



# CATHOLICS FOR THE COMMON GOOD

A NEW CATHOLIC ACTION

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September 13, 2011

## REQUEST VETO

**RE: AB 499 (Atkins) Minors Medical Care: Consent**

The Honorable Edmund G. Brown, Jr  
Governor of California  
State Capitol, Suite 1173  
Sacramento, CA 95814

Dear Governor Brown,

Catholics for the Common Good respectfully asks you to follow the same principles stated in your veto message for SB 105 and veto AB 499.

We are heartened by your concern “about the continuing and seeming inexorable transfer of authority from parents to the state.” We are glad you agree that “parents have the ability and the responsibility to make good choices for their children.”

AB 499 takes away the right of parents to make consequential healthcare decisions for their children when they have been exposed to certain sexually transmitted diseases or in deciding whether they should receive a controversial vaccine for 4 of 30 strains of the human papillomavirus. It also would cause the state to make additional unnecessary and wasteful financial expenditures as demonstrated below.

## Exposure to Hepatitis B and HIV

What parent would not want to know if their child was exposed to hepatitis B or HIV and pursue aggressive medical treatment for her? But AB 499 decreases the chance that parents will have the ability to make sure their child completes preventive medical treatment because they will be less likely to be excluded by a law that by-passes them.

- Note, the Senate Appropriations Committee analysis states that the **child may not even qualify for the federal portion of MediCal to cover costs without parental approval which will increase the costs to the state,** and
- **Cost to the state could increase if children do not complete their full 28 day course of PEP HIV medication.** Children as young as 12 years old are not reliable to follow up on their healthcare and take medicine without parental supervision. Parents need to be privy to the results of the vital post treatment blood test that is pertinent to future healthcare monitoring and treatment of the child. **These responsibilities should not be taken away from parents by law and given to the child.**

## Vaccinations for HPV

Vaccinations for HPV have been controversial since they were introduced in 2006. Merck, the manufacturer of Gardasil, the first one to the market, has been fighting skepticism from medical researchers and parents. In 2007, because of a national outcry by parents, they failed in attempts to pass laws to make inoculations mandatory in California and elsewhere.

- **By giving children the power to consent without parent knowledge, AB 499 disrespectfully goes around the objections of parents who do not want their kids to be vaccinated, and therefore takes advantage of children who are easily influenced.**
- Not only is this wrong, the bill **goes too far by forcing the state to pay for vaccinations for boys although the Center for Disease Control has only recommended them for girls<sup>1</sup>** Using estimates provided by the Senate, this could amount to a windfall of sales for Merck and its competitor of up to \$30 million in addition to the costs incurred by the state to pay service providers.

<sup>1</sup> “HPV Vaccine Q & A”. See “Who should get HPV vaccine?” Center for Disease Control and Prevention, April 6, 2011. Accessed September 10, 2011. <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>

- Merck has been criticized by financial analysts for the difficulties they have encountered in marketing the drug, partially because of **what they describe as a “design flaw”<sup>2</sup>**. The vaccine requires three injections over time and statistics reveal that only about 27% of children who receive Gardasil complete the series required for immunization. That is the outcome with presumed parental involvement, which is precluded by this bill. It is ludicrous to think that a child will do a better job on her own for completing the process than one with a vigilant parent. It demonstrates that state funds are likely to be wasted for expenditures that do not result in immunizations.
- A more thorough financial analysis by the Senate Appropriations Committee using CDC data would have identified potentially **wasted expenditures because of children not completing the immunization process. The wasted funds could range to as much as \$0.6-\$1.2 million** depending on whether they receive one or two injections before quitting (see attachment).

In addition to the **unnecessary and potentially wasteful expenditures** required by the bill, the violation of parental rights due to the **“transfer of authority from parents to the state”**, and the **jeopardization of children’s health** by depriving them of the healthcare supervision of their parents, there are a number of serious issues that Catholics for the Common Good raised while the bill was in policy committees that were never addressed.

1. **There are no protections against coercion built into the bill.** While not as sweeping as the mandate Merck originally sought, AB 499 opens the door for adults with ulterior motives or profit incentives to coerce, scare, or otherwise influence children into consenting to vaccines or treatments that they do not need and that could harm them. Children are not equipped to stand up to the authority of adults, to do research, to ask questions, and to understand statistics about health risks that would enable them to make informed decisions.
2. **Parents in California are highly concerned about reports of serious reactions resulting from Gardasil.** The CDC reports 68 deaths associated with the vaccine, and 8% of reactions reported to VAERS were classified as serious, having resulted in hospitalizations, permanent disabilities, life threatening illnesses, and death. There are certainly documented benefits, but parents need to be involved in evaluating the risks and benefits, and determining whether or not their child should be immunized. The state should not take this serious responsibility out of parents’ hands.
3. If parents are unaware that their children have received vaccines and medications, they cannot be vigilant for allergic reactions and side effects that require immediate treatment to prevent death or serious and permanent health consequences.
4. Taking further funding from MediCal to cover discretionary, unnecessary, and wasteful treatments will likely impact people with serious and immediate health problems. There was no analysis of these consequences by the legislature. Projections of long-term savings are speculative and were not supported by any study or detailed financial analysis.

Dartmouth Medical School researcher Dr. Diane Harper, who led the Merck funded clinical trials on Gardasil, sums it up by saying, **“It is silly to mandate vaccination of 11- to 12-year-old girls. There also is not enough evidence gathered on side effects to know that safety is not an issue...** We don’t need mandatory vaccinations for little girls. ... To mandate now is simply to Merck’s benefit, and only to Merck’s benefit.” While not a mandate, trying to push this vaccine on 12 year-olds is the closest thing to it. Additionally, **during the current budget crisis, there is no justification for making new expenditures of state funds for**

- vaccinating boys who do not even qualify for the CDC’s recommended immunization schedules, and
- injections that do not result in immunizations. This waste is predictable based on past experience as reported by the CDC of the low completion rate of the series required for immunization.

We hope you will agree that, while well intended, AB 499 is seriously flawed. It provides for expenditures that are in some cases wasteful, unneeded and unwanted by parents. It is an invasion of parental rights and can have serious health and safety consequence for children. It is bad healthcare policy for California.

We respectfully urge you to return AB 499 with your veto.

Sincerely



William B. May

cc: Lark Park, Deputy Legislative Secretary

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<sup>2</sup> DuBois, Shelly. “What went wrong with Gardasil.” CNNMoney. CNN, FORTUNE & Money. September 7, 2010. Accessed September 13, 2011. [http://money.cnn.com/2010/09/06/news/companies/merck\\_Gardasil\\_problems.fortune/index.htm](http://money.cnn.com/2010/09/06/news/companies/merck_Gardasil_problems.fortune/index.htm)

Attachment 1

**Analysis of Potential Waste for HPV Vaccinations Due to Low Completion Rates**

**All three injections of Gardasil are required for immunization.**

Reported by the CDC, August 19, 2010: **Teen Vaccination Rates Increasing Across the US**  
*CDC survey provides estimates of coverage for adolescent vaccination at the national, state and selected local area levels*

“For girls who received at least one dose of human papillomavirus (HPV) vaccine, coverage increased 7 points to about 44 percent. However, for girls who received the recommended three doses of HPV vaccine, **coverage was only about 27 percent** (a 9 percent increase).”<sup>3</sup>

**Senate Appropriations Analysis assumes:**

1. Girls *and* boys will be immunized, and
2. An immunization rate of 5-10% of 923,000 MediCal qualified children (46,150-92,300)

However, not all who start to process for immunization will complete it. The rate will likely be less than 27% because of lack of parental support to assure completion.

**Wasted public expenditure because immunization was not achieved:**

Assuming the high estimates from the Senate Appropriations Committee, the waste could range from \$ 0.6- \$ 1.2 million depending on whether children receive one or two injections at \$9.00 per injection (Medical reimbursement rate)

27% completions of 92,300 children = 24,921 immunizations  
Number failing to complete the series = 67,379 (92,300-24,921)

1 injection for 67,379 children at \$9 each = \$ 606,411  
2 injections for 67,379 children at \$9 each = \$ 1,212,822

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<sup>3</sup> “Teen Vaccination Rates Increasing Across the US.” Center for Disease Control and Prevention, CDC Division of Media Relations. August 19, 2010. Accessed September 10, 2011. <http://www.cdc.gov/media/pressrel/2010/r100819b.htm>.