** HLTtestimony  
**Cc:** tabraham08@gmail.com  
**Subject:** Submitted testimony for SCR30 on Apr 15, 2016 09:30AM

**SCR30**

Submitted on: 4/13/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Troy Abraham	Individual	Oppose	No

Comments: Forcing vaccination to people who don't want or believe in it is taking their own free will and decision.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, April 12, 2016 3:55 PM  
**To:** HLTtestimony  
**Cc:** begoniabarry@gmail.com  
**Subject:** Submitted testimony for SCR30 on Apr 15, 2016 09:30AM

**SCR30**

Submitted on: 4/12/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Barbara Barry	Individual	Oppose	No

Comments: Aloha, I oppose the Dept of H&S to fund this HPV vaccine propaganda. There are many other things that pose a more serious threat to our children like pesticide drift and exposure while they are actually in school as well as serious air pollution from cane burning on Maui. Parents can consult with their doctors. Stop pushing the HPV vaccine on our precious children. Teach them safe sex practices instead. That is something that can actually make a difference. Mahalo, Ms. Barbara Barry

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 3:55 AM  
**To:** HLTtestimony  
**Cc:** katc31999@gmail.com  
**Subject:** \*Submitted testimony for SCR30 on Apr 15, 2016 09:30AM\*

**SCR30**

Submitted on: 4/13/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Katarina Culina	Individual	Oppose	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, April 14, 2016 7:10 AM  
**To:** HLTtestimony  
**Cc:** lisawilford@me.com  
**Subject:** Submitted testimony for SCR30 on Apr 15, 2016 09:30AM

**SCR30**

Submitted on: 4/14/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
LISA WILFORD	Individual	Oppose	No

Comments: I strongly oppose the HPV vaccine to be mandatory, and request more research be done on this agenda. Many healthy childrens lives will be affected and it is a very serious issue. Many parents are not aware of the potential serious side effects related to this vaccine. Please if I may ask to take this very serious do your homework and protect the lives of our children by not passing this bill. Japan has stopped the dispensing of vaccine since 2013. Serious effects such as paralysis,seizures,strokes,cervical cancer and more have been reported and deaths. Please do the research!

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I strongly oppose SCR 30 SD1, HPV vaccine education provided by DOH and DOE for parents of newly entering middle school children.

I have read some of the CDC and FDA samples of HPV vaccine promotional materials. The contents of these pamphlets are misleading and fear mongering. It's sole aim is to get parents to vaccinate their children. It is not dissimilar to SB2316 that was recently deferred, pushing for mandating HPV vaccine on young children just entering middle school.

Most parents are completely unaware of how this and other vaccines can adversely affect their children, and it is always after irreversible damages have been done that the dots are connected. Too many families face the same hardship from vaccine damaged children precisely because we were all uninformed and unaware. We left everything up to the authorities thinking they had our best interest at heart. Please do not agree to this measure until you have thoroughly researched the other side, the side that is aggressively censored and hidden from the public eye.

You may not know that Japan has halted the dispensing of this vaccine since 2013 because the health ministry was inundated with videos from parents who's children were having seizures or paralyzed and other serious adverse reactions to the vaccine. The families of all the vaccine injured children are currently filing a class law suit against the vaccine manufacturers beginning June of 2016.

You may not be aware that the European Medicines Agency, equivalent to the FDA, convened a Scientific Advisory Committee in response to mounting HPV vaccine damage among European Union teenagers. And even though this vaccine has been the center of countless lawsuits and legal actions in France, India,

Japan, Spain, and with many other countries globally sounding alarms since 2006, you may not have heard because it is hushed away from mainstream media.

If you pass this resolution, it will cause much avoidable harm. If your desire is to wish for the parents to be educated, rather than pushing this vaccine, give them truthful information.

Tell them about the human papilloma virus and how this is something that can only be acquired by being sexually active. Tell them it is not an airborne pathogen, meaning you cannot breathe it in by talking to someone, or sitting next to someone or playing tag. Tell them there are 200 different strains of this virus, and the vaccine only aims at 2 of the 200 strains, and is not a guarantee against acquiring genital warts. Tell them most infections do not cause disease. And in fact, most infections regress to subclinical on its own without treatment, which means, without observable or detectable symptoms.

Tell them about the risks of this vaccine by explaining the chemical ingredients, such as aluminum, polysorbate 80, sodium borate to name a few. Tell them that aluminum migrates into the body and reaches the brain where it accumulates causing numerous adverse effects - convulsions, paralysis, transverse myelitis, or inflammation of the spinal cord interrupting communication with the rest of the body, chronic fatigue syndrome, autoimmune diseases, pulmonary embolism, which means arteries in the lungs become blocked by blood clot, infertility and death to name a few. Tell them clearly that this vaccine has not been proven to help to prevent cancer. Cancerous states are only for those that are extremely immune compromised and therefore with persistent infections, and poor diet and life style.

Tell them this vaccine is made from recombinant which means

genetically modified HPV DNA, and that there are peer-reviewed medical journals containing documented links between HPV vaccination and a class of newly recognized, neurodegenerative disorders, under the name of Acute Disseminated Encephalomyelitis, which are a highly likely cause for the commonly reported seizures physical and mental impairments, or even deaths.

Tell them these vaccinations are recommended to prevent a cancer that may or may not happen 40 years later, but that the duration of this immunity of vaccine is not anywhere near that. Provide information and resources on healthy relationships, abstinence and good nutrition. Tell them the importance of a well nourished body and how it supports a strong immune system and that a strong immune system can be a sure road to good health. Last but not least, offer them nutritional supplements to help ward off viral, bacterial and fungal invasions, and to maintain good health.

Please do not open the floodgates to unnecessary suffering to the children and their families. Do not do this to the people that have placed trust in you. Our children are not dispensable pawns. You have been chosen by the people to stand for us and by us. You are on the front lines of ensuring that the people, especially the children of Hawaii thrive. Please oppose SCR30 SD1.

Thank you.

Susan Higa  
Kapolei

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, April 14, 2016 12:48 AM  
**To:** HLTtestimony  
**Cc:** loisjyoung@gmail.com  
**Subject:** Submitted testimony for SCR30 on Apr 15, 2016 09:30AM

**SCR30**

Submitted on: 4/14/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lois J Young	Individual	Oppose	No

Comments: Dear Chairman and Committee Members. I am in STRONG OPPOSITION to SCR30. I believe this will be a waste of our tax dollars as it will be SLANTED in favor of the pharmaceutical recommendations and ignore other alternatives. The push towards "education" about HPV becomes the gate to mandating Gardasil a known neurotoxic vaccine that has been BANNED in Japan and Spain, I STRONGLY OPPOSE this bill.

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Today's date: 4-13-16

Hearing: Friday April 15th, 2016 9:30am Conference room 329

RE: Strong opposition to SCR30 SD1 pertaining to HPV vaccine education for middle schools

TO: House of Representatives

## COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Richard P. Creagan, Vice Chair

Rep. Mark J. Hashem

Rep. Marcus R. Oshiro

Rep. Jo Jordan

Rep. Beth Fukumoto Chang

Rep. Bertrand Kobayashi

Rep. Andria P.L. Tupola

Rep. Dee Morikawa

## COMMITTEE ON EDUCATION

Rep. Roy M. Takumi, Chair

Rep. Takashi Ohno, Vice Chair

Rep. Henry J.C. Aquino

Rep. Sam Satoru Kong

Rep. Isaac W. Choy

Rep. Calvin K.Y. Say

Rep. Linda Ichiyama

Rep. Clift Tsuji

Rep. Kaniela Ing

Rep. Lauren Kealohilani Matsumoto

Rep. Ken Ito

Rep. Andria P.L. Tupola

Dear Honorable Representatives,

I completely understand the need and desire to help prevent the terrible, pervasive disease of cancer in our society. However, when a medical treatment, medicine, or vaccine is riddled in as much controversy as this vaccine, it would be extremely careless of you to push an educational agenda in schools involving said vaccine, until better safety and efficacy has been proven. Trading lifelong disabilities and suffering for inconclusive cancer prevention is unacceptable. We elect you to represent us and to protect us. Before you vote on these measures please do your homework on both sides of the issue; the lives of many young children in Hawaii are depending on it.

In January of 2016 the American College of Pediatricians sounded the alarm on the HPV vaccine:

"It has recently come to the attention of the College that one of the recommended vaccines could possibly be associated with the very rare but serious condition of premature ovarian failure (POF), also known as premature menopause." The polysorbate 80 component of the vaccine demonstrated ovarian toxicity in research studies.

<http://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine>

This is only one of the 42,165 adverse events that are being reported to the Vaccine Adverse Events Reporting System (VAERS). Paralysis, seizures, strokes, multiple sclerosis, CERVICAL CANCER, and 236 deaths just to name a few more. The aluminum adjuvant in the Gardasil vaccine has been linked to autoimmune responses as well as cerebral inflammation in mice. Funny how this study has been "temporarily removed" from PubMed.

I do have a copy of the full research paper I can forward you if you'd like to read.

[Unbound MEDLINE : Behavioral abnormalities in young female mice following administration of aluminum adjuvants and the human papillomavirus \(HPV\) vaccine Gardasi](#)

Dr. Diane Harper, Director of the University of Missouri's Gynecological Cancer Prevention Research Group, and THE LEAD DEVELOPER of the Gardasil (HPV) vaccine, actually stated in a September 2009 ABC News Report that "the rate of serious adverse events from the vaccine is greater than the rate of cervical cancer" (that it is supposed to prevent!!) It is beyond my comprehension and ALL common sense how this vaccine is still on the shelf today after its own creator deemed it unnecessary and dangerous.

<http://www.feelguide.com/2013/07/16/lead-developer-of-hpv-vaccines-comes-clean-warns-parents-young-girls-its-all-a-giant-deadly-scam/>

Japan has halted the recommendation of this vaccine since 2013, and is currently involved in a class action lawsuit filed against the government as well as Merck and GlaxoSmithKline. The European Medicines Agency (equivalent to our FDA) recently convened a Scientific Advisory Committee in response to the mounting HPV vaccine damage reports among it's teenage girls. Yet here we are in Hawaii trying to create an educational agenda, and no doubt another vaccine mandate, for an American-Made drug.

It's starting to appear that greed and profits of big pharma, who since a 1986 law sheltered them from all liability for vaccine injuries, are more important than the health and safety of our children. I am not anti-vaccine, but I am a concerned parent of 11 and 13 year old children who expects proper research, safety, and transparency in our pharmaceutical industry. This vaccine is in no way about "the herd immunity" or the "greater good". This is clearly about money.

When you walk into a pharmacy to pick up a prescription medication, you also receive a package insert with disclosure of all potential side effects, so one can make an informed decision. "Informed Consent" is part of the AMA's Code of Ethics. Parents are not offered information



regarding efficacy statistics, nor the severity of potential side effects for this vaccine. They unknowingly, and in complete trust accept their physicians recommendation. My good friend's completely healthy, beautiful, athletic, daughter suddenly began having seizures a month ago. She had the Gardasil vaccine 3 weeks prior but her doctor has never spoke of a connection....because sadly, he probably is in the dark as well.

**WHO, CDC, GACVS Mismatch HPV Vaccine Safety Alleges MD in Open Letter:**

<http://www.greenmedinfo.com/blog/who-cdc-gacvs-mismatch-hpv-vaccine-safety-alleges-md-open-letter>

This vaccine needs to be pulled from the market..not have an educational program created around it. PLEASE become educated about the dangers and blatant fraud involved with this vaccine. Do not just blindly pass this agenda. Do not allow one more child to become injured.

Respectfully,  
Dr Kimberly Haine

From: Dr. Kimberly Haine  
Re: Testimony in Opposition

April 13, 2016

To: Representative Della Belatti, Chair of House Committee on Health  
Representative Richard Creagan, Vice Chair of House Committee on Health and Committee Members  
Representative Roy Takumi, Chair of House Committee on Education  
Representative Takashi Ohno, Vice Chair of House Committee on Education and Committee Members

From: Cheryl Toyofuku

RE: Strong Opposition to SCR 30 S.D. 1 relating to the Human Papilloma Virus (HPV) Vaccine

Hearing: Friday, April 15, 2016, State Capitol Room 329

I am a mother, grandmother, registered nurse and health advocate. I strongly oppose SCR 30 S.D. 1. This “educational” resolution is obviously preparing unsuspecting parents and children of public middle schools for the re-introduction of the recently deferred SB 2316 bill that will “REQUIRE a child to receive at least one dosage of the HPV vaccine prior to attending 7<sup>th</sup> grade.” The fast-tracked agenda for HPV vaccine promotion and eventually mandating it is very obvious and here are valid reasons why this agenda must NOT proceed:

- **VACCINE DECISION:** Medical information and counsel on the sexually transmitted Human Papilloma Virus, the HPV vaccine and cervical cancer is already widely disseminated by doctor’s offices to parents. Decisions to vaccinate or not to vaccinate against the virus are a PRIVATE medical matter that DOES NOT need the involvement and promotion from the Department of Education. The “educational information” from the Department of Health will no doubt be flawed with biased material from the vaccine manufacturers and national/international health authorities (CDC, ACIP). Unfortunately, there is increasing evidence that vaccine policies developed by these “health authorities” are compromised by conflicts of interest and profit gain, thereby violating the public’s confidence and trust in them.
- **VACCINE INGREDIENTS:** The HPV vaccine contains 3 horrific ingredients with potential for serious health consequences: polysorbate 80 (known to cause infertility in mice and anaphylactic reactions & immune system problems in humans), aluminum (neuro-brain toxin), and sodium borate (also found in rat poison, pesticides & flame retardants, and interferes with sperm production & male fertility when given to animals at high doses).
- **VACCINE RISKS:** The HPV vaccines, Gardasil and Cervarix have generated evidence of historic proportions of damage from these vaccines globally. Japan suspended recommending this vaccine in their country due to mounting adverse reactions from the shot. The United States, India, France, the United Kingdom, Australia, New Zealand, Ireland, Scotland, Denmark, Spain, Norway, Italy, Brazil, Columbia, The Czech Republic, Israel South Africa and others have all sounded the alarm about serious, widespread adverse reactions from the HPV vaccine. In our country, the HPV Vaccine’s Adverse Events Reporting System has listed 42,165 total adverse events, including disabilities (1,394), deaths (236), did not recover (8,051), abnormal pap smear (606), cervical dysplasia (268), cervical cancer (104), life threatening (713), emergency room (12,995), hospitalized (4,131), extended hospital stay (278), serious events (5,618), including seizures, Guillan Barre Syndrome, facial paralysis, brain inflammation, rheumatoid arthritis, lupus, blood clots, optic neuritis, multiple sclerosis, strokes, heart and other serious health problems following the HPV vaccine shot.
- **VACCINE INEFFECTIVENESS:** The necessity and effectiveness of the HPV vaccine are also grossly misrepresented. There are over 150 strains of the HPVirus and the vaccine addresses only 2 strains (HPV 16 & 18) that can lead to cervical cancer. Gardasil has not been proven to prevent cervical cancer. Studies confirm that most women who contract HPV do NOT develop cervical cancer and approximately 90% of HPV infections clear up on their own within 2 years. Cervical cancer is most prevalent at age 40, so why is a toxic vaccine being given to eleven year old children when it is unknown how long the vaccine protection lasts? The prescribing information for Gardasil states, *“the duration of immunity following a complete schedule of immunization with Gardasil has not been established.”*

The HPV vaccine is completely unnecessary, unsafe and ineffective and should NOT be promoted through the DOH and DOE to our parents and children. Will the State be liable for the care of vaccine-injured children? As our lawmakers, you are encouraged to promote and provide resources to parents and children on healthy lifestyles (including abstinence) and health care that build up our natural immunity, instead of promoting and mandating toxic vaccinations.

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 8:19 PM  
**To:** HLTtestimony  
**Cc:** javanut418@aol.com  
**Subject:** Submitted testimony for SCR30 on Apr 15, 2016 09:30AM

**SCR30**

Submitted on: 4/13/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Chao	Individual	Oppose	No

Comments: I oppose this bill because the intent of SCR 30 SD1 is to scare parents and students in to getting this dangerous vaccine without properly informing them of the serious dangers of these vaccines. The following links are related to the dangers of the HPV vaccine and this information must be included in any educational materials disseminated to parents. Sample HPV vaccine flyer to parents (link from DOH to CDC): <http://www.cdc.gov/vaccines/vpd-vac/hpv/downloads/dis-hpv-color-office.pdf>  
<http://www.cdc.gov/vaccines/who/teens/products/print-materials.html> Victims of HPV vaccine in Japan will Sue State and Vaccine Makers: <http://www.thevaccinereaction.org/2016/04/victims-of-hpv-vaccine-in-japan-will-sue-state-and-vaccine-makers/> American College of Pediatricians Latest to Warn of Gardasil HPV Vaccine Dangers: <http://healthimpactnews.com/2016/american-college-of-pediatricians-latest-to-warn-of-gardasil-hpv-vaccine-dangers/> New Concerns about the Human Papilloma Virus (HPV) Vaccine: <http://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine> American College of Pediatricians Warns Parents about Gardasil HPV vaccines: <http://www.thehealthyhomeeconomist.com/american-college-of-pediatricians-warning-gardasil-hpv-vaccines/> Young Girls Convulse on floor after Gardasil shot: <https://www.youtube.com/watch?v=npan3q3dJtY> Dr. Russell Blaylock (retired Neurosurgeon) exposes Gardasil, HPV vaccine fraud: <http://tv.naturalnews.com/v.asp?v=4D703FEAA094BED0DB02BEDC4507765C> WHO, CDC, GACVS Mislead HPV Vaccine Safety Alleges MD in Open Letter: <http://www.greenmedinfo.com/blog/who-cdc-gacvs-mislead-hpv-vaccine-safety-alleges-md-open-letter> I urge you, from parent to parent, to really think about the children, and take your responsibility seriously. Do your due diligence and read about the dangers of the HPV vaccine before you vote. This information must be included on the educational materials, no matter how ugly it is. It is not worth the risk to the next generation.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, April 14, 2016 11:37 AM  
**To:** HLTtestimony  
**Cc:** rbkarasuda@hotmail.com  
**Subject:** \*Submitted testimony for SCR30 on Apr 15, 2016 09:30AM\*

**SCR30**

Submitted on: 4/14/2016

Testimony for HLT/EDN on Apr 15, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
RaeDeen Karasuda	Individual	Oppose	No

Comments:

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