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HOW I VOTED: HPV VACCINE

AGAINST

Late in the 2007 session the House took up a controversial issue, the vaccine for the human papillomavirus (HPV). You may have read a good bit about the vaccine, and about the efforts in various states to mandate its use.

The vaccine is called Gardasil, and it is made by the Merck corporation. It has been shown to be effective in reducing HPV, which is a sexually transmitted disease. The HPV is also a precursor to cervical cancer; thus, the vaccine would reduce the incidence of that kind of cancer.

The bill introduced in the House would have required every 12-year old girl in the state to receive the vaccine before entering seventh grade. The argument for inoculating girls at such a young age was that it was important to give them the vaccine before they become sexually active.

The bill failed, losing by what was essentially a margin of 8 votes. I voted against it.

Many proponents of the bill suggested that this vote was yet another knee-jerk reaction by fundamentalist Christians against what they perceived to be a moral abomination. The primary sponsor, a Republican from Richland County, complained that the result "all comes down to the fact that we don't like how we get this disease." While this may have been the case for a small minority of opponents, most of the folks I worked with to help beat this bill had other reasons.

There was, for example, very disturbing evidence about the drug that came out just days before the vote. A front-page article in the Wall Street Journal --- a publication unlikely to have a bias against a large corporation like Merck --- raised serious questions about the clinical trials. It turns out that of the 8800 women in the test only a "few hundred" were 11- and 12-year old girls: the exact population at which this bill was aimed. Although the FDA approved the vaccine for general use, it ordered Merck to track the drug's effectiveness on these young girls to "further establish the vaccine's safety."

There was also some conflicting evidence about how effective the drug really was. Although proponents in the House claimed that the vaccine was 100% effective, and would eradicate cervical cancer entirely, Merck itself made no such claims. The official Merck position was that the vaccine “may” help protect against the types of HPV that “may cause 70%” of cervical cancer. One of the doctors who sat on the FDA advisory committee commented that while the drug was very effective against HPV, to suggest it would prevent cervical cancer was a “leap of faith.”

Finally, there was a question as to how widespread the problem of cervical cancer really is. While the conventional wisdom is that it is a significant health risk, the truth of the matter is that it accounts for less than 1% of cancer diagnoses and deaths in the US. It turns out that the practice of regular Pap testing in women has reduced the incidence of cervical cancer in this country by 80% in the last half-century.

With that sort of cost-benefit analysis as a backdrop, other Legislators and I fought hard to beat this bill. This was not, after all, a bill that would make the vaccine legal or illegal, it was a bill that would mandate that this drug be given to every girl in the state. For me and for others, including the only physician in the House, there were simply too many questions about the risks. If parents want their daughters to receive this vaccine, they are free to do so. However, I was not about to sit idly by while the government forced it upon an unsuspecting public. For me, “future studies regarding the drug’s safety” and “leaps of faith” are not concepts that I want associated with drugs that we are forcing 12-year old girls to take.

It may be that DHEC makes a recommendation in the future that this vaccine be added to the list of those required by the state. I am comfortable with that. That is DHEC’s job, and according to them, any recommendation would come only after several years of analysis and consideration. That is as it should be. Indeed, part of my concern about this bill was that we were treating women’s health as a political issue and not as, well, a health issue.