January 2, 2020

To the WA State Board of Health:

The Informed Choice WA (ICWA) Board and our more than twelve thousand general members and followers oppose the addition of HPV to chapter 246-105 WAC (Immunization of Child Care and School Children Against Certain Vaccine-Preventable Diseases.)

Worldwide protests and lawsuits are ongoing against Merck's controversial HPV vaccine product, Gardasil, due to growing reports of injuries, deaths, clinical trial fraud, and fraudulent marketing. Several nations have chosen not to recommend HPV vaccines because of reported injuries and deaths, including Japan, Columbia, and Denmark. Several countries have set up special clinics to help the injured.

The role of public health should not extend to the use of coercion to compel uptake of any pharmaceutical product, let alone a controversial product whose safety is questioned. Public Health should be protecting the public by providing up-to-date and accurate information about communicable disease and up-to-date and accurate information about industry products that target those diseases so that consumers can make personal health decisions based on unbiased facts, not marketing hype.

ICWA has been actively working to highlight the need to separate the Pharmaceutical Industry from Public Health entities such as the CDC and WA State Department of Health, in order to eliminate unacceptable conflicts of interest and restore medical freedom and fully informed medical consent to consumers.

ICWA provided copies of the book *The HPV Vaccine on Trial* to several members of the BOH, including Washington Secretary of Health John Wiesman. In April 2019, ICWA also met with John Wiesman, Chief Science Officer Kathy Lofy, and Washington DOH Immunization Director Michele Roberts, along with two of the authors of *The HPV Vaccine on Trial*, attorneys Mary Holland and Kim Rosenberg, and Emily Tarsell, mother of Christina, who died from Gardasil injuries. At the meeting, up-to-date disturbing evidence of the dangers of Gardasil was presented to these officials.

VAERS is the passive federal voluntary Vaccine Adverse Event Reporting System that a Harvard study found *captures less than 1% of adverse events* — yet that flawed system is all we have to attempt to quantify vaccine injuries. As of December 2019, the following have been reported to VAERS:

63,979 HPV vaccine-related adverse events including 523 HPV vaccine-related deaths

Found 63979 cases where Vaccine targets HPV (HPV2 or HPV4 or HPV9 or HPVX)

Table

Age	Count	Percent
< 3 Years	283	0.44%
3-6 Years	86	0.13%
6-9 Years	102	0.16%
9-12 Years	5428	8.48%
12-17 Years	22127	34.58%
17-44 Years	16786	26.24%
44-65 Years	213	0.33%
65-75 Years	28	0.04%
75+ Years	11	0.02%
Unknown	18915	29.56%
TOTAL	63979	100%

Found 523 cases where Vaccine targets HPV (HPV2 or HPV4 or HPV9 or HPVX) and Patient Died

Table

Age	Count	Percent
< 3 Years	3	0.57%
6-9 Years	1	0.19%
9-12 Years	21	4.02%
12-17 Years	99	18.93%
17-44 Years	68	13%
44-65 Years	1	0.19%
Unknown	330	63.1%
TOTAL	523	100%

Of these, 650 adverse events, including two deaths (in girls aged 11 and 13) occurred in Washington State.

Found 650 cases where Location is Washington and Vaccine targets HPV (HPV2 or HPV4 or HPV9 or HPVX)

Table

Age	Count	Percent
< 3 Years	1	0.15%
6-9 Years	2	0.31%
9-12 Years	120	18.46%
12-17 Years	264	40.62%
17-44 Years	216	33.23%
44-65 Years	2	0.31%
Unknown	45	6.92%
TOTAL	650	100%

Found 2 cases where Location is Washington and Vaccine targets HPV (HPV2 or HPV4 or HPV9 or HPVX) and Patient Died

Table

Age	Count	Percent
9-12 Years	1	50%
12-17 Years	1	50%
TOTAL	2	100%

Gardasil is covered under the 1986 National Vaccine Injury Compensation Act, which shields manufacturers from liability. Causes of action for injury and death must be brought

before the federally-administered “Vaccine Court”, a no-fault, no-jury federal system to which *vaccine makers are not a party*. Several cases have made it through the lengthy and arduous process with the preponderance of the scientific evidence leading to compensation of the victims.

EXAMPLES:

- Ruling on Entitlement finding petitioner entitled to compensation based on an injury *caused-in-fact* by a covered vaccine on May 22, 2015. **Encephalitis, intractable epilepsy, and subsequent developmental delay**. A lump sum payment of $1,428,188.00, representing compensation for lost earnings ($1,055,056.01), pain and suffering ($250,000.00), and life care expenses for Year One ($123,131.99).
- Petitioner had proven, by a preponderance of the evidence, that her JIA (**Juvenile Idiopathic Arthritis**) was caused by her HPV vaccinations. A lump sum payment of $1,274,658.50, representing compensation for life care expenses expected to be incurred during the first year after judgment ($37,793.01), lost earnings.
- Petitioner has put forth preponderant evidence that the HPV vaccine caused her to suffer a **chronic autoimmune demyelinating illness**. A lump sum payment of $1,473,004.35, representing compensation for life care expenses expected to be incurred during the first year after judgment ($260,249.52), lost earnings ($962,754.83), and pain and suffering ($250,000.00).

Please view the video presentation hyperlinked below which highlights the flaws and fraud of Merck’s Gardasil product.

Video Link: Robert F. Kennedy, Jr.’s. Science Day Presentation on Gardasil

“Annual deaths from cervical cancer in the U.S. are 2.3/100,000. The death rate in the Gardasil clinical trials was 85/100,000—or **37 times that of cervical cancer . . .** According to Gardasil’s package insert, **women are 100 times more likely to suffer a severe event following vaccination with Gardasil than they are to get cervical cancer.**” -*Children’s Health Defense*

Given the evidence of fraud and mounting scientific studies revealing risks, the case against Gardasil is immense, but the multi-million dollar marketing campaigns, funded by Merck (who had revenue of more than $3 billion in Gardasil sales in 2018) and the CDC, are relentless, saturating every level of public health. Neither Merck nor the CDC are

responsible for injuries or deaths caused by Gardasil — they only collect the profits. The CDC receives royalties from the sale of every Gardasil vaccine because they hold patents to key components. They have refused to release the amount of this income despite Freedom of Information Act requests. When the same government agency that profits from a product is also in charge of promoting that product and monitoring it for safety, there is an irreconcilable conflict of interest.

Furthermore, HPV vaccination does not meet the BOH's *Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030* in several ways, as described below. Italic sections are edited from the Criteria; blue sections are ICWA comments.

FRAMEWORK: The Criteria is based on John Stuart Mill's "harm principle" which BOH interpreted to mean that vaccine requirements for children entering childcare and/or school are justifiable when without them:

- *The state's obligation to protect the public's health and safety would be compromised.*
- *An individual's decision could place others' health in jeopardy;*
- *The state's economic interests could be threatened by the costs of care for vaccine preventable illness, related disability, or death, and by the cost of managing vaccine preventable disease outbreaks;*
- *The state's duty to educate children could be compromised.*

HPV is a sexually transmitted infection that is not caught in public settings such as daycare or school. The state's economic interests are not threatened, nor are there HPV "outbreaks" to be managed. The state's duty to educate children is not compromised by a child's HPV vaccination status.

ASSUMPTIONS: The IAC made two assumptions while drafting the criteria: (1) a process exists to opt out of immunization requirements by children attending either child care or school;

Vaccination exemptions are currently under threat across the nation and in WA. In the 2019 Legislative Session, SB 5841 threatened to remove personal exemptions from all school-required vaccines. The pharmaceutical industry has more lobbyists in WA State and WA D.C. than any other industry, and professional associations heavily tied to the industry, such as the American Academy of Pediatrics (AAP), have publicly announced their goal of eliminating all non-medical exemptions. The existence of opt-out processes cannot be assumed.

NINE CRITERIA TO CONSIDER IN EVALUATING ANTIGENS

I. Criteria on the effectiveness of the ***vaccine***

1. ***A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule***. The ACIP does recommend this vaccine, but ACIP members, and those of other federal agencies responsible for vaccine oversight and licensing, have unacceptable conflicts of interest. Please see the video linked above.

2. *The vaccine containing this antigen is effective as measured by immunogenicity and population-based prevention data in Washington State, as available.* There is no evidence that HPV vaccination programs have or will reduce cancer rates in WA State. A temporary reduction of vaccine-targeted HPV strain cases is not evidence of future health outcomes. Clinical trials used cervical lesions as endpoints even though most cervical lesions never develop into cancer. There is evidence that vaccination increases risk of cervical cancer in those previously infected, and there is evidence that the risks of the vaccine outweigh the risks of the infection. See: Children's Health Defense HPV Research Page.

Over the years, licensing has been extended into age groups and populations for which there have been no safety or effectiveness testing. The HPV vaccines have never been studied to see if they prevent mouth and throat cancers, but Gardasil is being marketed by Public Health as a preventive for those. It is all guess work, assumption, and presumption, and the general public is being used as unwitting trial subjects, in violation of federal regulations regarding clinical trials. If a fully informed individual wants to participate in these sloppy Phase 4 trial studies, that is their choice, but the state has no right to coerce parents into signing their children up for this experiment. The CDC states: "The HPV vaccine was developed to prevent cervical and other cancers of the reproductive system. The vaccine protects against the types of HPV that can cause oropharyngeal cancers, so it may also prevent oropharyngeal cancers. But studies have not been done to show this." (emphasis added)

3. *The vaccine containing this antigen is cost effective from a societal perspective.* It has been estimated based on Merck's own data that if the vaccine worked, it would cost $18.3 million in vaccine sales to prevent just one cancer death, cause 1,000 cases of vaccine-induced autoimmune disease, and cause numerous vaccine-related miscarriages, birth defects, chronic health conditions, and deaths. No, this is not cost-effective. Other protocols, such as Pap screening, are far more safe, cost-effective, and proven to prevent cancer.

4. *Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects.* Experience to date demonstrates the HPV vaccines to be seriously flawed, potentially fraudulent, and have unacceptable levels of serious, even fatal side effects.

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population. HPV vaccines have not been proven to prevent cancer. HPV infections are common, mostly symptom-free, and clear naturally on their own in the vast majority of cases (more than 95%). In developed nations where individuals have access to medical care, proper screening and treatment have greatly reduced the incidence of HPV-related cancers and this screening and treatment is necessary even if an individual has been vaccinated. There are more than 200 strains of HPV and evidence of strain-replacement due to vaccine pressure. The sub-set of the population susceptible to HPV-related cancers have options to reducing their risk which include managing lifestyle factors, such as not smoking. Individuals may at their own risk choose an HPV vaccine product, but the products have not been proven to prevent cancer and consumers must be given full information on which to base their decision.

6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority. HPV is sexually transmitted and so not transmissible in a school or childcare setting. If sex is occurring in those situations, it is illegal activity and should be addressed and/or prosecuted.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public. The vaccine is not acceptable to many in the medical community and the public. It is one of the most controversial vaccines for many valid reasons.

8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable. The vaccine is one of the most expensive on the market. Delivering and tracking and returns to the state are therefore also expensive.

9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver. While it is a minor financial burden for parents to get the vaccine (the state or insurance pays but time must be taken for the administration appointment), it is an unacceptable personal and financial burden to take the health risk. It is also a major burden to attempt to obtain an exemption from any vaccine requirement. Doctors and clinics are increasingly refusing to sign any exemptions of any type, and parents sometimes have to see three or more practitioners before finding one who will respect their medical decisions and sign an exemption, even

> though the signature simply verifies the parent has been told the risks and benefits of a vaccination and is not an endorsement of the parent's choice.

Vaccine requirements for childcare and school entry always introduce a layer of coercion to what should be private medical decisions and they increase risk of harm because they discourage personalization of administration, neglect individual susceptibility to harm, and ignore new science and in-progress legal proceedings on vaccine products. As the FDA wrote in 1988:

> Pre-licensing clinical trials are conducted in a controlled environment, much different from data obtained from passive or active post-marketing surveillance systems. After licensure, vaccinated persons have diverse demographic characteristics (e.g., age, race, socioeconomic background), medical history (immunocompromised host), and/or multiple medical problems necessitating medication (potential drug interactions). These previously unstudied components of a patient's social or medical history may be risk factors which could impact the outcome of vaccination and contribute to the development of adverse events.

ICWA has presented much information to the BOH about individual susceptibility to vaccine injury and vaccine failures that have been revealed post-marketing for many of the vaccines currently required. This information has been ignored, even when a vaccine has been found to *increase* risk of transmission in a childcare or school setting, such as with pertussis. But because HPV vaccines were not tested for safety or efficacy in most of the population groups now being targeted, and the trials that did take place are now the subject of a fraud case, an HPV vaccine requirement by WA State would be unacceptable coercion, even forced experimentation.

The science on vaccines is not settled. The science on HPV vaccines is unsettling.

In conclusion, the ICWA Board and members vehemently oppose the addition of HPV to chapter 246-105 WAC (Immunization of Child Care and School Children Against Certain Vaccine-Preventable Diseases.)

We ask that the BOH vote against beginning the rulemaking process and instead join with ICWA in protecting consumers.

Sincerely,

Bernadette Pajer, co-president, ICWA