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Dear Committee Members:

RE: HB1161

I am writing as a physician and as someone with first-hand experience in dealing with HPV vaccine and its attendant risks and benefits. For privacy considerations, I will say only that a very close family member is the party involved. I have had 15 years to consider the ramifications of this issue and I speak from having evaluated the CDC and FDA data, the scientific literature, numerous conversations over the years with luminaries in the field, and regrettably, my personal observations.

The afflicted individual received HPV vaccine within a year of its introduction by a trusted pediatrician. No information sheet was offered and there was no real discussion of the risks and benefits, which frankly were largely unknown and unforeseen at the time. Within a few weeks, the arm in which the vaccine was administered became swollen and severely inflamed and the victim in severe pain. Thereafter, fever developed and the patient became anemic and barely functional, with very abnormal blood tests. Leukemia was suspected. Numerous specialists were consulted and the pain was so intense that morphine was required for control. Numerous biopsies and medical procedures followed and resulted in no diagnosis. The inflammation required high doses of steroids for control and side effects developed. Over the following years, other symptoms occurred including 4 strokes, numerous ministrokes, severe headaches, generalized pain, the need for 5 spinal taps and many other procedures. Years later, it's clear that a lifetime of toxic medications will be required to prevent further complications.

This life altering illness is a direct result of the vaccine administration. Only an ignorant person would dismiss the temporal relationship to the vaccine, the location of the problem and the subsequent illness to an unfortunate coincidence.

In retrospect, to be sure, no one would have subjected a family member to this. Certainly, the reaction is unusual, but was it necessary, much less mandatory, as has been proposed elsewhere?

HPV is not measles, smallpox or polio. It is not life threatening or epidemic causing. The vaccine is discretionary. Your children are better protected by safe sex practices. Most infections, probably 90% or more, are cleared by the body naturally. When not cleared, the incidence of cervical cancer is very low, the disease

easily screened for and generally easily treated. The billions of dollars spent on vaccines is likely better spent on education and screening; indeed, vaccination is not a substitute for screening.

So, one should certainly be allowed to choose HPV vaccination, but they should understand that it is not a cure or substitute for safe sex and cancer screening. When choosing, parents and vaccine recipients should understand all the attendant risks. In particular, children should not be “collateral damage” to protect the public from a relatively few cases of cancer. How many of your children have to have major adverse effects to justify this?

Sincerely,

Scott J. Ratner, M.D.