

ALLEGHENY COUNTY HEALTH DEPARTMENT

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FORUM ON HPV

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ADELMAN REPORTERS
302 Torrey Pine Drive
Mars, Pennsylvania 16046

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1 DR. HACKER: So, I'm Dr. Hacker. I'm the Director of the
2 Allegheny County Health Department and before we get started, I just want to
3 introduce everyone up here. Councilman, you want to start

4 COUNCILMAN FINNERTY: Sure. I'm Councilman Mike Finnerty.
5 I represent District 4 which is the south, west part of Allegheny County. If you
6 would think of Scott, Carnegie, Crafton, Robinson, Kennedy, out that way,
7 Neville and so on, there are 16 municipalities that I represent. Thank you.

8 COUNCILWOMAN KIRK: Hi. I'm Cindy Kirk. I'm a
9 councilwoman from District 2 which is pretty much of the North Hills, the north,
10 north hills, down to the river. Thank you.

11 DR. SHAPIRO: I'm Edie Shapiro. I'm a physician. I'm a member
12 of the Board of Health.

13 COUNCILMAN DEMARCO: I'm Sam DeMarco. I'm the at-large
14 member or one of the at-large members on Allegheny County Council.

15 COUNCILMAN PALMIERE: Hi, everyone. I'm John Palmiere. I
16 represent District 6 which is the Route 51 corridor.

17 DIRECTOR HACKER: Thank you very much, Council, for being
18 here tonight and to our Board of Health member. The purpose of tonight's
19 forum is to hear from the public about their perception of whether or not the
20 Allegheny County Health Department Board of Health should consider
21 mandating HPV vaccine for entry to seventh grade. This is a vaccine and I'm
22 just going to give a little bit of an overview for those who may not be aware. So,
23 the HPV vaccine stands for human papillomavirus. It is a virus that causes
24 cancer. It's responsible for about 32,000 associated cancers annually in this
25 country, most of which are in females but we see a lot of males already. They

1 tend to be circle cancers or cancers affecting the head and neck, the oral
2 pharyngeal cancers. The vaccine has been around for quite a while. It's been
3 viewed to be quite safe and it has been recommended strongly by the Centers
4 for Disease Control, the Academy of Pediatrics, and many other organizations.
5 The challenge at this point is since the vaccine is not mandated, our rates of
6 completion of the vaccine in this country are rather low, and particularly in
7 Allegheny County, thanks to some work that's been done by our colleagues at
8 the Jewish Health Care Foundation, we found that the rates were literally below
9 20 percent for completed vaccinations. There are three vaccinations that have
10 to be given for a complete series. With that, we had decided as a Health
11 Department that we were going to ask school nurses this year to begin
12 reporting vaccine information on HPV to us so that we could begin to get a
13 really clear understanding of how many children were being vaccinated. During
14 that last board meeting which was held in May, the board asked us as staff to
15 consider whether or not a mandate might be feasible and the first step in that
16 was to begin to hear from the public about whether this is something that we
17 would want to go forwarded with in Allegheny County.

18 So, I do want to make sure that everyone understands that tonight
19 is not an official public forum in terms of a vote that's been taken. It is really an
20 opportunity to hear people's voices in terms of what they are thinking. We
21 invited all of our members of our council to attend to also be able to hear what
22 was going on and obviously members of our Board of Health. So, before we
23 get started because really this is a forum that's really about the public and not
24 about us telling you our thoughts, I do want to make sure that I answer any
25 specific questions on the science. So, if there are any particular questions, this

1 would be a good time either from the council or from the audience. Yes, sir.

2 UNKNOWN SPEAKER: Would you be so kind as to review the
3 known side effects, the proven side effects, of the vaccine?

4 DR. HACKER: Yes. The side effects of the vaccine, I'm just
5 going to pull this up. I'm trying to find it at this point but having read it earlier
6 today, 97 percent of the side effects from this vaccine were deemed to be low
7 grade which means that they were things like pain, redness, swelling of the
8 arm, mild fever, headache, nausea, muscle and joint pain. And, as you know,
9 there is a registry of vaccine side effects. Okay. So, we have a list and I'm
10 going to turn this over to Abby Wilson who is our Deputy for Public Policy in our
11 department to sort of give people the ground rules. Thank you.

12 MS. WILSON: Thanks. Thanks for you who signed up in
13 advance as well as those of you who are just joining us today. Every individual
14 speaker will have three minutes. I'm going to call the first speaker as well as
15 the person that comes up next so you know that you're ready and we can move
16 through as many speakers and collect as many perspectives as possible. The
17 limit is a hard three minutes. If you're mid sentence, you can complete the
18 sentence but please be respectful of that. We do have a visual timekeeper as
19 well. Is that right, Joe?

20 JOE: Yes.

21 MS. WILSON: Yep.

22 JOE: Yes. This will be set for three minutes. When you get a
23 bleep, when the yellow light comes on, it means you got one minute to stop
24 whatever you're doing.

25 MS. WILSON: Okay. So, Bonnie, our beautiful (inaudible) is not

1 necessary. Thank goodness for modern technology. So, when you see – if
2 you're speaking and you see the yellow light, that means you have one minute
3 left. This is not a time to ask questions. We will be collecting all of the
4 testimony and we can address those if we need to at a later date. Also, I just
5 want to make sure everybody is aware that the forum is being audio recorded
6 so that we can have a full transcript in order to report accurately to the Board of
7 Health at its July 13th meeting. Any other questions? Okay. Our first speaker
8 will be Dr. Trisha Pell and then after Dr. Pell will be Joann Sullivan. Joann, are
9 you here? Okay. Perfect. So, whenever Trish's done, you'll be up next.

10 DR. PELL: Am I here?

11 MS. WILSON: Yep, and the microphone is on.

12 DR. PELL: Okay. Good evening. Thank you for inviting me to
13 speak tonight. I'm Dr. Trisha Pell. I'm a pediatrician and Medical Director for
14 Quality and Safety at Children's Community Pediatrics here in Pittsburgh.
15 Human papillomavirus or HPV, as Dr. Hacker introduced earlier, is the most
16 common sexually transmitted disease in the United States. Nearly 79 million
17 Americans are currently infect with HPV with 14 million cases each year. It's a
18 leading cause of cervical cancer in women and it's associated with the
19 development of oral cancer in men and women. But the good news is that HPV
20 infection and the diseases associated with it are preventable through safe and
21 effective vaccination. Many of you in the audience are parents. I am too.
22 When your children were infants and toddlers, you armed them with protection
23 from disease and illness through immunizations and now as they grow older,
24 that same level of protection is equally important. So, that's why I along with
25 my early 200 pediatrician colleagues at CCP strongly recommend that all of our

1 young adolescent patients, boys and girls, be vaccinated against HPV in
2 accordance with the guidelines from the Centers for Disease Control. This year
3 in 2016 we have committed too undertaking a system wide quality improvement
4 initiative across all 40 of our primary care offices to fully vaccinate the 108,000
5 patients between the ages of nine and 18 that are seen each year in our
6 practices. But we cannot do it alone. In addressing the public health threat that
7 is HPV infection starts at home, I urge the board to strong consider mandating
8 the HPV vaccine for the safety and sake of our county's children and their
9 future. I have vaccinated my children to protect them from HPV disease. Will
10 you? Thank you.

11 MS. WILSON: Thank you. Joann? I'm sorry, up next will be
12 Brenda Cassidy. Brenda, are you here? Okay. Then, up next will be
13 Councilman Dan Gilman. Thanks.

14 MS. SULLIVAN: Good evening. My name is Joann Sullivan. I'm
15 the Executive Director of the Pennsylvania Immunization Coalition. I represent
16 18 local immunization coalitions across Pennsylvania. These are volunteers of
17 nurses, physicians, community members, business, anyone who recognizes the
18 merits of immunization. We're also associated with the ten county municipal
19 health departments across the Commonwealth. We also work very closely with
20 the Pennsylvania Department of Health, people with the same message out
21 there to the public.

22 Our mission as a coalition is to educate both the public and the
23 clinicians on the latest and greatest immunizations. We also insure access to
24 all of those recommended immunizations and thirdly, PAIC advocates for the
25 best laws to give us the best protection against vaccine preventable diseases.

1 I am here because PAIC OR THE Pennsylvania Immunization
2 Coalition, our acronym, supports Allegheny County's Health Department's
3 initiative to educate the public about HPV and also in helping to decrease the
4 rates of HPV related cancers, 32,000 cases of HPV related cancers each year
5 in this country. In the past five years I've been around to hear many comments
6 from the public. They vary from those who accept immunizations with their
7 merits of saving lives, saving us from illness, saving us from hospital related
8 costs, that they're on board with vaccination. Those who do quote research on
9 their own who find that there are many problems with the HPV vaccine; that it's
10 actually not prudent to have them vaccinated with HPV and those who actually
11 have had HPV probably in the past. Those who have had hysterectomies and
12 didn't know how to classify them but now looking back they probably had HPV
13 disease. And those that also view HPV vaccination as an open door to sexual
14 activity, something that is not true at all. I'm a public health nurse. I'm a mother
15 and a grandmother. I, speaking for my colleagues, would never recommend
16 any vaccine, HPV or any other, that would do any harm to the children that we
17 give them to. If anyone of you have not seen the film Someone You Love, I
18 encourage you to look at our website, Immunizaepa.org and fine out how to
19 view that. You will never think of HPV disease again in the same way. Thank
20 you so much.

21 MS. WILSON: Councilman Gilman and next up with be Dr. Joyce
22 Penrose.

23 COUNCILMAN GILMAN: Good evening, Dr. Hacker, board
24 members, council members. Thank you for having me tonight. It's nice to be
25 on this side of a public comment for once and knowing what it feels like, I will

1 move quickly. I'm Dan Gilman, City Councilman for District 8. I'm here today in
2 support of the Allegheny County Health Department's proposal to mandate the
3 human papillomavirus vaccination for children aged 11 and 12 in Allegheny
4 County. Even though the vaccination is approved for boys and girls ages 9
5 through 28 and covered by private insurers, the Affordable Care Act and the
6 Federal Vaccines for Children program for uninsured families, only 27 percent
7 of teenage girls and 21.7 percent of teenage boys in the Pittsburgh region have
8 completed the three-dose vaccination as recommended by the Center For
9 Disease Control, the American Academy of Pediatrics and the American
10 Academy of family Physicians. Unfortunately, these rates are even lower in
11 Allegheny County's minority and low income communities. The HPV vaccine is
12 proven to curb the spread of HPV especially the four strains of the virus that are
13 most likely to lead to cases of anal, vaginal and cervical cancers. Each year
14 there are 27,000 new diagnoses of HPV related cancers many of which could
15 have been prevented through the vaccination. The Jewish Health Care
16 Foundation is embarking on a mission to raise vaccination rates and prevent
17 HPV related cancer in Allegheny County and I commend them for this historic
18 step. I thank the Jewish Health Care Foundation, Allies for Children and other
19 organizations across our region for their steadfast support of the HPV vaccine
20 mandate and for their important advocacy for the health of our region. Adding
21 HPV vaccine to the required list of vaccinations will cut down on costs
22 associated with the infection and HPV related cancer treatments later in life and
23 most importantly it will save lives of our residents in the City of Pittsburgh and
24 Allegheny County. I'm in full support of this mandate and I appreciate your time
25 and consideration. Thank you.

1 MS. WILSON: Dr. Penrose and Brenda Cassidy, have you joined
2 us? Okay. Thank you. Then, after Dr. Penrose will be Dr. Miriam Cramer. Dr.
3 Cramer, okay. Well come back to these people. After that will be Nancy
4 Zurantz. Thanks.

5 DR. PENROSE: Hi. My name is Joyce Penrose. I'm a family
6 nurse practitioner. As a nurse practitioner caring for adolescent (inaudible), I
7 encourage them to start the HPV series. Sometimes (inaudible). Sometimes
8 not. When their (inaudible). (Inaudible) refused the HPV vaccine. Their
9 greatest concern is that they do not know enough about it because it was too
10 new. Sometimes they indicated that when their daughters were 18, they could
11 make their own decision. They didn't want to do anything that would hurt them.
12 Often they would volunteer that their daughters pediatrician had recommended
13 it and they expressed the same concern at that time and refused the vaccine
14 then too. (Inaudible) some information about the vaccine seems important if
15 parents are going to feel comfortable and not coerced if vaccine administration
16 is mandated. A recent study of local nurse practitioners revealed that they
17 didn't know the most important factors affecting parents' intention to have their
18 sons and daughters vaccinated against HPV, parental knowledge about HPV,
19 parental knowledge about the HPV vaccine and parental (inaudible) about the
20 likelihood of their teens contracting HPV. A number of studies have
21 demonstrated that the recommendation of providers that HPV vaccine be given
22 is (inaudible) to acceptance by parents. Indeed, many studies have shown this
23 is the most important factor. (Inaudible and a recent study of nurse
24 practitioners show, however, that parental knowledge is extremely important.
25 Consideration should be given to educating their community keeping in mind

1 that we hope for the public's endorsement of the plan to immunize 11 to 15 year
2 olds. Thank you.

3 MR. WILSON: Thank you. And next up with be Dr. Richard
4 Guido.

5 MS. ZURANTZ: Thank you. Good evening. My name is Nancy
6 Zurantz. I'm a Chief Operating Officer and Chief Program Officer to Jewish
7 Health Care Foundation and as we've heard today, HPV can cause a half a
8 dozen cancers including more than 90 percent of anal and cervical cancers and
9 70 percent of vaginal, vulvar, and oral pharyngeal or middle throat cancers.
10 The HPV vaccine provides a singular opportunity to prevent cancer yet
11 nationally in 2013 only 38 percent of girls and 14 percent of boys were fully
12 vaccinated against the virus. I personally had my two then teenage daughters
13 vaccinated the first year the vaccine was made available, all three doses, and
14 my daughters became advocates for the vaccine among their friends and
15 schoolmates. It was in my mind the responsible thing to do as a parent. I
16 became entrusted with their safety when I became a mother. I didn't think twice
17 about measles, mumps, rubella, meningitis or polio vaccines about others. Why
18 would that change when I had the chance to protect my daughters against
19 HPV? It was my responsibility as a parent to protect my children and hopefully
20 one day my grandchildren. As a health foundation professional, mother and
21 public health advocate, what keeps me up at night is that we have a vaccine
22 that can save lives and we're not utilizing it to its full potential. Increasing
23 vaccination against HPV infection is a compelling public health issue. The
24 Jewish Health Care Foundation was compelled to get involved when the
25 increased rate of oral cancers as a result of HPV was brought to our attention

1 by our friends at the Eye and Ear Foundation in early 2014. The resulting
2 initiative is spearheaded by a community wide advisory which includes pediatric
3 and family health providers, regional health plans, the County Health
4 Department, local schools and universities, various non-profits working with
5 underserved and high risk populations as well as parents and grandparents. It
6 is important to involve pediatric and adolescent health providers, schools,
7 health plans, policy makers and the community in preventing cancer and as a
8 foundation committed to improving the quality of health in our region, we
9 strongly urge the board to consider updating the adolescent vaccination
10 requirements to match the CDC guidelines and include HPV vaccination.
11 Thank you.

12 MS. WILSON: Dr. Guido and next up will be Carrie Cummings on
13 behalf of Representative Dan Frankel.

14 DR. GUIDO: Hi. I'm Dr. Richard Guido. I'm a physician at Magee
15 Women's Hospital. I've been the Director of the Colposcopy Clinic for the last
16 20 years. The Colposcopy Clinic is where we treat people who have cervical
17 dysplasia. I've been the head of the American Society for Colposcopy and
18 Cervical Pathology and as an organization, we were very excited when the HPV
19 vaccine came out. It was a major shift in the medical care of individuals in our
20 country and I want to share with you a couple quick stories to give you
21 examples of how HPV can affect individuals. First of all, just this week I'm
22 treating a young woman who's 29 years old who's pregnant and had cervical
23 cancer. Those are the kind of things that are preventable by vaccinating
24 individuals. The second story comes out of Australia where Australia has one
25 of the highest rate of HPV vaccinations. Interestingly, the country was kind of

1 against HPV vaccinations until the wife of the leader of the country stood up in
2 front of her country and said I had cervical cancer. You can get it and as a
3 result of mandatory vaccinations, they vaccinating roughly about 85 to 90
4 percent of their population. In a recent presentation at our national meeting we
5 had one of the leading STD researchers from the country demonstrate
6 substantial drops in HPV disease over a very short period of time, within three
7 years of the initiation of the HPV vaccination. So, the vaccine now in particular
8 has been upgraded to include almost 90 percent of the HPV types that are
9 associated with cervical cancer. So, not only since its initiation has it given us a
10 one step but now even a better step at preventing cervical cancer in women.
11 And the disease is fairly developed the entire population. The estimates are 70
12 percent of people will be HPV positive sometime in their life. So, we have very
13 good opportunity to beat this disease and its sequella by vaccinating children
14 before the onset of sexual activity. I agree with many of the comments about
15 how it's so important to educate people about the vaccine. It's extremely safe.
16 The way it's produced is produces only the capsule of the virus and not the
17 active part of it. So, it's almost – you can't get HPV from the vaccine. We have
18 millions of doses that have been given across the country and across the world
19 with high safety rates. So, I strongly encourage this. It takes a bold set to
20 mandate something like this but I think it's the right move from a scientific
21 standpoint and hopefully I won't have to be taking care of patients who have
22 this very difficult situation. Thank you very much.

23 MS. WILSON: Carrie Cummings and next up will be Alan Pell.

24 MS. CUMMINGS: Good evening, Dr. Hacker and members of the
25 council. Thank you for inviting Representative Frankel here today. So the

1 audio record is clear, I am not Representative Frankel. I am, however, honored
2 to be part of the staff in coming here and offer his unequivocal support for any
3 measure that the Allegheny County Health Department might undertake that
4 would expand access to or expand vaccination, the use of the vaccination for
5 HPV. The HPV – so, there have been a lot of doctors here and medical health
6 professionals that have given you statistics. I have submitted the
7 Representative's written remarks for the record and I don't want to go through
8 statistics with a whole bunch of people here in the room that probably know
9 them better than I do. But what we do know is there are a couple of ways to
10 prevent cancer: quit smoking, exercise more, reduce your BMI, um, what are
11 the other ones, um, reduce your exposure to sun and radon. So, all of those we
12 encourage our children to engage in behaviors that would reduce the risk of
13 cancer, right? So, here is a vaccine that will reduce their risk of cancer and
14 perhaps prevent it and why we wouldn't offer and mandate it is – seems almost
15 irresponsible. So, like I said, Representative Frankel is strongly in support of
16 any and all efforts.

17 I think that probably the last thing that he would want me to
18 address is the campaign kind of a misinformation about HPV vaccination. It
19 seems that there are two major complaints. One, it's not safe; two, it's going to
20 encourage risky sexual adolescent behavior or adolescent sexual behavior,
21 risky or not. Both of those have been proven wrong. It's safe. The CDC says
22 it's safe. The FDA says it's safe. All of these physician and medical
23 professionals who have spoken have pointed to those studies and, again, I
24 would point to the written remarks which has our references in it and as far as
25 encouraging sexual activity, from my research, we could find one study that

1 said, from the American Academy of Pediatrics, I would submit not jump.
2 Scientists found that this does not encourage sexual activity. So, thank you for
3 inviting Representative Frankel here today. He's sorry he couldn't be here.
4 He's in Harrisburg. So, he's really sorry he couldn't be here and good night.

5 MS. WILSON: Okay. Ellen Pell and is Brenda Cassidy or Dr.
6 Brian Cramer here. Okay. So, Brenda, you would be up next.

7 MS. PELL: Good evening. My name is Ellen Pell. I am 16 years
8 old and I'm a rising senior at Fox Chapel area High School. I'm here today to
9 speak about the importance of HPV vaccination to me and my peers. HPV is a
10 sexually transmitted disease that can cause cancer. It does not discriminate. It
11 can affect you. It can affect me. It can affect my classmates. It can affect my
12 family. It can affect male and female, young and old, LGBT and straight.
13 Councilmen, HPV can affect every single one of your constituents. I am this
14 county's children and I'm asking you to help protect my peers and I. As a
15 teenager I know that my classmates and I have ambitions and dreams: to
16 change the world, to better our community, to make our country a better place.
17 Yet right now some of my classmates are vulnerable to having their dreams
18 sidelined by HPV related cancer. With the prevalence of HPV, I wonder which
19 one of us will be next. Is it my lab partner, the girl who sits at my lunch table,
20 the boy who plays on the basketball team? My generation can be the
21 generation where the adverse health effects caused by HPV are eradicated
22 because HPV is preventable but I as a teenager cannot do it alone. So, to the
23 board members, to the council men and women, I urge you to support this
24 mandate for me, for my classmates, and for future students of this county and
25 this community. Thank you.

1 MS. WILSON: Brenda Cassidy? Up next will be Dr. Rose Miller.
2 Dr. Miller, are you here? Okay, after Brenda it will be John Rhodes. Oh, sorry,
3 sorry about that. Okay. Mr. Rhodes, you will be after Dr. Miller.

4 MS. CASSIDY: That was wonderful. Anyway, I got here late.
5 Sorry, I was seeing patients and so if I repeat anything, I do apologize but I'm
6 sure that several people have stood here and talked about the vaccine being
7 effective and safe. I'm a pediatric nurse practitioner. I have a specialty in the
8 adolescent age group and my research is HPV vaccine rates and trying to find
9 ways to increase HPV vaccine rates. So, it's really wonderful to be part of this
10 initiative and to see that the county is considering this mandate. I'm very
11 excited about it. I strong support mandating the vaccine. We as providers,
12 primary care providers, we have three vaccines that we recommend at the age
13 of 11 and all three vaccines are recommended by the CDC. They are all safe.
14 They are all effective. We give these vaccines at a young age when their
15 immune system is robust and they have a stronger response. As someone was
16 saying when I walked in, there's no connection to sexual activity. It's a cancer
17 prevention vaccine which hepatitis B also is that we give to babies and we don't
18 talk about sex. So, really to think about the cancer that this can prevent. It's a
19 hundred percent effective and we find more and more every day, more HPV
20 related cancers. So, what I think this mandate can do is to help – the HPV
21 vaccine be viewed equally to the other (inaudible) vaccines: the tdap, the
22 (inaudible), pertussis, tetanus and meningitis vaccine. We offer all three of
23 these vaccines as recommended by the CDC, yet the HPV is not mandated and
24 that sometimes gives hesitancy to parents as well as providers because the
25 question is why is it not mandated and I think it makes people, parents think

1 maybe it's not safe more than anything else. So, to put it on equal footing with
2 the other vaccines, I think we'll go a huge way to helping providers strengthen
3 their recommendation. The strongest predictor of parents vaccinating their
4 teenagers, pre-teenagers, with the HPV vaccine is provider recommendation.
5 So, anything that can be done to help strengthen our recommendation, and I
6 think this mandate puts things on an equal footing, will impact the parents
7 making decisions.

8 The other issue that I wanted to just briefly talk about is that
9 globally as well as nationally we can see the effects of mandating the vaccine
10 and giving the vaccine in schools. There are 20 countries that provide vaccines
11 in schools and all of those countries have achieved at least a 70 to 80 percent
12 vaccine coverage rate while the United States only has 40 percent of our girls
13 and 22 percent of our boys who have completed the vaccine, all three vaccine
14 series and the healthy people 20-20 targets are 80 percent. Our tdap and our
15 meningitis vaccine rates are very high. Is this telling me to stop? Okay. – are
16 very high and this would really go a great way to help bring the HPV vaccine up.

17 MS. WILSON: Thank you.

18 MS. CASSIDY: Thank you. Sorry I went over, Dr. Miller.

19 MS. WILSON: And next up, John Rhodes.

20 DR. MILLER: I'm really glad that Brenda went right after Ellen and
21 not me because that was a tough act to follow. Congratulations and thank you
22 for being here. I'm Dr. Liz Miller. I am the Chief of Adolescent and Young Adult
23 Medicine at Children's Hospital of Pittsburgh of UPMC and I really appreciate all
24 of what has been said about the critical importance of the HPV vaccine and its
25 safety and I cannot thank you all enough for considering the importance of the

1 public health mandate. So, this evening I'm going to actually put my hat on as
2 the Director of Community Health for Children's Hospital of Pittsburgh where I
3 have the opportunity to also be a physician in partnership with many of our
4 schools in communities in Allegheny County. In that context I want you to
5 understand how critically important a public health mandate is for vaccination
6 because what that allows is for school nurses to then reach out to us at
7 Children's saying, Liz, with your mobile van services, can you bring in the HPV
8 vaccine and the other vaccines that we need to get done. And so what the
9 public health mandate allows those of us working in community to do is actually
10 bridge the gap so that young people whose parents may be struggling, unable
11 to get them to primary care – in parts of our county we're getting to primary care
12 and access to vaccines are difficult. I can guarantee that our mobile van, the
13 Ronald McDonald House, Children's Hospital care mobile will partner with
14 school districts to insure that young people in their middle school years are
15 getting these mandated vaccines. So, thus, the public health mandate is
16 critically important for allowing us to really maximize the existing assets and
17 resources in our community. And so from a policy perspective we know and
18 you just heard from Brenda Cassidy the impact that mandated vaccines has on
19 public health. The HPV vaccine is also frankly a no brainer. We have a very
20 good long track record of safety with this vaccine. You've heard from Dr. Guido
21 what an impressive drop we are seeing globally where there has been a high
22 uptake of HPV vaccine. So, thank you very much for considering this public
23 health mandate. I really appreciate you.

24 MS. WILSON: Thank you. John Rhodes and next up will be Dr.
25 Miriam Cramer.

1 MR. RHODES: My name is John Rhodes and I'm Assistant Men's
2 Basketball Coach at Duquesne University. First and foremost, I'd like to thank
3 the Jewish Health Care Foundation and the Eye and Ear Foundation in its fight
4 against such a dreadful disease. Initiative to increase uptake of a vaccine to
5 prevent cancer resonates with Bill Franklin's action that an ounce of prevention
6 is worth a pound of cure. It's truly and honor, a privilege and a blessing for me
7 to be able to stand before you today as an HPV survivor and a vaccination
8 advocate. Everyone gets an opportunity to share a few words – share the
9 same sentiments but they may say it a little bit different on how cancer has
10 affected them. That many of you have lost a host of family, friends and
11 acquaintances to this disease. What I have learned as the young lady so well
12 stated is that it doesn't discriminate against any race, (inaudible) or gender. It
13 attacks everyone, even as far as someone as big as me. All right. So, I was at
14 a stage when I was diagnosed and fortunately my treatments were successful
15 and I'm in remission. The great American author Mark Twain once said the two
16 most important days in your life are the day you're born and the day you find out
17 why. This is a very important day for me because I know why I'm here. Having
18 the opportunity to help a cause I know and believe will have an immediate
19 impact on the world, it makes a difference. It's my calling to be a six foot nine
20 walking billboard and a strong advocate to take advantage of the vaccine.
21 Fortunately, my children are vaccinated and every chance I have to speak on
22 the subject I do and I just hope, and being a very compassionate person, I
23 challenge all of you to insure more people than me to get vaccinated. Thank
24 you.

25 MS. WILSON: All right. Dr. Cramer and next up will be Dr. Julie

1 Bauman. Julie Bauman, are you here? Okay. Thanks.

2 DR. CRAMER: Hi. My name is Dr. Miriam Cramer. I am and
3 obgyn. I have my masters degree in public health. I am an (inaudible)
4 professor at the Cleveland Clinic but I live here in Pittsburgh. I'm also President
5 and founder of a non-profit called Basic Health International and our mission is
6 to eradicate cervical cancer. So, I'm really, really grateful to have the
7 opportunity to speak today strong in favor of a school mandate for the
8 vaccination program. HPV is a preventable cancer and the new vaccines
9 prevent about 90 percent of cervical cancer. S, I'm sure my colleagues gave
10 some of the facts but what I want to add to the discussion is just as an obgyn
11 patients that I've seen – had their struggles and that these diseases could have
12 been totally prevented if they had been vaccinated. So, one patient that I had
13 seen, I was a resident and we rotated through Memorial Sloan-Kettering Cancer
14 Hospital and this is a profound image but when patients have cervical cancer,
15 invasive cervical cancer, it invades the vaginal walls and there's a really
16 significant horrible smell that even patients, people who love you, it's hard to be
17 around you because it's so – the smell is so strong and so if that woman had
18 been vaccinated, she wouldn't have wound up with invasive cancer.

19 Another patient with invasive cancer wound up with a cured
20 cancer but she had what's called a pelvic exenteration so that she had a bag
21 that she had to put her feces in and another bag for her urine. She was a
22 young beautiful woman and her disease could have been prevented by cancer.
23 But I think more even important than the invasive cancer is that what I see in
24 my practice as a colposcopist is the cervical pre-cancers that could be
25 prevented and they're so stressful. When a patient comes back with an

1 abnormal pap, it's really hard and it takes a long time to explain that this is not
2 cancer but they hear the word pre-cancer and it's incredibly worrisome for
3 people and so if young girls could be vaccinated, they would be less stressive,
4 having to go through what's called a colposcopy where they have an exam. It's
5 an invasive exam. You have to put a speculum in their vagina, take biopsies
6 which can be uncomfortable. It's embarrassing, anxiety provoking and the HPV
7 vaccine is extremely safe, incredibly effective and the best way to get the girls
8 vaccinated is prior to sexual initiation. So, if we could have a mandate to have
9 girls vaccinated in schools, we could prevent tons of these problems and
10 anxiety. So, that's it. Thank you.

11 MR. WILSON: Thank you. Dr. Bauman followed by Sidney
12 Rains. Sidney Rains is here? Okay. Thank you.

13 DR. BAUMAN: Hi. Thank you very much for the opportunity to be
14 here today to present. I am a head and neck cancer medical oncologist. So,
15 head and neck cancer is a cancer that affects the person from the mouth to the
16 voice box and the lining of the mouth and throat and the blockbuster in my field
17 when I trained and graduated from fellowship ten years ago, we were at the
18 dawn of discovering a new HPV epidemic and the HPV epidemic has now
19 reached men. HPV related cancer of the throat or the oral pharynx is largely
20 and dominantly manifest in men who are at their peak professional productivity.
21 This is no longer the classic patient that I used to see in my clinic as I trained
22 which is a person with tobacco and alcohol. These people often don't have the
23 classic risk factors and, in fact, they were infected at sexual debut in their
24 adolescence or when they went to college and the infection has laid latent in
25 their throat for approximately 10 to 40 years. The treatments for throat cancer

1 affect an intimate part of the human body. Just as we heard about cervical
2 cancer, we're talking about the place in our body where most human functions
3 that result in social interaction run: speech, facial expression, swallowing,
4 breathing and treating a head and neck cancer that's caused by HPV can have
5 devastating both short term and long term consequences. These cancers are
6 also equivalently preventable. The strain of HPV that causes throat cancer is
7 HPV16 and the vaccine covers it. The sad thing about the vaccine from where I
8 sit is I have a patient with an established cancer and the vaccine only prevents.
9 It does not treat. So, once the HPV infection is established and lies latent and if
10 we were to swab all of you in this room right now, seven percent of you would
11 have HPV in your mouth and throat and approximately half of you would have
12 some strain of HPV in your inner general region. So, preventing the dispersing
13 of these ubiquitous and highly infectious viruses early before sexual debut in
14 both boys and girls is critical to putting me out of a job which I would greatly
15 appreciate. Thanks.

16 MS. WILSON: Thank you. Sidney followed by Dr. Michael
17 Madden.

18 MS. RAINS: Hello. My name is Sidney Rains and I'm a 16-year
19 old rising junior from Riverview Junior-Senior High School in Oakmont. I'm here
20 today because three out of four people between the ages of 15 to 49 who are
21 sexually active will contract a form of HPV in their lifetime and though contract
22 HPV will not always lead to a serious health problem, it can lead to various
23 types of cancer and genital warts as we've been hearing about for a while. It
24 can affect people even if they've only had one partner. As a teenager
25 concerned with the health of my peers and our future as a generation, this

1 vaccination can prevent the contraction of HPV and the cancers that may follow
2 it. Some people may believe that by giving us this vaccine, it may encourage
3 us to have sex more often or more recklessly and I can only stress that this
4 assumption can be resolved with a proper discussion about the risks of sex with
5 your teen and not by blocking immunization and risking their health in the event
6 that they contract it from someone who has it. The potential side effects of the
7 vaccine are a very small price to pay for the protection it provides for my peers
8 and I. Any chance that I could take to prevent myself from contracting cancer,
9 why wouldn't I take it? Why wouldn't you? Why wouldn't your son or daughter?
10 More education on this virus is necessary to reduce a misunderstanding among
11 parents who may be risking the health of their child by not having them
12 vaccinated. My school, Riverview Junior-Senior High School, has
13 approximately 500 students from ages seventh grade to twelfth grade. I have
14 about 85 kids in my class right now. In their lifetime 60 of them are predicted to
15 contract this disease. That's 60 lives who could be damaged permanently or
16 permanently ruined completely because they didn't receive this vaccine. One
17 of them could be me. One of them could be my friends. Why should we risk a
18 life, my life, my friends' lives, the lives of your sons or daughters or even
19 yourself, why should we have to risk a life like this when we really don't have
20 to? Thank you.

21 MS. WILSON: Dr. Thompson will be after.

22 DR. MADDEN: Good evening. I'm Dr. Michael Madden. I'm a
23 family physician and Chief Medical Officer of Gateway Health Plan. Gateway is
24 a Medicare and Medicaid provider for Pennsylvania. We have approximately
25 65,000 members in Allegheny County alone. 25,000 of them are under the age

1 of 25. This is an important issue that is both a professional and a personal
2 issue for me. We know that this vaccine works. We also know that most of our
3 children are not getting it. Unfortunately, for Gateway we only have about 30
4 percent of our children that have gotten the full vaccination series. As you've
5 heard, two other vaccines are given at the same age, meningococcal and
6 tetanus. Those vaccination rates are more than 85 percent. So, clearly, and
7 those are mandated. So, mandates work and that's why we need to do this.
8 Gateway's motto is we have a better way. This is a better way for our children
9 to get vaccinated. It's also a cost issue. We had last year, we had 196 of our
10 members that contracted cervical and uterine cancer. Their costs were over 3.5
11 million dollars. These could all have been avoided for future generations by
12 adequately vaccinating our children. Just a quick second on the personal part.
13 My mother-in-law died of cervical cancer at way too young an age and deprived
14 her grandchildren, my children, of many more years of a grandmother's love. I
15 support the mandate.

16 MS. WILSON: Okay. After Dr. Thomson, Dr. Devry. Okay.
17 Thank you.

18 DR. THOMPSON: My name is Dr. Sandra Thompson. I'm a
19 dental administrator for the Public Health Department and everyone would ask
20 why would a dentist be interested in HPV. Dentists have been screening every
21 patient for oral cancer for decades. As Dr. Bauman explained, there has been
22 a shift and the recent data indicates that the fastest growing segment of the oral
23 cancer population are non-smokers under the age of 50. So, clearly there is a
24 shift in the cause of the disease and if dentists are working so hard to prevent
25 cavities, why wouldn't a dentist want to mandate to prevent cancer? We have a

1 way to prevent cancer not just cavities. Thank you.

2 MS. WILSON: Okay. After Dr. Devoy, Dr. James Bland Wyler,
3 Dr. Lance Wyler. Okay. Allison Trajeto? Okay. Thank you. Sorry about that.
4 So, Allison, you're number three.

5 DR. DEVOY: Good afternoon, good evening. Thank you for
6 being here for supporting this important initiative. My name is Evan Devoy. I'm
7 a head and neck cancer surgeon and I'm here to echo everything that has been
8 said already except I am late today because I spent my day operating on a
9 patient with head and neck cancer. I'm going to tell you a little bit about Fred,
10 my patient who is a 55-year old guy from DuBois, Pennsylvania who went to his
11 doctor because he has a lump in his neck and he doesn't know why and it turns
12 out that he's got a cancer of the head and neck caused by the human
13 papillomavirus and I spent the better part of today unfortunately removing a
14 large part of this man's tongue and all of the lymph nodes in his neck to treat a
15 disease that could completely have been preventable. So, I echo the
16 sentiments that have been raised before me. I want to emphasize to the
17 council that this is a disease that in our practice at the University of Pittsburgh
18 that has increased 500 percent in the last few years. I am operating this week
19 alone, my partners and I, on 10 people with HPV positive cancer of the oral
20 cavity and oral pharynx. This is not some obscure disease that afflicts some
21 obscure person somewhere. These are our colleagues. These are our
22 partners. These are our friends and these are completely curable problems.
23 This is a disease – this is the one cancer in the world that can be eradicated
24 with the vaccine and that is a very, very, very important point. There is not very
25 many things we can say about that. We talk about the moon shot initiative of

1 Dr. Biden and President Obama. We talk about spending billions of dollars to
2 treat cancers but here you can treat, you can eradicate the potential of cancer
3 with three simple vaccines. My colleagues in obstetrics and gynecology and
4 pediatrics and fellow practice know this all too well and I unfortunately like Dr.
5 Bauman, my colleague, have to see these patients at the back end when
6 they've already had this problem and they now have to go through troubles and
7 they have to go through the treatments, treatments that can cause 3.5 million
8 dollars or more. So, to echo the words of Mr. Rhodes, I have had the pleasure
9 of working with him before, we just have to say it's so important that an ounce
10 of prevention is worth a pound of cure. This is not simply a mandate that's
11 going to save lives. It's going to save lives. It's going to save dollars and it's
12 going to save our economy. It's going to save our country and so I completely
13 support this mandate and I hope that you will also. Thank you.

14 MS. WILSON: Allison, you're next.

15 DR. WYLER: Thank you for taking my comments. I have
16 submitted my comments to you in writing. My name is Dr. James Lyons Wyler.
17 I worked at the Hillman Cancer Center for six years. I worked at the University
18 of Pittsburgh for seven years. I directed their bio and formatics analysis corps.
19 For all of the reasons that you are hearing today to have HPV vaccination, I
20 hate to be the fly in the ointment but the science does not support the use of
21 HPV vaccination yet to reduce the risk of any kind of cancer. There has never
22 been a single study that shows that HPV vaccination actually reduced cervical
23 or any of the other types of cancers. The problem is, the CDC has a study
24 which I've submitted to the county that shows that in their analysis of the data
25 before and after the introduction of HPV vaccine, there was no net change in

1 HPV infection rate and what's going on there is seconded by a second study by
2 by Growidol from the University of Texas that shows yes, the vaccines are
3 removed – the viruses are removed by the vaccine but there are a hundred
4 HPV viruses out there and a process called type replacement comes out and
5 what people don't seem to understand including people at the CDC is that
6 viruses that are rare in a population are rare for a reason. They're rare because
7 they're lethal. They're rare because they have high morbidity and high
8 mortality. The HPV vaccination program, if you mandate it, could condemn our
9 children through type replacement of the rarer types replacing the more
10 common ones which are, that are targeted by the vaccines to increased
11 pathogenesis from more dangerous HPV vaccines. I'm 100 percent pro
12 immunization, 100 percent against cancer. My mom died of breast cancer
13 when I was five years old. So, please take a look at those studies before you
14 mandate this vaccine and I also want to point out to take a look at the adverse
15 events from vaccines. They are not trivial. Thank you.

16 MS. WILSON: Thank you. Allison Trejuto and after Allison will be
17 Amy Rafferty. Amy, are you here? Thank you.

18 MS. TREJUTO: Hi. I want to thank Dr. Hacker for having this
19 forum and allowing us to share our concerns with you. I wanted to address
20 actually the adverse effects. This vaccine has been in the market just under ten
21 years. There have already been 5,749 reports to VAERS, the Vaccine Adverse
22 Event Reporting System of serious adverse effects following this vaccine and
23 since this reporting system is actually a voluntary one, we don't know how many
24 have gone unreported. Those 5,749 reports do not refer to a sore arm. Serious
25 refers to things like major neurological or auto-immune or allergic adverse

1 reaction. I did a search of VAERS and found the following reports of adverse
2 events associated with Gardasil. I found 1,708 reports of convulsions. I found
3 119 reports of seizures which are apparently different from convulsions 'cause
4 they're filed under a different code number. There are also 38 reports of tonic
5 convulsions, 19 reports of clonic convulsions, 202 reports of tonic clonic
6 movements, 27 reports of encephalopathy, 10 reports of encephalomyelitis, 22
7 reports of meningitis, ten reports of aseptic meningitis and 172 reports of
8 Guillan-Barre Syndrome which causes paralysis and can be fatal. And I found
9 261 reports of death associated with HPV vaccination. I also learned that in the
10 pre-licensing safety testing of HPV vaccines, out of 1,104 placebos used, only
11 594 may have actually been a placebo. The remaining 10,410 subjects were
12 actually given as a placebo aluminum hydroxide sulfate which is the vaccine
13 ingredient whose function is to elicit a stronger immune response. That's not a
14 placebo but we're told that this was placebo tested. All reports of adverse
15 events from the test vaccine were listed as compared to placebo. We're also
16 not told why twice as many test subjects receiving the actual vaccine withdrew
17 from the study before it was completed as compared to the placebo group. I'd
18 like to remind everyone here that HPV vaccine is not an anti-cancer vaccine.
19 It's a vaccine against venereal warts. These venereal warts may be associated
20 with cancer but they have never been shown to cause cancer. Cervical cancer,
21 according to the CDC, can take 20 to 50 years to develop. Nine-five percent of
22 women who are infected by HPV cleared from their system with no further
23 issues and do not develop cancer. So, all we can say is that HPV is associated
24 with cancer. If it caused cervical cancer, it would cause it in everyone. So, let's
25 me approach the idea of requiring this vaccine with an abundance of caution

1 and wait until some real science using real placebos independent of the
2 manufacturers can be done. Thank you.

3 MS. WILSON: Amy Rafferty and next will be Jennifer Carver.
4 Jennifer Carver, are you here? Jennifer Carver. Okay. Lawton Snyder will be
5 next. Thank you.

6 MS. RAFFERTY: Hello. My name is Amy Rafferty and I am here
7 representing my friend. My friend's name is Kelly Sudamyer and she wrote a
8 letter that she would like me to share with you. She cannot be here and I'll
9 explain why. Hello, my name is Kelly Sudamyer. Before I share my daughter's
10 Gardisil injury story, you should know that she was a bright student earning
11 straight As and she was very active and played summer soccer. She loved
12 being outdoors playing with her younger sister roller blading, rock climbing and
13 being carefree. That all changed on October 17th, 2006. My daughter, Sarah
14 Sodamyer received just one dose of the Gardisil vaccine on this date. She was
15 13 years old. Directly after the needle left her arm, she began screaming and
16 crying. We were told that this was a normal reaction to the Gardisil vaccine.
17 So, we went home thinking everything was okay. Two days went by, no
18 improvement in the pain in her arm. Unfortunately, that was just the beginning
19 of the downfall into the abyss of Sarah's life threatening health issues. I am
20 now Sarah's 24-7 caretaker. She does not have the use of her wrists or legs
21 due to hypertoning. She is 23 years old now and she should have graduated
22 college and been able to live a healthy independent life. Instead she is
23 confined to a bed and collects Social Security Disability. She is in constant pain
24 as she watches her future slip by her. Her once perfect life and health was
25 stolen from her. She will never get those years back. Here are just some of the

1 health issues that she's suffered from Gardasil vaccine: severe nosebleeds,
2 trouble walking, severe inflammation in her joints, mid brain encephalopathy,
3 demyelination of mid brain and peripheral nervous system, severe weight loss
4 and muscle atrophy which left her looking like a concentration camp victim, bed
5 ridden for the last four and a half years, on and off bed ridden for almost ten
6 years, severe non-relenting audipine(phonetic), unable to tolerate medications,
7 food sensitivities severe, unable to go to school, having teachers come home to
8 tutor her so she could get a high school degree, has not been able to walk in
9 four and a half years due to hypertonia of her muscles. Having my daughter get
10 the Gardasil vaccine is a decision that I will regret for the rest of my life. This
11 was an uninformed choice that I made. If the Allegheny Health Department
12 takes away a parents' right to decide, then you will have so many injured boys
13 and girls with parents dealing with the aftermath of physical, emotional, financial
14 devastation of trying to recover their child's health. Please, do not add the HPV
15 Gardasil vaccination to the adolescent vaccine schedule. Sarah is proof of this
16 devastation it can cause. Thank you and God bless you.

17 MS. WILSON: Thank you. Okay. Lawton Snyder followed by Dr.
18 Mark Diamond. Okay. Thank you.

19 MR. SNYDER: Good evening. I'm the Executive Director of the
20 Eye and Ear Foundation. We support the research that goes on at the
21 University of Pittsburgh that supports the work that our otolaryngologists do to
22 treat and prevent these types of cancers. I work in the building. I'm not a
23 physician but I see the patients that come in everyday certainly with the
24 disfiguring surgeries that they have to have as a result of this cancer. I also am
25 trying to support the work that they're doing through research by raising funds

1 and supporting the work through philanthropic donations. I can share with you
2 that we hope and we really do hope that we can find a treatment or a cure for
3 the cancer that's going to affect so many people's lives these upcoming years.
4 However, in working so hard and doing this and working with our physicians to
5 try to find a cure which will cost in the tens of millions of dollars and that may be
6 a very lowball figure, the realization came to us that we can save so much of
7 that, those resources and these people's lives by just essentially using
8 something that's available, that's proven, that's effective that we already have
9 on the market and that we can trust our health care practitioners to recommend
10 for us and make this something that we can give to our children. I have two
11 children. They both have been vaccinated and I certainly will be an advocate
12 and certainly will be in favor of the mandate. Thank you very much.

13 MS. WILSON: Dr. Diamond followed by Sarah Cole. Thank you,
14 indeed, Dr. Cole.

15 DR. DIAMOND: All right. My name is Mark Diamond. You'll
16 forgive me my dress. I came from Kennywood with my grandchildren today and
17 I came because I feel very strongly about this vaccine. I know there will be
18 people after me, people before who spoke about the problems. It's the tragic
19 stories that we hear. I've been practicing – I've been in pediatrics over 40
20 years. I'm probably the oldest person in the room and I've heard these same
21 arguments every vaccine that's been developed since I started practice, every
22 one. I've heard – it's interesting, the fact that 99 percent of cervical cancer has
23 proof of HPV. Somehow that's not connected. We've heard of the replacement
24 factor, that different strains of the virus, whatever, it is, will somehow take
25 precedence; never has really happened before. Who are the patients here?

1 Who are you trying to protect? Do we allow – does a parent, every parent know
2 what's best for their child? That's a question you have to answer because
3 you're going to make a decision that affects the health of children. We have a
4 little guy at Children's Hospital. He got beat up out in McKeesport. Is that a
5 parent we trust? I don't know. I don't think so. We have a vaccine that has
6 been demonstrated to show it works. It's safe. Now, everybody that comes up
7 with a case that doesn't seem to work, they're saying 99 percent of the doctors
8 in the field support this vaccine. So, what's that lead us to conclude? We're
9 either all bought by the drug companies or we're all incredibly stupid. Why is it
10 that 99 percent support this? So, it's a mandate. Mandate has clearly been
11 shown to improve the immunization rate. Every other vaccine is mandated.
12 There are only two that aren't: flu shots and the HPV. Think about that and
13 remember your charge is to protect the people of the county but particularly the
14 children and that's what you have to remember when you hear everybody
15 speak. I support the mandate obviously. I hope you consider it in a positive
16 way. Thank you.

17 MS. WILSON: Dr. Cole and have been joined by Jennifer Carver.
18 Okay. After Dr. Cole, we'll hear from George Fechter.

19 DR. COLE: Thank you. My name is Dr. Sarah Cole. I work at
20 Pediatric Alliance. This is a daily issue for me. Everyday I'm asked by parents
21 should I vaccinate my child against HPV. Everyday I say yes and why not
22 yesterday. I am strongly in favor of the mandate and that's what I want to
23 speak to. People have spoken about the efficacy and the safety of this vaccine.
24 I think you have more than enough evidence to make a decision based on that
25 but the power of a mandate is really what I want you to think about. I am old

1 enough. I'll not challenge Dr. Diamond who's got seniority. However, I
2 remember when hepatitis B was not mandated and I also remember when the
3 (inaudible) vaccine was not mandated and it wasn't until the mandates came
4 out in the public health specter and required for school that we had consistent
5 uniform protection for our children and I know I treated a lot of people that had
6 hepatitis B because where I treated in San Francisco it was very common and it
7 wasn't until we started vaccinating on a routine basis that we were able to drop
8 the rate of hepatitis B and thus drop the rate of liver cancer. This is the same
9 issue. We just aren't talking about this at birth with people but we already
10 (inaudible) hepatitis B so I think we should just move forward with human
11 papillomavirus vaccine. The science is there. The data is there and what we
12 need is a mandate to make it compelling so that our parents can agree to it.
13 They buck us some times. They are not sure. It's not mandated. Why is the
14 tetanus mandated? Well, I can see that. Why is the meningitis mandated?
15 That's (inaudible) common that it's mandated. Why not the human
16 papillomavirus? It's time. I'm a hundred percent in favor of a universal
17 mandate for HPV vaccine for adolescents. Thank you.

18 MS. WILSON: Thank you. George Feckter followed by Anna
19 Radovick – I'm so sorry. I'm not a great handwriting reader. Okay. Thank you.

20 MR. FECKTER: Good evening. Thank you, Dr. Hacker. It's nice
21 to see you and thank you, council, for considering this. I chair the Eye and Ear
22 Foundation and some of the fortunes of this movement is that they came, our
23 researchers came to us and they say we want money for a vaccine. We want
24 to explore an adult vaccine for HPV but we recognized at the time that we have
25 a vaccine for HPV and it wasn't being applied and they said, well, getting

1 application is going to be hard. There's going to be so much pushback from a
2 portion of the community. We can't get it done. They said we have to get it
3 done. And everytime you say you have to get something done I go to the
4 Jewish Health Care Foundation because they're an extraordinary organization,
5 extraordinary advocate and they stay at it and get it done. But we're all
6 Pittsburghers here and we're proud Pittsburghers and we have a sense of
7 history and I want to tell you that 62 years ago in the spring the polio vaccine
8 was discovered just a short distance from here. When it was announced that
9 we had a cure for polio, all the church bells, not only in Allegheny County, not
10 only in the state, throughout the country rang. The big warrior, Dwight D.
11 Eisenhower, was crying on the White House lawn. We found a cure for polio,
12 62 years ago. Today we're down to less than 50 cases of polio in the world and
13 somewhere there is a naysayer about those 50 cases that's saying it will result
14 in sterilization. It really isn't effective. There's only one disease that's ever
15 been wiped out affecting humans and that's smallpox. Fifty cases from now we
16 can put polio in the death bin of history. I believe that history has given us an
17 opportunity here in Allegheny County. Sixty-two years ago it allowed us to give
18 a gift to the world and history is giving us an opportunity now to set the pace for
19 the county and I know that every other county in Pennsylvania is watching. I
20 know that the state is looking at this. I think we can set the pace for the county,
21 for the state, for the country and I want to hear those bells ring again, this time
22 for HPV vaccination. Thank you kindly.

23 MS. WILSON: Thank you. Anna, followed by Erica Fricky. Eric,
24 are you here? Okay. And then, Melissa, can you check with to see if there are
25 additional speakers?

1 DR. RADOVICK: Good evening. I'm Dr. Anna Radovick and I
2 work in adolescent medicine at Children's Hospital of Pittsburgh. I wanted to
3 introduce kind of why I was interested in vaccines. A few years ago when the
4 whole swine flu scare was going on, I was asked to give a presentation to a
5 group of parents on the flu virus and I took that chance to talk about a lot of
6 other viruses and this was before I had children of my own. I started looking
7 through all of the data and wondering why are parents worried. You know,
8 we're all supporting these vaccines and I found a lot of information online where
9 I knew if I was a parent and I was not a physician, I'd be very scared of giving
10 my child a vaccine and I started looking through this and trying to figure out why
11 and how can pediatricians confront some of these issues and I found some
12 information such as vaccine adverse, that reporting system, is a way that we as
13 a society can pick up. So, when we do a study with vaccines, it's in a small
14 population. Then, if we give it to millions of people, maybe there's something
15 that's one in a million that will come out. So, we want to keep track if something
16 happens but if somebody reports, you know, I got HPV vaccine and my toes
17 turned purple, then they can go and put that online on the vaccine at risk, that
18 reporting system, and anybody can look it up. When I started realizing that
19 people are collecting this information, it's really just people reporting saying, you
20 know, I don't know if this relates to the vaccine but let's just keep the data. So,
21 our government does a good job actually, a very good job, of keeping track of
22 safety data and there's an example with the rotavirus vaccine in the past where
23 they discovered there were some problems with the earlier version and then
24 they went back and they took the vaccine off the market. So, the point of that
25 system is to see is there any relationship. So, something might be happening

1 because of an environmental risk, because of something else, and I feel very
2 unfortunate for those families who feel like they might have been affected by a
3 vaccine but when we look at the science, that's not the reason. So, let's not
4 blame the vaccine for those kinds of things. That's really one thing I wanted to
5 say. And also, I have adolescent patients at 11 and 12 that the immunization
6 works the best at that age. So, that's also important. I haven't heard anybody
7 say and sometimes their parents are too scared because of everything they
8 read online and then the adolescent comes back to me when they're 18 and
9 they say, okay, now I want this vaccine but unfortunately for them it wouldn't
10 work as well as it would have had they gotten in when they were 11 or 12. So,
11 we really want to support them to be able to get it when they can and when it's
12 the best to get it and to support me to tell these parents, you know these are
13 mandated; this one is not. Why? I don't know. I think it's just as important
14 which everyone else did too. Thank you.

15 MS. WILSON: Thank you. Erica?

16 MS. FRICKEY: Hi. My name is Erica Frickey. I'm here tonight as
17 a parent. I apologize for my informal dress. I didn't plan on speaking but I just
18 wanted – I'm here with my two kids, Amon and the little one in the puppy
19 costume who is running around, and mostly to hear the conversation and then
20 also to say that I'm here on their behalf thinking about what's possible for them
21 and their classmates and listening to the conversation tonight, I think – I mean
22 my first thought is actually I'm scheduling their vaccinations tomorrow but I think
23 – I don't know if I even can. One's five and one's eight but I think, you know, a
24 lot of the conversation, and I broach this with parents, is this anxiety about
25 some kind of relationship with sexual activity and what's very clear to me is that

1 vaccines only work if you haven't already contracted the virus, right? So, for me
2 the idea of actually insuring that you're protecting children well before they had
3 any exposure to the virus makes a lot of sense and like any other parent, I'm
4 anxious. I'm a little bit over protective. I'm worried. I'm always like should I get
5 the antibiotics. You're listening to the information here. You're listening from
6 doctors, like lots of information and lots of noise and I think what's powerful to
7 me is that if the Board of Health sees fit to do this, it's a strong message about
8 the importance and a message about the safety of the vaccine and the
9 importance of the vaccine and it also helps combat the other thing that most
10 parents are which is a little bit lazy and it would potentially like sort of default
11 into doing nothing quite honestly and so it's that extra push to insure that we do
12 the right thing by our kids, by all of our kids. I'll stop talking but my son asked
13 me if the vaccine wins tonight, will we get it and I thought, well, that's an
14 interesting question. They will obviously but will their classmates, will all of
15 them be protected and I think, I hope very much that Allegheny County Health
16 Department and Allegheny County Council will see fit to make sure that they
17 are. So, thank you.

18 MS. WILSON: Thanks. Okay. We have one final speaker before
19 I pass things over to Dr. Hacker to wrap things up. Dana Lahey. Dr. Hackre,
20 this is our last speaker.

21 MS. LAHEY: Good evening, ladies and gentlemen. Like Erica, I
22 came here not prepared to speak either but I'm just a member of the community
23 and when I was one, my mom saw a report on Good Morning America about
24 the dangers of the whooping cough vaccine. She decided not to have me
25 vaccinated because she was scared by anti science sentiment that had made it

1 all the way to the mass media and in 1983 I was one of six children in Ohio to
2 contract whooping cough and my mom had to watch me cough day and night
3 and she still talks about it as it was one of the most painful experiences in her
4 life because she had a choice and she made the wrong one. Now, I want you
5 to imagine how painful it must have been to watch a baby go through a curable
6 bacteria infection but how much more painful it would be to watch your son or
7 daughter die from cancer knowing that you had the opportunity to do something
8 about it and you didn't. I think this mandate is important because the science is
9 behind this vaccine. It works. We should be protecting children and we're
10 protecting the children who are the most vulnerable, the ones whose parents
11 will not take them to regular gynecologist's visit, the one who won't tell them
12 that they need a yearly checkup. This vaccine will protect them and it will
13 protect everyone else too. Thank you.

14 MS. WILSON: One final thing before I pass it over to Dr. Hacker.
15 You also should have received a survey. Again, we just really wanted to collect
16 as many views as we possibly can on this topic. Despite Erica's son's belief,
17 this is not a vote but we do want to make sure we adequately document the
18 views of those who took the time out to be here today. So, please leave your
19 survey on the table on your way out. Dr. Hacker, that's all. Thanks.

20 DR. HACKER: So, first of all, thank you to everyone who took the
21 time tonight to come out. I think that this is exactly what we had hoped in terms
22 of having people speak out about what they would recommend our Health
23 Department Board does. Just to give you a sense. We will be compiling all of
24 the information that we heard tonight. We will be presenting it at our next Board
25 of Health meeting to the board to then get their advice and whether they would

1 like to move forward with the mandate. At this point in time we are not going to
2 have any additional particularly public comment. Should the board decide to
3 move forward with the mandate, there will be a period of public comment after
4 that and then after that, it will have to go to the County Council if it was voted
5 affirmatively at the board level. Just wanted to give people a sense of the
6 process that goes on in terms of how we create regulations and govern from the
7 Board of Health perspective. But I think the main thing I wanted to just say, this
8 is our first time, at least since I've been here, that we have been thinking about
9 something and wanted to really get a sense whether or not there was support or
10 not and what the reasons and the rationale were and we wanted to take all of
11 that into account. So, again, I thank you very much for your time and have a
12 great rest of your week.

13

14 (The forum terminated at this point.)

15

16 I hereby certify that this is a true and correct transcript of the
17 above recorded forum.

18

19 /s/ Nancy J. Grega, RPR

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