House Bill 1161

Favorable

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of the

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Written Testimony on house Bill 1161

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I urge committee members to vigorously support HB 1161. It is difficult to image a reason not to do so. Instinctively, who would want to consent to a medical intervention for themselves – let alone for their children or loved ones –that could result in life-altering harm or even death without first knowing the risks, benefits and alternatives? This is reason enough to support HB 1161.

The bill is needed because governmental public health agencies not only fail to provide balanced information about the risks, benefits and alternatives to the HPV vaccine, the information they provide is misleading and potentially harmful. The information ignores the dangers and overstates the vaccine's benefits while encouraging people to take the vaccine.

The Center for Disease Control (CDC) claims that the HPV vaccine is safe, and the Maryland Department of Health is now promoting HPV vaccinations on a new web page with links to the CDC to assure Maryland residents that the vaccine is safe. The CDC website says the "HPV vaccine is very safe" and adds that 15 years of monitoring and research continues to show it is safe. Further, it contends that the vaccine provides long-lasting protection against cancers caused by HPV.

First, there is the question: On what basis does the CDC define a vaccine to be safe? On its web page where it contends the vaccine is safe, it reports on a study of the number of adverse reactions to

the vaccine between the years from 2014 to 2017. It states that 97 percent of the adverse effects were not serious. This may seem reassuring at first glance, but it also means that 3 out of a 100 hundred injuries were serious. Moreover, it is widely acknowledged that reporting system (the CDC's *Vaccine Adverse Event Reporting System*) significantly under-reports the number of vaccine injuries, so the percentage of serious injuries is likely much higher.

Important information about the likelihood of serious injury is essentially buried in the CDC safety advice and does not even exist on the Maryland Health Department's HPV vaccine information web page. Nor does the fact that prior to COVID-19 there were more reported cumulative injuries for Merck's Gardisal vaccine than for all other vaccine injuries since 1990 when VAERS started collecting injury data.

The claim that benefits of the vaccine are long-lasting can be easily dismissed. Deaths from cervical cancer occur when women are in their mid-50s, but the vaccine wasn't available until the year 2006 or later in terms of its widespread use. Consequently, young girls who received the vaccine as teenagers, for example at 14 years-old in 2006, would only be 31 years-old this year. It is obviously impossible to know what the long-lasting benefits – or harms – are for this early cohort of teenagers who received the vaccine.

The CDC states that the "HPV Vaccine does not cause fertility problems." But it does not provided evidence to back up this claim. Rather, it states that if women have a cervical cancer caused by HPV it will limit their ability to have children, and that the "treatment for cervical pre-cancer could also put women at risk for problems with their cervix, which can sometimes cause preterm delivery." Neither statement has anything to do with providing evidence that the HPV vaccine does not hamper fertility.

In 2009 and 2012, Merck and GSK's HPV vaccines where tested on 23,000 young girls in India. At least 1,200 of the girls – 1 in 20 -- suffered severe side effects including autoimmune and fertility disorders. Seven died – ten times the cervical cancer death rate in the US. The Indian government suspended the trials appointed a special committee to investigate the trials. The committee found pervasive ethical violations. In 2010 the Indian Council of Medical Ethics found that the experiment on the violated India's medical protocols, and in 2013 a special Indian parliamentary committee found that the non-governmental group conducting the experiments "sole aim [had] been to promote the commercial interests of HPV manufacturers who would have reaped windfall profits …."

The informed consent requirements of HB1161 are also necessary because the medical

establishment routinely conceals from a credulous public that vaccine science is largely funded by interested parties which produce studies that advance the funder's agenda first, and then, if at all, the public's. Vaccine research is almost entirely funded by governmental bodies and pharmaceutical companies who both have clear vested interests in the success of vaccine programs. Consequently, it is not surprising the companies and government have no interest in funding studies that may find problems with vaccines safety and effectiveness.

Instead, their objective is to produce studies that confirm vaccines are safe and effective in order to shore up trust in vaccines and give the impressions that the "science on vaccines is settled". And laypersons should unquestioningly accept the "scientific consensus" of vaccine experts.

A prime example of faulty research relating to the HPV vaccine is discussed in the book, *Turtles All the Way Down: Vaccine Science and Myth.* The book contains a critical analysis of an HPV vaccine study which is questionable at best and corrupted at worst, yet the research study is included in a long list of studies the CDC uses to make sweeping claims about the safety of the HPV vaccine.

The study ("Autoimmune Disorders and Quadrivalent Human Papillomavirus Vaccination of Young Female Subjects", *Journal of Internal Medicine* (2014), Lamiae Grimaldi-Bensouda) concluded that Merck's Gardisal HPV vaccine does not increase the risk of autoimmune diseases. A cursory look at the paper gives the impression that it was an academic study done by medical doctors and academics. However, the study was funded by a company jointly owned by Merck. In addition to funding the vaccine study, the jointly owned company paid members for the scientific committee overseeing the study. Almost half of the authors of the study had previously received payments and grants from numerous pharmaceutical companies, including from Merck.

The entity that actually conducted the research was a private company that the study's lead author was employed by. The company provided consulting services to the pharmaceutical industry and one of the services it provides is "cutting edge outcomes research designed to demonstrate the benefits to patients that products and health technologies provide." In other words, the company does studies that make its clients' products look good.

A fundamental weakness in the Grimaldi study is that it is fairly easy to skew results by selecting who is and isn't in the control group. Also the control group was selected from a proprietary medical database, and the study provided no evidence that the data were representative of the entire population. In addition, the study claimed that members of the control group were selected randomly. But there is no way of verifying this other than taking company's word as proof.

We are asked to take the word of a company working for a company, Merck, that a few years earlier at about the time it introduced its Gardisal HPV vaccine was floundering to recover from a $7 billion court settlement related to criminal charges that the company had knowingly killed between 100,000 and 500,00 Americans by defrauding customers about the safety of its pain killer Vioxx.

In summary, we are left with “a seemingly innocent academic study exploring the link between Gardisal and autoimmune diseases [that] was actually commissioned and sponsored by the vaccine’s manufacturer and performed by a private company that specializes in delivering favorable epidemiological studies to its clients.”

Despite the gross conflicts of interest and the design faults of the study, the CDC, the Academy of Pediatrics, and the general medical literature refer to the study as evidence the HPV vaccine is safe and effective. Given the lack of vigilance in catching egregious problems with this HPV vaccine safety study, it is reasonable and prudent to be skeptical about the soundness of other studies the CDC relies on to support its claim that the HPV vaccine is safe. And it another important reason why HB1161 is necessary.

Since deaths from cervical cancer occur on average at age 58 in the United States and affect a very small percentage of women, and since nearly all deaths from the cancer are preventable with early detection by Pap smears, any vaccine given to young girls to prevent the low risk of preventable death half a century from now ought to be 100 percent safe. But there is no evidence that the HPV vaccine is even close to this standard.

Finally, as a practical dollar and cents matter, spending money on a costly vaccine, even if it were safe and effective, wastes resources when an alternative, preventive option already exists that has been proven safe and effective and is less expensive. Pap screening combined with loop electrosurgical excision procedures (LEEP) is almost 100% effective in preventing cervical cancer mortality. Moreover, even when the HPV vaccine is given, Pap screening is still necessary, and the added cost of the HPV vaccine translates in to hundreds of millions of health-care dollars wasted.

The bottom line is that the benefits to Merck’s profits are great while health benefits to women are uncertain at best and harmful at worst. The the best available evidence points to the latter.