CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

Jointly With

COMMITTEE ON WOMEN’S ISSUES

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January 8, 2015
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HELD AT: Committee Room - City Hall

B E F O R E: Corey D. Johnson
Chairperson

Laurie Cumbo
Chairperson

COUNCIL MEMBERS:
Maria Del Carmen Arroyo
Rosie Mendez
Mathieu Eugene
Peter A. Koo
James G. Van Bramer
Inez D. Barron
Robert E. Cornegy, Jr.
Rafael L. Espinal, Jr.
Darlene Mealy
Elizabeth S. Crowley
Karen Koslowitz
Ben Kallos

A P P E A R A N C E S (CONTINUED)

Melissa Mark-Viverito
Speaker of the New York City Council

Doctor Jay Varma
Deputy Commissioner of the Division for Disease Control at DOHMH

Doctor Ross Wilson
Chief Medical Officer at Health and Hospitals Corporation

Doctor Jane Zucker
Assistant Commissioner of the Bureau of Immunization at DOHMH

Marcelo De Stefano
Director of School-Based Health Centers

Liz Krueger
State Senator

Angela Diaz
Mount Sinai Adolescent Health Center

Lonna Gordon
New York Society of Adolescent Health and Medicine

Erin Harrist
New York Civil Liberties Union

Abraham Aragones
Memorial Sloan-Kettering Cancer Center

A P P E A R A N C E S (CONTINUED)

Kathleen Morrell
Physicians for Reproductive Health

Justine Almada
The HPV and Anal Cancer Foundation

Julienne Verdi
Planned Parenthood NYC

Michele Prigo
National Cervical Cancer Coalition

Katherine Lobach
Montefiore Adolescent Primary Care

Matthew Weissman
Community Healthcare Network

2 CHAIRPERSON JOHNSON: Good afternoon. My
3 name is Council Member Corey Johnson. I am Chair of
4 the Council's Committee on Health, and today we are
5 holding a joint hearing with the Committee on Women's
6 Issues chaired by Council Member Laurie Cumbo from
7 Brooklyn. I want to turn the hearing over to our
8 Speaker, Melissa Mark-Viverito, who is going to start
9 with an opening statement.
10 SPEAKER MARK-VIVERITO: Thank you, Chair
11 Johnson and Chairs Johnson and Cumbo. Good afternoon
12 to everyone. I'm Council Member Melissa Mark-
13 Viverito, Speaker of the New York City Council. I
14 want thank Council Members Johnson and Cumbo for
15 holding this hearing and joining me in highlighting
16 this important issue. I want to thank all the DOMH
17 reps that are and everyone else that has come to
18 testify. Today, we're holding an oversight hearing
19 on the city's efforts to prevent the Human
20 Papillomavirus and decrease cancer known as HPV and
21 decrease cancer risks in addition to two Resolutions
22 I'm sponsoring. The first Resolution would recognize
23 January as Cervical Health Awareness Month in New
24 York City. The second Resolution would call upon the
25 New York State Legislature to pass legislation

2 permitting healthcare practitioners to provide
3 treatment to youth for the prevention of HPV. HPV
4 infections are the most common sexually transmitted
5 infections in the United States. HPV usually
6 resolves itself within two years and most people do
7 not know that they are infected. However, certain
8 types of HPV do not go away and can cause genital
9 warts and cancer. The American Cancer Society
10 estimates that HPV infections are responsible for
11 nearly all cervical and anal cancers, about 70
12 percent of all vaginal cancers and vulvar cancers,
13 roughly 60 percent of all penial cancers, and over 70
14 percent of all oral cancers. The Centers for Disease
15 Control and Prevention estimates that about 21,000
16 HPV related cancers could be prevented through the
17 HPV vaccine. Cervical cancer is the most common HPV
18 associated cancer, but it also the only one with a
19 routine screening method. When cervical cancer is
20 found early through Pap screenings it is highly
21 treatable. Cervical cancer rates have been
22 drastically declining overall. Latina and African-
23 American women have the highest rates of cervical
24 cancer and are more likely to die from the disease
25 than any other group. The resolution recognizing

2 January as Cervical Health Awareness Month in New
3 York City seeks to bring attention to prevention and
4 screening so we can eliminate cervical cancer and
5 erase these disparities. Another method of
6 eliminating all HPV associated cancers is increasing
7 access to the HPV vaccine. While minors in New York
8 State can access sexual reproductive health services
9 without parental consent, preventive services such as
10 the HPV are not specifically spelled out in state law
11 as being permitted without parental consent. This
12 can be a significant barrier to accessing vaccine,
13 especially in school based health centers where
14 guardians do not accompany students. For this
15 reason, I introduced the resolution calling upon the
16 New York State Legislature to pass legislation
17 permitting healthcare practitioners to provide
18 treatment to youth for the prevention of HPV.
19 Senator Liz Krueger and Assembly Member Amy Paulin--
20 it's great to Senator Krueger here--introduced
21 legislation in 2013, which will permit healthcare
22 practitioners to provide healthcare related to the
23 prevention of sexually transmissible infections
24 including administering vaccines to persons under the
25 age of 18 without a parent's or guardian's consent.

In 2012, California similarly began allowing minors to unilaterally consent to STI prevention services including the HPV vaccine. I believe that minors should have access to the tools they need to prevent sexually transmitted infections especially when those infections can ultimately cause cancer. As many of you know, last summer I revealed that I had been diagnosed with high-risk HPV. Despite the fact that nearly all sexually active men and women get it at some point in their lives, HPV still carries a stigma. It's important that we have this hearing today and talk about this topic openly without judgment, and I'm glad that I was able to start that conversation in august, and I hope that my coming forward will help de-stigmatize HPV testing and encourage people to take charge of their health. I was just sharing with a practitioner earlier, a researcher that when I divulged that, one of the tweets that I got in response was from a pediatrician who said that a mother had come into the office with her daughter specifically to inquire about the HPV vaccine because of the stories that they had read about my divulging my status, and that was--it's important, and I think that that's the reason that I

took that risk and the importance of really using the status we have as elected officials to really bring prominence to these issues. I want to thank the Department of Health and Mental Hygiene for their outreach work on HPV, and I want to thank the practitioner and advocates who are in the community every day raising awareness and saving lives. I look forward to how we can partner to continue and expand upon the great work that is already being done. So, I want to thank everyone that is here and hand it back over to our Chairs.

CHAIRPERSON CUMBO: Thank you, Speaker Melissa Mark-Viverito. Good afternoon. I want to thank all of you for coming today and giving of your time and your energy for such an important issue. I am Laurie Cumbo, and I am Chair on the Committee on Women's Issues. First and foremost, I'd like to applaud Speaker Melissa Mark-Viverito for her fearless leadership in raising awareness and de-stigmatizing HPV. Before our Speaker, no other individual in this city had come forward with such bravery and candor in order to bring such a common issue to the forefront, and I really thank you for your honesty, your bravery and your courage, because

2 it exhibits what we all should do in terms of
3 utilizing our own personal experiences to bring
4 greater awareness to others. I'd also like to thank
5 my colleague and co-Chair, Council Member Corey
6 Johnson and the staffs to the Women's Issues and
7 Health Committees for their work and preparation for
8 this hearing, and for recognizing that this is an
9 issue that not only affects women, but also men. I'd
10 also like to thank the members of the Women's Issues
11 Committee that are present, currently Council Members
12 Crowley and Council Member Kallos. Today, in addition
13 to having an oversight hearing on this city's effort
14 to prevent HPV and decrease the risk of cancer, we
15 are hearing two Resolutions which I am proud to
16 sponsor alongside the Speaker and Council Member
17 Johnson. The first establishes January as Cervical
18 Cancer Awareness Month in New York City and the
19 second calls upon the New York State Legislature to
20 pass legislation to permit healthcare practitioner to
21 provide treatment to young people for the prevention
22 of HPV. As Chair to the Women's Issues Committee, I
23 want to express my deep concern for just how many
24 lives are lost to cervical cancer. What makes this
25 so troubling is that cervical cancer is highly

preventable. Screening test and a vaccine to prevent HPV infections are available. In spite of this, some 270,000 lives are lost annually worldwide to cervical cancer, particularly in developing countries where access to treatment is scarce. Something must be done to change this and that's why we are all here today. Cervical cancer is often perceived as a women's health issue. Here in the United States cervical cancer affects 10,000 women and kills about 4,000 women yearly. Unfortunately, most women with cervical cancer are symptomless until the cancer has progressed. This is why screening for HPV and outreach to communities is critical, particularly addressing young people. Studies have shown that up to one-third of sexually active adolescents are infected with HPV. Young people, including males who are vulnerable to HPV and are equally likely to spread the virus to their sexual partner should be educated before they become sexually active. Young people should also be provided treatment early in life to prevent transmission or exposure to HPV. There is no reason why HPV should be stigmatized in the way that it is. We should not be afraid to address this issue. We must realize that while HPV

infections are the most common sexually transmitted infections, HPV can also lead to cancer. This conversation is ultimately about saving lives. I look forward to hearing from the Department of Health and Mental Hygiene and Health and Hospitals Corporation and other advocates about what we should be doing as a city to meet the needs of those who are infected or at risk of being infected with HPV. I also look forward to hearing currently about what is being done to reach those who are most at risk, particularly women, young people, low income, and immigrant populations, all who are disproportionately affected HPV. Let us move forward in the right direction as a city to ensure that awareness is raised about HPV and cervical cancer. Together, we can ensure that many lives are saved through education and prevention. I hope through the bold and courageous step taken by our Speaker, that more individuals will be able to speak out openly and honestly with one another, especially with our youth about their reproductive health and our own experiences. I also hope that all individuals that are sexually active, both men and women, will prioritize regular screenings as it pertains their

2 reproductive health and that they have conversations
3 that will take out the stigmas that are associated
4 with it, with our partners, with our family, with our
5 loved ones and with the young people who are looking
6 to us for guidance, support and leadership. And now,
7 I will turn it over to my colleague and Chair,
8 Council Member Corey Johnson. Thank you all.
9 CHAIRPERSON JOHNSON: I thank you, Chair
10 Cumbo. Good afternoon, again, everyone. As I said,
11 I'm Corey Johnson. I Chair the Council's Committee
12 on Health. I want to thank the Speaker, and I also
13 want to thank Council Member and Chair Laurie Cumbo
14 for joining me today to hold this important oversight
15 hearing in addition to hearing these two resolutions
16 which I am co-sponsoring. HPV is so common that
17 nearly all sexually active men and women get it at
18 some point in their lives. While this disease often
19 resolves on its own, too many the consequences can be
20 serious. HPV infections account for approximately
21 five percent of all cancers worldwide. That
22 statistic is all the more staggering given what we
23 know about HPV. I applaud those efforts to help
24 ground this discussion in the framework of women's
25 health. As we learned at an earlier hearing this

past year, past fall, on ovarian cancer, far too often, women overlook their own health in their efforts to care for their families. I think we further need to put our discussion of HPV in the context of men's health as well as women's health. Many of the cancers that HPV causes, as the Speaker noted, affect men as well as women. Significantly, while cervical cancer rates have been declining for decades, anal cancer rates have begun to increase. It is rare in healthcare to have a vaccine that can effectively prevent against certain types of cancer. Given the proven effectiveness of the HPV vaccine to prevent these cancers, I believe that we have a moral responsibility to promote the use of this vaccine for all young people well before they are sexually active. To me, it seems like a basic common sense, that young persons who have access to care to treat sexually transmitted infections should also have access to care that prevents those infections in the first place. By giving young people the tools they need to prevent STI's, educating parents on the benefits of the vaccine and getting providers to strongly recommend the vaccine, we can get closer to eliminating these HPV associated cancers. As the

Speaker noted, it is extremely important that this conversation about HPV become public and an open one. I admire the Speaker for being a leader on this issue, revealing very personal and private information about her own health to the public. Too often people with illnesses or diseases are so afraid of the stigma, that they are forced into the shadows. As someone who is openly HIV positive, I know the importance of bringing these conversations to light. I know the importance of talking about HIV and HPV. I've heard stories of women who fearing the stigma of a sexually transmitted virus hide the fact that they have cervical cancer, and instead tell people that it's ovarian cancer. They shouldn't have to suffer alone. Together, I think we can do something about it. It is against this backdrop that I feel an urgency to have the discussion that we're having today, and to encourage people to have more conversations like this at homes, with their friends and especially with medical professionals. If we can bring this topic out in the open and end the stigma, we may save the lives of thousands of people who could otherwise be claimed by HPV associated cancers. I want to acknowledge my colleagues on the Health

2 Committee who have joined us. We've been joined by
3 Majority Leader Jimmy Van Bramer, Council Member
4 Rafael Espinal, Council Member Peter Koo, and Council
5 Member Mathieu Eugene, and we also have been joined
6 by a member of the Women's Issues Committee, Council
7 Member Karen Koslowitz. Oh, and I didn't see my
8 friend Council Member Arroyo come in as well. I also
9 want to thank my Legislative Director, Louis Sheldon-
10 Brown [sic], the Health Committee Counsel Dan
11 Hayfits, the Policy Analyst for the Health Committee
12 Crystal Pond [sp?], Krillean [sp?] Francisco, the
13 Finance Analyst for the Health Committee for their
14 work in preparing for today's hearing, and I believe
15 Council Member Cumbo before recognized that we're
16 also joined by Council Member Crowley and Council
17 Members Kallos. So, with that, I want to turn it over
18 to our first panel. We have been joined today by
19 Doctor Jay Varma, the Deputy Commissioner of the
20 Division for Disease Control at the Department of
21 Health and Mental Hygiene, Doctor Ross Wilson, the
22 Chief Medical Officer at the Health and Hospitals
23 Corporation, Doctor Jane Zucker, the Assistant
24 Commissioner of the Bureau of Immunization at the
25 Department of Health and Mental Hygiene, Doctor

2 Marcelo De Stefano, the Director of School-Based
3 Health Centers, and also Machelle Allen, Doctor
4 Machelle Allen, who is the Deputy Chief Medical
5 Officer at the Health and Hospitals Corporation.
6 Before they start, I would like to swear them in. If
7 they could all please raise their right hands. Do
8 you affirm to tell the truth, the whole truth and
9 nothing but the truth in your testimony before this
10 Committee and to respond honestly to Council Member
11 questions? Great. So, you may begin in whatever
12 order you would like. Please, identify yourself for
13 the record and bring the mics close and speak
14 directly into them. Thank you very much.
15 JAY VARMA: Good afternoon, Speaker Mark-
16 Viverito, Chairman Johnson, Chairwoman Cumbo, and
17 members of the committee. My name is Jay Varma. I am
18 the Deputy Commissioner for Disease Control at the
19 New York City Department of Health and Mental
20 Hygiene. I'm joined today by Doctor Jan Zucker, the
21 Assistant Commissioner for the Bureau of Immunization
22 at the Health Department and Doctor Marcelo De
23 Stefano, the Department of Education's Director of
24 School-Based Health Centers, Dental Clinics and
25 Health Insurance. On behalf of the Health

Commissioner Bassett, I want to thank you for the opportunity to testify today, and Madam Speaker, we want to thank you for your tremendous work on bringing awareness to this issues. This is my first chance to testify before the Council on issues related to human papillomavirus, also known as HPV. As you've heard already, it is the most common sexually transmitted infection in the United States. I'll first give an overview of HPV, and then we'll also discuss the Health Department's rigorous efforts to stop New Yorkers from getting this infectious disease. The Centers for Disease Control and Prevention's National Health and Exam Survey estimates that about 79 million Americans are currently infected with HPV. Each year, 14 million new infections occur among people ages 15 to 59, and approximately half of these new infections occur among people aged 15 to 24. Nationally, the economic burden of HPV is huge. It is responsible for an estimated eight billion in annual cost related to treatment and screening. There are many different types of HPV. Some can cause cervical, vaginal, vulvar, penial, oral pharyngeal cancers in addition to genital warts. Most infections cause no health

problems at all. Without any treatment, 70 percent of HPV infections go away within one year and 90 percent go away within two years. Yet, HPV can have lasting and sometimes fatal consequences. Approximately 33,000 new HPV associated cancers occur in the United States annually. Sixty percent of these cancers are in women. In the United States, an estimated 15,590 people die from HPV associated cancers annually, including 4,000 annual deaths from cervical cancer and 950 from anal cancer. In New York City there are an average of 137 deaths from cervical cancer and 24 deaths from anal cancer each year from 2007 to 2011. HPV related cancers disproportionately affect certain populations. In New York City, HPV related cervical cancer each year is highest among non-Hispanic black women at a rate of 13.3 per 100,000 women, and then among Hispanic women at 10.1 per 100,000 women. This is in comparison to non-Hispanic white women at a rate of 7.2 per 100,000. Men who have sex with men are at greater risk of acquiring HPV infection compared with heterosexual men, and in addition, people with HIV/AIDS and HPV infection together are at greater risk for both cervical and anal cancer. The Health Department takes a multipronged approach

2 towards preventing HPV infection. Since condoms help
3 prevent the spread of HPV, the Department distributes
4 millions annually, including over 37 million male
5 condoms in 2014. Condoms, however, do not provide
6 complete protection, because HPV can infect areas of
7 the genitalia that are not covered by a condom. The
8 most effective way to prevent HPV is to vaccinate
9 people. If possible, vaccination should be performed
10 before people become sexually active, since the
11 vaccine works best in those people who have never
12 been exposed to HPV. In accordance with CDC
13 recommendations, we strongly encourage vaccination
14 for pre-teens and for teens and young adults who are
15 not previously vaccinated. There are three types of
16 FDA approved vaccines in the United States.
17 Quadrivalent vaccine, which is known by the Brand
18 name Gardasil is licensed for both females and males.
19 Gardasil protects against two HPV types, type six and
20 eleven that cause genital warts, as well as two HPV
21 types, type 16 and 18 that cause most HPV related
22 cancers. Bivalent HPV vaccine, which is known by the
23 Brand name Cervarix, is licensed only for females.
24 Cervarix protects against the same two cancer causing
25 types of HPV as Gardasil, 16 and 18. The 9-valent

2 HPV vaccine which is now known by the brand name
3 Gardasil 9 was approved in December 2014. Usage
4 guidelines are still pending for that vaccine.
5 Gardasil and Cervarix, the two vaccines I first
6 mentioned are covered by insurance and given at a
7 three dose series over a six month period. They are
8 up to 99 percent effective in preventing cervical,
9 vaginal and vulvar infections which would develop
10 into cancer if they are not treated. They are also
11 88 to 99 percent effective in preventing genital
12 warts. Vaccines have profoundly impacted HPV
13 prevalence in the United States. Four years after
14 their introduction, HPV prevalence declined 56
15 percent among female's ages 14 to 19 years old, and
16 genital warts declined 38 percent in the same group.
17 In New York City, HPV vaccine is administered by a
18 broad range of pediatric care providers, including
19 public clinics, private practitioners, school-based
20 health centers, and the Department's Immunization
21 Clinic. As of September 30th, 2014, according to our
22 citywide immunization registry data, 66 percent of
23 females and 50 percent of males ages 13 to 17 had at
24 least one dose of the HPV vaccine. In New York City,
25 42 percent of females and 27 percent of males have

received all three doses. While we're proud of the progress that we've made, we are still far from reaching the national target of 80 percent coverage by 2020. Despite these efforts, there are also significant disparities in vaccine coverage. In the United States, Hispanics and lower income groups have the highest coverage levels, while whites in higher income groups have the lowest coverage. In New York City, we find similar disparities among people who attend the Department's clinics that treat sexually transmitted infections. Geographically, HPV vaccine coverage is highest in the Southern Bronx and Northern Manhattan, and it's lowest in Staten Island, Central and Southern Brooklyn, and Greenpoint in Williamsburg. Some parents delay or refuse to vaccinate their children because of concerns about sexual activity. To address this barrier, the Department focuses its educational materials on HPV as a cancer prevention vaccine. One of the greatest predictors that a child will be vaccinated is a strong recommendation from a healthcare provider. The Department is working to increase healthcare provider's knowledge regarding HPV related diseases, the safety and effectiveness of the vaccine and the

best practices for administering and recommending the vaccine. The latter includes administering the vaccine at the same medical visit as other recommended adolescent vaccines, what's known as the TDaP vaccine, or tetanus, diphtheria and pertussis vaccine as well as the MCV, or meningococcal vaccine. We recommend that the first dose of the HPV vaccine be given at the same time as the adolescent TDaP vaccine, which is required for entry into sixth grade. Consistent with CDC's recommendation, we encourage providers to administer all three HPV vaccine does when children are 11 or 12 years old. We promote the vaccine among providers in several different ways. Two times a year, we mail providers a report of their facility's vaccination coverage, including rates among teens. This includes their percentile ranking compared to other facilities. In addition, we visit about a quarter of pediatric care sites every year, and we give feedback on vaccine coverage to those sites. We give providers resources on HPV including updates on vaccine recommendations, posters of our subway ads, which we'll show right here, print copies of patient health bulletins to display and hand out in their offices. We've also

conducted in depth interviews to better understand provider attitudes towards the HPV vaccine, barriers to vaccine and how to increase vaccination rates. These findings are guiding the development of a tool kit that we will be soon distributing to providers to promote HPV vaccination. Through the citywide immunization registry, providers are able to identify patients who have not received the HPV vaccine and those needing to complete the series. They can also generate a list, a letter or list of patients for whom to call. We're developing a system for providers to send automated text messages or emails to the parents of patients who are due for vaccination. The Office of School Health, which is a joint program of the New York City Department of Education and the Health Department offers the vaccine through 138 school-based health centers, which serve about 10 percent of the Department of Education's 1.1 million students. The School-Based Health Centers give information about the vaccine to male and female middle and high school students enrolled in a school-based health center and offer the vaccine to male and female students ages nine and older. School-based health centers hang posters

2 about HPV vaccination services on site and the
3 schools in collaboration with the School-Based Health
4 Center staff also send parents a packet of
5 information about the range of free services offered
6 at these health centers, including HPV vaccination.
7 The Health Department uses a multifaceted
8 communication strategy to educate the general public
9 about the vaccine's benefits. In 2014, we conducted
10 eight focus groups in several languages to the
11 diverse group of parents of unvaccinated adolescents
12 to help shape our strategy. We introduced the
13 hashtag, #vaccinatehpv on Twitter and Facebook. Make
14 sure to use that today if you tweet. We also ran
15 five weeks of television ads and eight weeks of
16 subway ads in both English and Spanish. We updated
17 our HPV webpage and published a health bulletin on
18 HPV, which has been translated into 10 languages.
19 Health bulletins have been widely distributed to our
20 partners, including to all pediatric care providers,
21 community based organizations and the American
22 Academy of Pediatrics. And I'm pleased to tell you
23 that we have recently resecured [sic] funding to re-
24 run our ads within the city's public transit system.
25 The Department recognize that HPV has a broad and

2 lasting impact if people are infected. We recommend
3 in line with national guidelines that women have a
4 Pap test at age 12 and then subsequently every three
5 years to detect and prevent cervical cancer. Women
6 between 30 and 65 year olds can be screened every
7 five years if they have both a negative Pap test and-
8 -I'm sorry, if they have both the Pap test and an HPV
9 test. Our eight clinics that treat sexually
10 transmitted infections provide Pap tests and preform
11 them for 2,526 women in fiscal year 2014. According
12 to data form our Community Health Survey, the
13 prevalence of Pap test among women ages 18 and over
14 is over 80 percent. Although lower than what we
15 would like, these screening rates are in fact higher
16 than those for colon and breast cancer. We also
17 suggest, in line with the New York State AIDS
18 Institute Guidelines, that clinicians obtain anal Pap
19 tests for the following patients in HIV infected
20 populations, men who have sex with men, any patient
21 with a history of anal genital warts, and women with
22 a history of abnormal cervical or vulvar histology.
23 Thank you again for the opportunity to testify today.
24 We look forward to continuing to work with the
25 Council to bring awareness to this critical issue and

2 to improve HPV vaccination rates. Doctor Zucker,
3 Doctor De Stefano and I are happy to answer any
4 questions you may have.
5 CHAIRPERSON JOHNSON: Thank you, Doctor
6 Varma. We have also been joined by Council Member
7 Robert Cornegy, who's a member of the Health
8 Committee, and I want to say, Doctor Varma, I think
9 this is the first time that you've been before the
10 Council since we were dealing with Ebola last fall,
11 and you did an exemplary job in leading the
12 Department's efforts. I know there were many
13 sleepless nights, and very proud of the work that you
14 did and I think it's important to publicly
15 acknowledge and recognize that.
16 [applause]
17 CHAIRPERSON JOHNSON: And the same goes
18 for you, Doctor Wilson at HHC, and I want to turn it
19 over to you testify.
20 ROSS WILSON: Thank you very much. Good
21 afternoon, Speaker Mark-Viverito, Chairperson Cumbo
22 and Johnson, and to members of the Committees of
23 Health and Women's Issues. I'm Doctor Ross Wilson,
24 Senior Vice President and Chief Medical Officer for
25 the New York City Health and Hospital Corporation,

2 and today I'm joined by Doctor Machelle Allen on my
3 right, the Deputy Chief Medical Officer and we
4 obviously speak on behalf of HHC President, Doctor
5 Raju. Thank you for the opportunity to discuss HCC's
6 efforts to decrease cancer risks for New Yorkers
7 through HPV immunization and cervical cancer
8 screening. In the testament you just heard form
9 Doctor Varma, the size and the importance of the
10 problem of HPV infection and increased cancer risk
11 has been very well covered, and I won't touch on
12 that. I'll touch on what HCC's actually been doing
13 actively. HCC's worked extensively over several
14 years on two tracks to increase screenings for cancer
15 as well as expanding effective treatment and
16 prevention programs. HCC facilities offer cancer
17 treatment services that are comprised of the latest
18 therapeutic programs and appropriate support
19 services. Each year, our facilities conduct more
20 than 115,000 cervical cancer screenings, more than
21 68,000 mammograms for breast cancer screening and
22 more than 12,000 colonoscopies for colon cancer
23 screening. Through these aggressive efforts, we aim
24 to diagnose more cancers at an earlier stage, thus
25 allowing for more effective treatment and a better

2 prognosis. We are indeed grateful to the City
3 Council for supporting these efforts over several
4 years in different ways. HHC's focus on cancer
5 prevention is part of their ongoing work to provide
6 comprehensive care to all New Yorkers. We are aided
7 in our prevention efforts as they relate to HPV by
8 the creation of the HPV vaccine several years ago.
9 The vaccine has been shown to prevent certain types
10 of HPV infection, which account for more than 70
11 percent of cervical cancers and other. HHC was at
12 the forefront of providers in New York City when we
13 began to offer the vaccine in 2006. We embarked on a
14 plan to increase access to the vaccine, to educate
15 and train our providers and to increase awareness
16 amongst our patients and amongst the communities that
17 we serve. Our early efforts proved successful and are
18 continuing to improve and these practices are now
19 imbedded into our work flows. In the same manner
20 that we offer children other vaccines, HHC offers the
21 HPV vaccine to children when they're approximately
22 between the ages of 11 and 12. We also offer it to
23 all the children, adolescents and young adults who
24 have not previously received the vaccines. Clearly,
25 early adolescents through young adulthood is the best

time for children to be vaccinated, and that includes before sexual activity begins. Although only women can get cervical cancer, both boys and girls should be vaccinated for HPV since the virus can cause other forms of cancer and warts in the genital, throat areas of boys and girls. The vaccine is administered in a series of three injections over a six month period, and that is a challenge. It's much easier to get the first injection but to continue and complete the course has been shown in both the national, city and our own literature is harder. For calendar year 2013, 77.5 percent of HHC patients age 13 to 17 have initiated the series, and 47 percent have completed that series, 44 percent of boys and 50 percent of girls. This is significantly better than the national figures of 13.9 and 37.9 and better than the overall New York City rates as well. Currently, in the year to date for 2014, we're over 52, nearly 53 percent completion rates. The enhanced acceptance rate within HHC as compared to national and New York City rates is attributed to two major factors, the HCC providers were early adopters and promotors of the vaccine. In addition, the Federal Vaccines for Children, the VFC program, along with insurance

2 coverage and our HHC Options program have eliminated
3 financial and cost barriers. I'll touch on this
4 later in my testimony. Facility interventions to
5 enhance vaccination rates include utilizing every
6 single provider encounter to raise the issue, annual
7 school physicals, sports clearance, summer camp
8 physicals, etcetera as an opportunity to initiate or
9 resume the vaccine series. In addition, once the
10 series has begun, the subsequent doses can be given
11 during a nurse visit, not requiring a doctor's
12 appointment or visit to complete the series.
13 Outreach efforts include working with local community
14 based organizations, houses of worship, as well as
15 school-based health clinics. And our education
16 efforts really are predicated on the good work of the
17 Department of Health and Mental Hygiene that we've
18 just heard about where the public education aspects
19 are vital. We use a registry which allows our
20 physicians to readily identify missed opportunities
21 and missed doses. For those patients whose primary
22 language is not English, printed materials with
23 information about the HPV vaccine are currently
24 available in multiple other languages. We also have
25 education materials on cervical cancer in all clinic

2 sites for parents of children and young women to
3 review prior to their clinic visit. HHC encourages
4 for parents to talk to their doctor about protecting
5 their child with an HPV vaccination. To ensure that
6 our clinicians stay up to date, a continuing medical
7 education program on cervical cancer, HPV and HPV
8 vaccines is available for relevant providers and
9 includes materials on the efficacy, safety and the
10 administration of the vaccine. Patients relying
11 heavily on the advice--patients rely heavily on the
12 advice of their clinician so they're more up to date
13 and acknowledge their clinicians are, the better it
14 is for our patients. In New York, health insurance
15 plans that are regulated by the state are required to
16 cover the cost of the HPV vaccine for patients
17 through the age of 18. If patients lack health
18 insurance coverage, HHC offers the vaccine at no
19 charge. Children are eligible to receive this vaccine
20 and others at no charge through the federally funded
21 Vaccine for Children Program. Uninsured patients
22 will receive assistance from HHC staff to enroll them
23 where eligible into public health insurance programs.
24 We also help patients seek subsidized coverage
25 through the New York's Healthcare Marketplace, the

2 New York State of Health. For those who are
3 ineligible for public health insurance coverage, we
4 offer patients their HHC Options Program. This
5 financial assistance program provides affordable,
6 comprehensive healthcare services to New Yorkers on a
7 sliding fee scale system. Thank you for the
8 opportunity to briefly review HHC's efforts to
9 prevent HPV. We look forward to working with the
10 City Council and others to increase awareness of the
11 vaccine and more broadly to the comprehensive
12 healthcare services that HHC offers to all New
13 Yorkers. This concludes my written testimony, and
14 indeed, we're looking forward to answering any
15 questions. Thank you.
16 CHAIRPERSON JOHNSON: Thank you, Doctor
17 Wilson, and I also want to thank you and Doctor Raju
18 for the incredible job that was done at Bellevue as
19 well last fall. So, I want to thank Doctors Wilson,
20 Varma, Allen, Zucker, and De Stefano for being here
21 today, and I want to turn it over to the Speaker who
22 has some questions.
23 SPEAKER MARK-VIVERITO: Good afternoon to
24 all of you, and I also want to thank Council Member
25 Johnson for the remarks he made about DOH, Department

of Health's response to Ebola. I'm really proud of how that was handled. Just had a couple of questions. My interest primarily the interest of my questions is on the issue of the campaign that you've engaged in. So, obviously the raising awareness is always one of the most important things, and the more we can do on the front, and obviously, I'm glad to hear that you got additional funding so that you can continue that campaign. I also see that the state is running a series of ads as well. So, there seems to be a lot of attention right now. I know it's because of the month as well. But so you--and Doctor Varma, you talked a little bit about--if you want to talk a little bit about the coverage, about like why is that coverage seems to be higher in, you're saying, the Northern Manhattan area, South Bronx versus other areas of the city. What do you attribute that to? You can maybe speak to that, because you mentioned it in your testimony.

JAY VARMA: I'll go ahead and raise one or two issues and then may have Doctor Zucker fill in as well. We know that one of the--first of all, thank you very much for your comments as well, too. We certainly couldn't have had this response to Ebola

2 without our colleagues at HHC and without all the
3 work from all the tremendous elected officials to,
4 you know, keep the city calm and educated. And so,
5 as it relates to HPV, I think we face the same
6 issues, making sure people stay calm, focus on cancer
7 prevention and not on the sexual transmission aspects
8 of it. So we know that one of the primary
9 determinants of whether or not someone gets
10 vaccinated is the provider's recommendation. SO,
11 some of these disparities may be attributable to
12 different provider attitudes towards vaccination. We
13 know that some of the provider attitudes that are
14 problematic have to do with the unwillingness to
15 discuss sexual issues and the failure to shift the
16 discussion and focus to cancer prevention also
17 related to provider's concerns about patient, parent
18 education and feeling like it may take too much time
19 to convince a parent. And then thirdly, the mistaken
20 assumption that this is somehow an optional vaccine,
21 because it's not required for school entry, it may
22 not be as important as the meningococcal or TDaP
23 vaccines. We also know that among parents themselves
24 there is a general lack of awareness. There's a
25 sense that somehow my child doesn't need this vaccine

2 because they’re not yet sexually active, and so those
3 issues need to be addressed as well. And I think the
4 final area is one that may explain the discrepancies
5 on top of that, which is health insurance coverage.
6 In areas where there are large populations of people
7 who are receiving the Vaccines for Children Program,
8 the federally funded vaccination program, we see much
9 higher immunization rates because there are no
10 concerns about copayments or provider stocking of the
11 vaccine. Doctor Zucker, do you want to fill in?
12 JANE ZUCKER: Nothing additional.
13 SPEAKER MARK-VIVERITO: Okay, perfect.
14 So speaking specifically about the campaign, is there
15 any way that you have an ability to measure the
16 success of it? Is it in seeing maybe how many people
17 compared to maybe last year are requesting the
18 vaccine? How do you measure the success of the
19 campaign?
20 JAY VARMA: I’ll let Doctor Zucker answer
21 this question.
22 JANE ZUCKER: So, we had mentioned the
23 citywide immunization registry earlier, and so all
24 vaccines administered to children 18 years of age and
25 younger have to be reported to that registry. So

2 what it means is we can actually look at actual
3 vaccination rates as a result of the ads. So for
4 example, when we look at the five weeks that the TV
5 ads ran this year and we compare that to 2013, we
6 actually saw that there were more vaccine doses
7 administered to girls, 11 percent more, and then
8 among boys we had 17 percent higher vaccination. So,
9 we're really quite pleased. That's a very good
10 response and it's in part why we're re-running those
11 ads as well. We're also able to see that missed
12 opportunities decrease. So that speaks to the point
13 that Doctor Varma mentioned, that when kids were
14 coming in for other vaccines, like TDaP for school,
15 more of them were actually getting the HPV vaccine at
16 the same time. And then we also conducted an online
17 survey that we sent to parents of adolescents, and a
18 quarter of parents said that they saw the ads, which
19 is fantastic, and also regardless of whether they saw
20 the ads or not, 55 percent reported that they were
21 likely or extremely likely to get their child
22 vaccinated. So that's a really great response to the
23 campaign that was conducted.
24 SPEAKER MARK-VIVERITO: Have you--was any
25 thought given, and I've seen some of the ads, but I

2 don't know if I've seen all of them. In terms of
3 framing the message maybe differently to younger
4 people as opposed to parents about, you know--I know
5 you're talking about the messaging overall is about
6 the cancer aspect of it obviously. So was there any
7 thought as the campaign was being developed or as you
8 move forward any lessons learned from the campaign
9 that maybe you'll fine tune or change direction in
10 some of the messaging? Is that something that is
11 being looked at?
12 JANE ZUCKER: So, again, I think we got a
13 very good response to the campaign, and so we aren't-
14 -we don't have any direct changes now. Some of our
15 materials, for example the health bulletins do speak
16 to general health issues, and given the reading level
17 and so forth are very appropriate for youth to read
18 as well, and so we have provided those, for example,
19 to the school-based health centers and to providers
20 so that they youth can also, you know, read about
21 HPV. It's also on our website in terms of
22 information, which is really a better place for youth
23 to get information. And I think also we targeted
24 parents in part because of the consent issue, that we
25 do needs parents to consent--

SPEAKER MARK-VIVERITO: [interposing] Right.

JANE ZUCKER: for the adolescent child to get vaccine.

SPEAKER MARK-VIVERITO: I think the importance of the, you know, in terms of when we talk about de-stigmatizing the issue and you talk about really focusing on the cancer, because when I decided to reveal was really from that perspective, right? But then when the stories were coming out, right, there was the focus on the STD side of things, right, and wanted to kind of look at it from that angle, but looking at it from the perspective of developing cancer and potentially fatalities that can result from that. So, for how much longer are you going to be running the campaign with the funding that you've been able to designate?

JANE ZUCKER: So, we're going to start the TV ads in mid-January, actually after the New York State ads finish, and so those will go for five weeks, and then we're also going to have the transit system ads, and those will be about eight weeks. And we'll also be doing social media during the same time period.

SPEAKER MARK-VIVERITO: So you're talking about maybe an additional two month period once the ads, the state ads finish?

JANE ZUCKER: Right, approximately two months, yes.

SPEAKER MARK-VIVERITO: Okay. Those are the questions I have for now, and I'll pass it on to my co-Chairs.

CHAIRPERSON JOHNSON: Thank you very much, again, for your testimony. I mean, the numbers, both sets of numbers that were mentioned are staggering, 99 percent effective at preventing cervical, vaginal or vulvar infections which would develop into cancer, 99 percent effective. It's amazing. Eighty-nine to 90 percent effective in preventing genital warts, but then when we look at actual vaccination rates through school-based health centers, public clinics, private practitioners and the city's immunization clinics, we see the cascade which we also see in HIV infections and prevention and care, which is 66 percent females, 50 percent males age 13 to 17 first dose, and then 42 percent females, 27 percent males all three doses. And Doctor Varma, you mentioned that the national goal by

2020 is to have 80 percent vaccinations among this age group. What is the biggest hurdle currently to getting all 11 and 12 year olds vaccinated in New York City, and secondarily on top of that, how effective is one dose? If you're in that category where you just got one dose, you don't go for the second or third, how effective is that?

JAY VARMA: Great. Thank you for the question. I'll answer and then turn it over to Jane if there's any additional thoughts she has. As we mentioned before, the single most important factor that's been studied, you know, both in New York City as well as nationally, is the importance of this provider recommendation. We can't emphasize it enough, because we're talking about trying to vaccinate children who are 11 or 12 years old. So they're going to medical visits with their parents, and these are people that are ready to hear from their providers. At the same time, there are vaccines that are required for them to enter sixth grade, and so there's really no reason why providers shouldn't be presenting this vaccine in exactly the same way that they present the other two required vaccines, which is this is required for your child's health.

2 And so for us, a huge component of this is really
3 trying to get pediatric providers to not miss
4 opportunities. So when that child is there to get
5 the other vaccines that they absolutely have to get
6 to make sure that they're all bundled together and
7 administered together. We do know that there are
8 parental concerns as well, too, and this is where
9 reframing the discussion will have an impact. Let me
10 touch on the one dose vaccine question. I'll have
11 Jane answer a little bit more if she wants and then
12 see if there's any follow ups. And in terms of the
13 effectiveness in this cascade, without question any
14 time you have any intervention that requires more
15 than one visit you see a drop of over time. And so
16 that's very unfortunate. You know, in the ideal
17 world, we would have a vaccine that required one dose
18 that you could receive for your lifetime. The ways
19 we're trying to get people back have a lot to do with
20 our technological interventions, trying to enable
21 providers to have the tools to generate our automatic
22 recall reminders to parents, whether it's through
23 email or text message to generate lists for providers
24 so that they can see, okay, there are 10 children
25 here that haven't gotten their doses and having phone

calls from their nurse or clerical staff. So that's a lot of what we're focusing on, but in the ideal world what we want is a vaccine that's easier to administer for lifelong. We know that, you know, one dose can produce an immune response, but what we don't know--that means your body's immune system reacts to it and shows some evidence of protection. What we don't know is how durable that response is, whether it'd really have the impact that we'd want in terms of preventing infections over lifetime and preventing cancers. There is some evidence that two doses may be effective in CDC and what's called the Advisory Committee on Immunization Practices is reviewing all that data right now to make a recommendation, but for now, we're stuck with the three dose series. Do you have anything else?

CHAIRPERSON JOHNSON: Before you turn it over to Doctor Zucker, if you could just outline how does DOHMH communicate with pediatricians in New York City? Since there are a huge number of them, could you outline that communication process that occurs currently?

JAY VARMA: Why don't you go ahead and do that.

2 JANE ZUCKER: So there are approximately
3 1,700 pediatric care sites that are vaccinating
4 children and because of the Vaccines for Children
5 Program was mentioned, 85 percent of them actually
6 get some form of publicly funded vaccine, and that's
7 a huge incentive for that provider, and it also means
8 that they have to report to the registry as well.
9 They all have to, but the vaccine distribution is
10 actually linked to what they're reporting in the
11 registry, and they actually have to re-enroll in that
12 program every year, so we actually have really
13 excellent contact information for the providers, and
14 so our principal means of communication is through
15 email where we will send them information and links
16 with more information. We also send out the report
17 cards that Doctor Varma mentioned. Those are
18 actually hard copies and those are mailed, and we use
19 that opportunity for other forms of distribution. So
20 for example, with one of those reports, we actually
21 included a health, an HPV health bulletin in every
22 single letter that went to every single pediatric
23 care provider in the city to make sure that they got
24 that information. And we also have other
25 supplemental, whether we do webinars and so the

2 reminder recall features that Doctor Varma mentioned,
3 we will send out information, but that we actually go
4 to doctor's offices to do additional training, but we
5 will do additional educational activities to make
6 sure that they know how to use those tools
7 effectively.
8 CHAIRPERSON JOHNSON: I just have a
9 couple more questions and I want to turn it over to
10 Chair Cumbo. So, almost two years ago I went to the
11 Chelsea Clinic, DOHMH clinic to get vaccinated at the
12 time for the meningitis outbreak that had been seen
13 amongst gay men in New York City, and I believe I was
14 not offered an HPV vaccination at that STD clinic.
15 If you could outline why HPV vaccinations are not
16 offered at these clinics that are run by DOHMH.
17 JAY VARMA: Yeah, so there are two
18 populations that we're concerned about in the STD
19 clinic. One is adolescents. For adolescents the
20 reason we can't offer it is because of consent
21 issues. Virtually no adolescents who come to our STD
22 clinics have a parent with them. So that's probably
23 the one issue. For people who are above the age of
24 18, the issue is cost. It would cost us a minimum,
25 we've estimated around 3.3 million dollars a year to

provide the three dose vaccination series to all eligible adults. So it's fundamental, an issue of cost.

CHAIRPERSON JOHNSON: Thank you. And my last question is to Doctor De Stefano about School-Based Health Centers. What is the current process for parental consent at School-Based Health Centers for the HPV vaccination?

MARCELO DE STEFANO: Sure. We currently have 138 School-Based Health Centers in the clinic. They're run by 27 different providers. All of these providers must sign a memorandum of understanding with the Department of Education. This memorandum for understanding has one attachment among others that is the parental consent form. For a student to receive medical services in a School-Based Health Center in our city, the parents must sign this parental consent form. This consent form is usually sent to the student's home at the beginning of the school year and this is done in collaboration between the school administration and the School-Based Health Center staff. The school administration sent home a packet with information, not just about the educational issues, but information about the School-

Based Health Center, and it includes a parental consent form. So when the parents return this consent form to the School-Based Health Center, obviously signed, then the student can access to all of the services that they offer at the School-Based Health Center. In addition to these, whenever there are parent/teacher conferences, the School-Based Health Center set up a table to enroll additional students. So the enrollment is ongoing throughout the academic year.

CHAIRPERSON JOHNSON: So if a parent signs a parental consent form and their child is allowed to get vaccinated at School-Based Health Centers, you do offer the HPV vaccination?

MARCELO DE STEFANO: Yes, to students age nine and older.

CHAIRPERSON JOHNSON: Thank you very much. Yes, the Speaker?

SPEAKER MARK-VIVERITO: Sorry, Chair Cumbo, because I just forgot to ask Doctor Wilson a question that I wanted to just--regarding HHC in general, whether you see any sort of geographical disparities in either the initiation or completion of

2 the vaccination of the vaccine among the different
3 HHC facilities?
4 ROSS WILSON: Thank you. So, we don't
5 see the same variation that Doctor Varma talked about
6 in his testimony. We're not absolutely sure why
7 that's the case, but we think it's probably because
8 of the redaction of the financial barrier, and that
9 no one is turned away on a financial basis for
10 getting vaccinated. But that's hypothesis. We don't
11 know. We don't have the same variation that has been
12 described.
13 SPEAKER MARK-VIVERITO: Okay, thank you.
14 CHAIRPERSON JOHNSON: Thank you. I also
15 want to recognize that we've been joined by Council
16 Member Mealy and Council Member Barron who are both
17 with us. Council Member Mealy's a member of the
18 Women's Issues Committee and Council Member Barron is
19 a member of the Committee on Health, and with that, I
20 want to turn it over to Chair Laurie Cumbo.
21 CHAIRPERSON CUMBO: Thank you very much.
22 I wanted to ask, are there any other vaccinations for
23 any other STD's or the prevention of other STD's at
24 this time?
25

JAY VARMA: The other vaccine that is currently recommended and administered is for Hepatitis B, which is also a virus. Interestingly enough, that virus also leads to cancer, specifically liver cancer, and that vaccine is very effective at the prevention of liver cancer.

CHAIRPERSON CUMBO: How long has that vaccination been out?

JAY VARMA: It's been over 20 to 30 years, yeah. It's been available since the 1980's, but I don't know the exact--when was it?

JANE ZUCKER: It was--I have to get the exact date, but it really was--it was about 2001 when it was required for school entry for seventh through 12th graders and it had previously been required for entry to daycare as well as for kindergarten. So, now all school children are--you know, again, daycare and K through 12 have to have three doses of Hepatitis B vaccine.

JAY VARMA: I would say one of the interesting things about the Hepatitis B vaccine is one of the ways we've been able to increase coverage without dealing with the issue of a discussion about sex is the first dose is given at birth, and so that

2 prevents any further discussion about, you know,
3 should I get it or should I not get it. There are
4 still major coverage issues related to that, but
5 that's somewhat of a separate issue.
6 CHAIRPERSON CUMBO: That's interesting,
7 because it shows that a precedent has been created
8 that potentially could be modeled, but are we
9 suggesting or is there an understanding that a
10 vaccination of this sort for HPV could be given as
11 early as birth or no?
12 JAY VARMA: I don't know if it's been
13 studied yet. Maybe some--it's not been studied. Okay.
14 CHAIRPERSON CUMBO: Okay, thank you. The
15 other question I had is when I was younger, the STD's
16 that were most talked about when you would go to a
17 doctor's visit would be herpes or chlamydia or
18 gonorrhea or genital warts, or those were the ones
19 that were commonly discussed. To my recollection,
20 HPV wasn't discussed in the same way. When did HPV
21 become a major part of the conversation and/or
22 epidemic in a sense that it reached the level of
23 maybe even surpassing the discussion about these
24 particular STD's?
25

2 JAY VARMA: The HPV va--the association
3 between HPV, the human papilloma virus and cancer has
4 been known, I believe, since the 1950's. It's
5 actually one of the first associations found between-
6 -it was actually quite a tremendous development in
7 science, the concept that a virus causes cancer, when
8 it was always thought that it was lifestyle or some
9 other factors that were associated with the cancers.
10 The first discovery of that virus leading to cancer
11 that led to a lot of understanding. After that was
12 the recognition that you might be able to compliment
13 the Pap test with an HPV test specific for the virus.
14 The Pap test looks for abnormal cells on your cervix,
15 whereas the HPV test doesn't look for the abnormal
16 cells, it looks for any evidence of the infection,
17 any trace of the virus. And so that began to be
18 studied in the 80's and 90's looking at HPV as a
19 diagnostic test, and really what has changed the
20 discussion is the development and validation of an
21 effective vaccine. You know, these vaccines have been
22 in development for decades, but it took a long time
23 to develop. It takes a very long time to develop the
24 evidence that a vaccine can work. And so we see this
25 with other diseases as well. Once we have an

2 effective tool to prevent something, we're able to
3 talk about it more aggressively. Chairman Johnson
4 and I have talked a lot about prevention of HIV. Now
5 that we have a tool to prevent HIV with medications,
6 the discussion becomes much more forceful. So the
7 same is true with HPV.
8 CHAIRPERSON CUMBO: So, just to
9 reiterate, it's something where it's not that the
10 numbers or the cases of HPV had increased
11 dramatically, it was more that there was the
12 discussion about a vaccination that could deter
13 individuals from receiving it.
14 JAY VARMA: Yes, correct.
15 CHAIRPERSON CUMBO: My other question has
16 to do with the reason for the age in terms of nine,
17 10, 11, and 12 of getting the vaccination at that
18 time is because the vaccination will have more, be
19 more effective if you've never been exposed to HPV at
20 that time. So would individuals in their 30's and
21 40's and 50's who've probably been exposed to HPV at
22 some point in their lives, would it still be prudent
23 for them to get the HPV vaccination?
24 JAY VARMA: The current recommendation is
25 that people over the age of 26 not be vaccinated, and

2 that's based on the studies looking across the
3 population at the time when you're most likely to
4 acquire the infection, to resolve the infection or to
5 have what is considered persistent infection. So,
6 the vaccine has been studied in older populations,
7 but not found to be cost effective. There maybe be
8 individual situations that a provider is welcome to
9 discuss with their patient based on their sexual
10 history, but the broad national recommendation based
11 on studies of evidence and based on cost
12 effectiveness is that people 26 and under benefit
13 from the vaccine, whereas those above the age of 26
14 are unlikely to benefit from it.
15 CHAIRPERSON CUMBO: I see, thank you.
16 The other question that I have before I turn it back
17 to my Chair is students in middle school and high
18 school have one semester of sexual education that's
19 mandated, whether or not that's happening is
20 something that we're going to be reviewing more so in
21 the future, but as part of the mandated curriculum,
22 how is HPV and/or the vaccination discussed in that
23 curriculum if at all?
24 MARCELO DE STEFANO: So, sex education is
25 part of one semester in high school. Within the

2 DOE's recommended but not required sex education
3 curriculum based on STD lesson that includes HPV.
4 CHAIRPERSON CUMBO: You do. And in that
5 lesson, do you discuss the vaccination or no?
6 MARCELO DE STEFANO: It's recommended by
7 the DOE to include that, but the subject is called
8 [sic] basically to use it.
9 CHAIRPERSON CUMBO: I see. Thank you.
10 CHAIRPERSON JOHNSON: Thank you, Chair
11 Cumbo. We have a few Council Members that have
12 questions for the panel before us. I just want to let
13 members know State Senator Krueger is here and is set
14 to testify, but has to leave here in less than a half
15 hour. So if folks could please keep their questions
16 brief, and then we're happy to ask this panel to come
17 back up to answer more questions if folks have it.
18 So we're going to start off with Council Member
19 Mathieu Eugene followed by Council Member Kallos.
20 COUNCIL MEMBER EUGENE: Thank you very
21 much, Mr. Chair. Thank you very much to all the
22 members of the panel. My first question, we know
23 that all vaccine that we use in medicine they are
24 side effects, there are advantage and disadvantage.
25

Would you please elaborate on the advantage and disadvantage of the HPV virus?

JAY VARMA: The vaccine has proven to be incredibly safe and effective. Tens of millions of doses of the vaccine have been administered and very few side effects have been reported. The severe side effects that people worry about, things like Guillain-Barré Disease which is a form of paralysis or other severe complications have been specifically looked for and not found to occur. There are like any injection that someone can receive, people do have minor reactions. The most commonly reported are dizziness or fainting, pain or redness at the injection site, and sometimes itching. But across the range of vaccines that we work with, this is among the most safe and as you've already heard testified to, definitely one of the most effective vaccinations that we have.

COUNCIL MEMBER EUGENE: Thank you very much. You mentioned there's a disparity in term of coverage. Could you please elaborate and say for us what are the steps taken to try to address the disparity and if they have been effective. Did you have the time to evaluate if they've been effective?

JANE ZUCKER: So in terms of the disparities, again, back to our registry, we know which practices in particular are not vaccinating their patient population well. So, in follow-up to what Doctor Varma said about the provider interviews, we’ve done--we’re now developing a provider tool kit and part of that is we’re not going to just send it out. We are planning to use nurses and actually send them into specific practices with low coverage to help that office change their workflows and educate them appropriately. So we’re actually going to be doing very specific direct targeting into practices in neighborhoods that have low coverage. And so that hasn’t started yet, but we will be starting that. And again, the low coverage areas were--they are in Staten Island. They’re in Southern Brooklyn and in Central Brooklyn as well.

COUNCIL MEMBER EUGENE: In term of education, I think you mentioned that we use the mentor [sic] or outreach to make sure that the people who don’t speak English or use several languages. Could you talk about the step or the mentor [sic] or the outreach system that you use to make sure that everybody in New York City whether they’re proficient

2 in English or not, you know, they are part of this
3 prevention system?
4 JAY VARMA: We, as a matter of policy,
5 translate our materials into a wide range of
6 languages, you know, based on the population of
7 visits. Our immunization clinic, for example, has a
8 extremely diverse population, and I believe at least
9 10 different languages that we use to translate our
10 materials into as well as the Department of
11 Education. When it comes to running advertising, of
12 course, we're limited, and so largely our advertising
13 is largely focused on English and Spanish language
14 advertising, but I think this is something that as we
15 are able to better define where the disparities are,
16 we can also tailor our advertising specifically to
17 certain populations.
18 COUNCIL MEMBER EUGENE: And my last
19 question--I'm sorry.
20 JANE ZUCKER: Yeah, I mean, I also want
21 to mention the focus groups, because I think that was
22 also very important that the focus groups were done
23 in several different languages and across a diversity
24 of New Yorkers to really get that feel of what we
25 needed to put in to materials and whether or not we

needed to have different messages for different portions of the New York population.

COUNCIL MEMBER EUGENE: This is my last question. We know that New York City is home to so many immigrant people coming from everywhere, and many of them, they don't have what we call "legal immigration status." And those people, I know they are not qualified for government assistance like insurance, medical insurance, stuff like that, but what do you have available to make sure that those who don't have "legal immigration status" they can get access also to vaccination and other medical services available?

ROSS WILSON: Thank you for the question. At HHC we provide care to everybody regardless of their ability to pay. We don't seek evidence of the documentation of their status, and so in one form or another, all of those patients will get care and will get vaccinated.

COUNCIL MEMBER EUGENE: Including vaccination and prevention also, right?

ROSS WILSON: Indeed, including vaccination and any prevention.

2 COUNCIL MEMBER EUGENE: Thank you very
3 much. Thank you, Mr. Chair.
4 CHAIRPERSON JOHNSON: And I think it's
5 important to, especially given the precarious
6 financial situation that HHC is in currently, it's
7 important to recognize that 70 percent of all
8 undocumented people in New York City get their health
9 services, primary care services at an HHC facility.
10 So, it's incredibly important to continue that safety
11 net for undocumented individuals living in New York.
12 I want to turn it over to Council Member Kallos and
13 then Council Member Barron, and then we are going to
14 call up State Senator Krueger.
15 COUNCIL MEMBER KALLOS: Thank you for
16 your great testimony, and again thank you to the
17 Speaker for taking such a brave act in sharing that
18 personal information to help really take on this
19 issue for so many New Yorkers and so many people of
20 this country. I want to make it quick, and that way
21 we can get straight to the Senator. I have two quick
22 questions. Can DOHMH make sure that you're offering
23 the HPV vaccine at your STD clinics? They are far
24 more STD clinics and we actually need to expand them
25 so that everyone is getting tested everywhere easily

2 and making sure that we offer the vaccine there. So
3 the first question is can we start giving the HPV
4 vaccine at STD clinics? And then the other piece is
5 can we expand the HPV vaccine beyond SBHC's and just
6 get them into every single school because you don't
7 need a health center, you just need a chair and
8 somebody with the vaccines. So can we just get them
9 into every single school and get the nurse where they
10 need to be?
11 JAY VARMA: We absolutely share your
12 concern about enhancing access to the vaccine.
13 Without question, you know, we spoke about the
14 provider barrier and the patient and the parent
15 barrier, but we also know for example through adult
16 vaccinations by making them available in pharmacies,
17 making them widely available you can increase the
18 vaccination rate for any preventable disease. You
19 know, probably the biggest challenge that we face is
20 the issue about consent. So, whether it's
21 vaccination at a School-Based Health Center or a
22 school that doesn't have a School-Based Health Center
23 but may have a nurse, the primary barrier is
24 obtaining consent from the parent, and we face this
25 challenge for example with the influenza vaccine,

getting parents to sign that form and send it to the school and make sure it's completed. So, after I'm done maybe Marcelo can answer if he has any other additional comments related to that. So that issue of parental consent still becomes a challenge, and we know that that discussion is best--is most likely to be successful if it's held in the office of a medical provider as opposed to a form that's sent home. Then the issue of our STD clinics, there are--so there are two populations for, you know, teenagers, for adolescents. We can get vaccine reimbursed because all of them are essentially eligible for publicly funded vaccine, but the problem is consent, because virtually none of them come in with an adult guardian. For those who are above the age of 18, the challenge has been cost. It hasn't been something that we've been able to fund. You know, as you may know, the Health Department has cut hundreds of millions of dollars from its health budget over the past several years to meet, you know, city budget restrictions. So, if we can find the funding for it, I think it's absolutely something we'd be willing to do.

2 CHAIRPERSON JOHNSON: Thank you Council
3 Member Kallos. Council Member Barron?
4 COUNCIL MEMBER BARRON: Thank you, Mr.
5 Chair. Thank you to the panel for coming. I
6 apologize for being a little late, but I will go over
7 your testimony, but I do have some questions. I
8 taught for many years and when the question came up
9 of having young girls vaccinated, there were parents
10 who were concerned that this would in fact send a
11 message to the young girls who were not sexually
12 active that now this would be okay. So, what kinds
13 of measures do you have in place that would increase
14 that sensitivity and understanding of what this
15 vaccine does and guard against young girls getting
16 sexually active even prematurely than what they are
17 now?
18 JAY VARMA: You know, the vaccine has been
19 studied and shown to have no impact, you know, for or
20 against sexual activity. I think that we have the
21 benefit of most people not even realizing that HPV
22 has as we said before is actually a sexual
23 transmitted infection. So, we know that the vaccine
24 there is a concern or misconception among some
25 parents that it might promote sexual activity, but in

2 fact, it has been clearly demonstrated not to occur.
3 So really, most of our discussion is focused on
4 phrasing this vaccine in the context of cancer
5 prevention and the sexual education discussion should
6 absolutely happen with providers, but we want, like
7 to make it separate from the discussion about why you
8 get vaccinated.
9 COUNCIL MEMBER BARRON: And in the black
10 community there's quite a lack of trust in terms of
11 vaccinations being given, going back historically to
12 the Tuskegee experiments that were conducted and even
13 more recently horrifyingly here in New York City
14 children who were in foster care being used as
15 experiments without the consent of the parents and
16 the guardians. So, what do you intend to do to allay
17 those fears and those suspicions?
18 JAY VARMA: No, we absolutely recognize
19 and understand that both in the black community as
20 well as in other groups there are fears about
21 vaccination, some of them based on immediate
22 experience and some based on beliefs that people have
23 based on their individual cultures. We have not
24 encountered that as a major factor in our
25 vaccinations programs in general. As you see from

2 our--as it relates to HPV vaccination, in fact, black
3 communities have higher initiation vaccination
4 depreciation rates than certain white groups do, but
5 we certain recognize and work with all of our
6 providers to make sure that they have culturally
7 appropriate information to answer questions and
8 concerns from their individual populations.
9 JANE ZUCKER: But I would also add I think
10 that's why the importance of trusted resources and
11 the value of that provider recommendation. So maybe
12 they won't trust the government and its vaccine, but
13 they will trust their child's medical provider to
14 give them the right advice and the recommendation.
15 COUNCIL MEMBER BARRON: Thank you. Thank
16 you, Mr. Chair.
17 CHAIRPERSON JOHNSON: Thank you very
18 much. We've been joined by Council Member Rosie
19 Mendez who is a member of the Committee on Health. I
20 want to thank you all. Council Member Crowley had a
21 question but had to step out. If you may stay, there
22 may be other questions that would come up. I really
23 appreciate your testimony. I look forward to working
24 together along with the Speaker, Chair Cumbo and the
25 members of our respective committees in supporting

the work that you all do on this currently and also expanding your ability to actually vaccinate more people and have more education and awareness out there. I'll say it again, I mean, 99 percent effectiveness, people should get vaccinated. We need to get it out there where you can prevent and treat cancers from a very, very early age. So, thank you very much.

ROSS WILSON: Thank you very much, and thank you for the hearing and the individual leadership on this topic, because I think that all of that contributes enormously and makes what we do much easier. Thank you so much.

CHAIRPERSON JOHNSON: Thank you, Doctor Wilson. So, I want to call up State Senator Liz Krueger. Thank you so much for being patient and thank you for being here today. I know that you were in Albany yesterday, and we're grateful we have people like you that actually go to Albany. So, you have been a leader on so many issues that are of importance to these two committees, and really grateful that you're here today to discuss your legislation, State Senator Liz Krueger. If you could, just turn the mic on. There you go.

2 SENATOR KRUEGER: Yes, I can do that.
3 CHAIRPERSON JOHNSON: We trust you.
4 SENATOR KRUEGER: Oh, thank you. Thank
5 you so much for giving me a few minutes. I don't
6 want to interrupt. You have some amazing experts in
7 the field here to testify. We already heard from
8 this amazing panel from the city, and you also have
9 some of the world's experts from private research and
10 professions. So, I don't want to interrupt. I'm not
11 going to read my testimony because I think that quite
12 a few of you in your opening statements said exactly
13 what I am saying. So, I also want to thank the
14 Speaker Melissa Mark-Viverito not only for being here
15 for the hearing today, but for being one of those
16 brave elected officials who when something happens in
17 our private life we view it as both something to be
18 taken care of, but also a teaching moment for the
19 world. And I guess I would also like to add, you
20 know, there is controversy here. It's why I've had
21 difficulties so far getting this bill passed in
22 Albany and why I think it's so important that the
23 City Council is passing hopefully a resolution in
24 support of this bill, and all of you will become my
25 partners in helping this legislation pass in Albany

2 because of lack of knowledge and understanding of
3 this easy answer to various serious issues, and I was
4 just thinking as I was listening to the experts, you
5 know, if HPV like the measles was passed through the
6 air we wouldn't be having this discussion. Everybody
7 would just go and get vaccinated. Or if somebody
8 declared tomorrow that we came up with a vaccine that
9 had a 99 percent success rate at preventing you from
10 getting lung cancer or a vaccine against a heart
11 attack, we wouldn't know where to set up the lines
12 for people to get to charge right over to get the
13 vaccine. And because I do believe because HPV and
14 the vaccine to prevent it is associated with sexual
15 activity and the body parts we Americans are still
16 ridiculously uncomfortable discussing as if we didn't
17 all have them, I never quite understand that one,
18 that we wouldn't really need this kind of public
19 education campaign or to take the time of the City
20 Council and the Legislature to get passed, but the
21 fact is, I just want to make it clear, this bill's
22 very simple. We already have law in New York State
23 that says doctors can screen and treat young people
24 for a sexually transmitted infection without the
25 consent of their parent or guardian, but our law

2 doesn't allow them to prevent these infection and
3 administer the HPV vaccine. So, we already have a
4 standard in our law that young people without
5 parental permission can get treated for disease, but
6 this is the one example where we know we have a
7 vaccine that can prevent these diseases and can
8 prevent for the rest of young people's lives, the
9 potential for certain kinds of tragic cancers, and
10 yet, this is the one, I think, glaring hole in our
11 state law that these same healthcare providers who
12 want to prevent these diseases actually get stopped
13 by state law. So, some people think it's
14 controversial to allow young people to access
15 contraception. Some people think it's controversial
16 to allow young people to access other forms of
17 reproductive health. Some people may think it's
18 controversial to allow young people to access
19 treatment for STI's or STD's, and yet, because we're
20 people, right, there's sexual activity. There is
21 risk associated with sexual activity and there are
22 really good answers provided by healthcare providers
23 to make sure there aren't unintended consequences.
24 And so for me, this is as simple as if somebody told
25 me I could sign up for a vaccination that would

2 prevent me from getting cancer, I would want to get
3 that vaccination, and if somebody tells me and the
4 healthcare experts in this city do tell me that
5 allowing young people as many options as possible to
6 get this vaccine will decrease the chance of their
7 ever facing this long list of diseases we just heard
8 expert testimony on, why wouldn't we want to ensure
9 they can do that. And I guess the one part that's
10 not medical per say that I just want to also
11 highlight that we didn't come up today were elected
12 officials, which means we spend a decent amount of
13 our time dealing with the question of cost and budget
14 costs. So we learned that insurance coverage is
15 covering the vast majority of people who should be
16 getting the vaccine. What we shouldn't forget, the
17 cost both obviously in human suffering, but the cost
18 to public health from having these rates of cancers
19 can be staggering. Hopefully, many people who do end
20 up with the diseases listed because they didn't get
21 the vaccine in time will get excellent healthcare and
22 will hopefully have their diseases cured, but we know
23 it will be at an incredibly high cost, not just in
24 private health insurance, but through the public
25 health system, and that many of the people, thank

goodness, who are being served by HHC and their program who may never have to have the cancers, that other people are being served, because they do have the diseases and cancers associated with the HPV virus. So, technically, we're already paying as a government to try to ensure treatment. Prevention is so much more effective and so much more cost effective. Vaccines are the great public health discovery of the last century and a half. So, whenever anybody tells us we might be able to have another vaccine to prevent another public health scourge that should get us all very excited about the potential. So, just for the record, and because Hepatitis B was asked about also, the way my bill is written, it would allow for the prevention of other diseases, we just don't know what they are yet. So it's written in language that isn't specific to HPV that would allow if for some reason we discover tomorrow that there are additional vaccines that have been tested and approved that would help us from other diseases, that we're not the experts, we don't know about possible cures for yet. Wouldn't that be exciting to know we wouldn't have to start the whole process again in Albany for any given public health

2 breakthrough. So, I want to just thank you so much
3 for taking this so seriously, and for--I will tell
4 you, we'll be fighting hard in Albany. I want to
5 thank you also for this hearing. Hearings in Albany
6 don't happen enough. So I'm going to be taken the
7 testimony from your hearing and the transcripts and
8 sending them to every colleague I have in Albany and
9 saying, "You might not have made the City Council
10 hearing today, but I want you to know that there is
11 testimony from all these experts in support of this
12 bill." And I hope that that will also serve to
13 influence my colleagues in Albany to join you and
14 myself in moving this bill through quickly. And I'm
15 happy to take questions, but I really just wanted to
16 come here to tell you how important I thought this
17 was and how much I appreciate all the members here
18 and all the committees overlapping taking this so
19 seriously.
20 CHAIRPERSON JOHNSON: Thank you, Senator
21 Krueger, and your written testimony is great. I
22 actually think that was better than your written
23 testimony and really went to the heart of the matter,
24 but there is one part of your written testimony that
25 I want to just read because I think it's important.

2 You say, "My office has also encountered parents who
3 are reluctant to have their children vaccinated for
4 fear that the vaccine promotes promiscuity and
5 riskier sexual behavior. However, the scientific
6 research has been consistently debunked on this
7 notion. The research consistently indicates that the
8 HPV vaccination does not encourage the onset of
9 sexual activity or promote riskier sexual behavior,
10 such as an increased number of sexual partners or
11 condom use." And I think it's really important to
12 drive that point home and to really debunk and
13 demystify the fears around this, and you spoke a
14 little bit about that, but I really thought that that
15 paragraph in your written testimony was really
16 important.
17 SENATOR KRUEGER: Thank you.
18 CHAIRPERSON JOHNSON: I also want to just
19 say that anything that we can do, and I know that
20 Albany is a weird and difficult place to understand
21 at times, anything that the City Council can do to be
22 helpful in promoting the passage of Assembly Members
23 Paulin's bill and your bill in the Senate, I am
24 ready, willing and able to do that. I know the
25 Speaker and Chair Cumbo are as well. So if that

2 means coming to Albany, if you can actually get a
3 hearing on this through the health committee through
4 Chair Hannon who chairs the Senate Health Committee,
5 we will be there to testify in support of it, and I
6 know this is like looking into a crystal ball and so
7 there may not be a good answer for it, but given the
8 new composition of the Senate with the Senate
9 Republicans having total control, do you see any
10 likelihood of a hearing, and how would you look at
11 potential passage in how this bill could move
12 forward?
13 SENATOR KRUEGER: We will certainly ask
14 the Health Committee for a hearing. You're right,
15 only the Chair of that committee can approve this.
16 Now, but the truth is, you're right that there's
17 Republican control of the Senate, but, and I have my
18 differences with my Republican colleagues as everyone
19 knows. I don't think the Republican Party is
20 officially in support of cancer. In fact, I'm pretty
21 sure they haven't taken that position, and so I don't
22 see this as a partisan question, and I do think that
23 part of the issue is we have thousands of bills per
24 year that are introduced in Albany. It's a very
25 different system than the City Council. I used to

2 have a fantasy rule that you could introduce no more
3 than 50 bills no matter whoever you were, because we
4 just have thousands. And so most bills never even
5 get noticed. The fact that you have public health
6 experts and the City Council and the reproductive
7 health experts, who I think are also coming to
8 testify today, all talking about the importance of
9 this. The fact that the President's Cancer
10 Prevention Panel has recommended much broader access
11 to HPV, the fact--excuse me, HPV vaccines. The fact
12 that there is huge public health momentum moving all
13 in the same direction, I hope will make it easier for
14 us to get the attention this kind of legislation
15 deserves and actually see this as a non-partisan
16 agreement in Albany, that there's really no excuse
17 for not letting this bill pass.
18 CHAIRPERSON JOHNSON: That's right.
19 Public health issues are non-partisan issues. They
20 affect all of us regardless of who we are, and that's
21 the prism they should be looked through. Are--yes?
22 SPEAKER MARK-VIVERITO: Thank you,
23 Senator for coming, and obviously, you know, we are
24 in the process of developing our state agenda in
25 terms of the issues that we want to push, and I would

2 definitely want to include this considering it's a
3 very personal matter to me as well, and in whatever
4 ways we can be helpful in trying to get other
5 colleagues of yours to sign on or to be supportive.
6 How many--how much support have you gathered for the
7 legislation?
8 SENATOR KRUEGER: We we're rewriting the
9 bill and then we'll introduce it. It's the beginning
10 of a new session, which means anything gets wiped out
11 and you start again. So, I will, as I said, I will
12 be sending this out asking for co-sponsorship to
13 every member regardless of party, and I will be able
14 to let you know soon what kind of feedback I get.
15 SPEAKER MARK-VIVERITO: Thank you,
16 Senator, very much.
17 SENATOR KRUEGER: And I really appreciate
18 your wanting to come up to Albany and make it a
19 critical issue of the City Council.
20 SPEAKER MARK-VIVERITO: Yes, thank you.
21 CHAIRPERSON JOHNSON: That's okay. Chair
22 Cumbo?
23 CHAIRPERSON CUMBO: Hi.
24 SENATOR KRUEGER: How are you?
25

2 CHAIRPERSON CUMBO: I wanted to ask, are
3 there other issues other than the parental consent
4 that you're seeing are part of the controversy or the
5 pushback? Are discussions being held in terms of the
6 economics behind it potentially, religious issues
7 behind it, or any other foreseeable issues that you
8 see are part of the conversation, or is the parental
9 consent really what's driving this?
10 SENATOR KRUEGER: I think it's the
11 parental consent. I have not been approached per say
12 by people from a religious teaching perspective. I--
13 there are a universe of people who just don't like
14 vaccines, and I don't--there's the delicate balance,
15 and I appreciate Councilwoman Barron's questions,
16 because there is a delicate balance between both bad
17 historic examples that we can all come up with and
18 recognition of public health answers and a belief
19 that in today's world we're not being lied to about
20 HPV vaccines and the importance for people. And so
21 there is a sub universe of people who just don't
22 believe in vaccinating their children, and that
23 continues to be a struggle frankly for those of us
24 who do recognize the public health value of vaccines,
25 because as I'm sure you know, you even have the

2 situation where some percentage of people say, "But I
3 want my children to go to the public schools without
4 being vaccinated for easily transferable diseases."
5 And you then hear from the school system and the
6 parents who say, "So, my child's going to get sick
7 because you didn't believe in vaccines." This is a
8 major public policy problem, one I think that got
9 recently decided in a court even yesterday or today,
10 that you of course do have the right to mandate
11 vaccines in order for children to go to public
12 school. But I think this is, again, as was said by
13 some of the city's health experts, a question of
14 education, that when people understand what this
15 vaccine can mean to protecting themselves, their
16 children from truly terrible diseases, and that it
17 has been well vetted and well tested by the federal
18 government and that the side effects are extremely
19 minimal even when they occur, that with good
20 education and with broader access, we should see less
21 and less misinformation about this vaccine. And I
22 think the history of introducing other vaccines to
23 the American public have gone through some of the
24 same process. First, there's fear and concern. Then
25 there's education. Then there's people

2 participating. There's success, and then there's
3 simply, "Oh, why were we even arguing about that."
4 CHAIRPERSON CUMBO: Right. I wanted to ask
5 how do you think that the Women's Equality Act in
6 terms of where that is and how it's moving and this,
7 is there any relationship. Is there any discussion
8 about where it fits into the bigger picture of this?
9 Is there--
10 SENATOR KRUEGER: Well, I mean, given the
11 controversy that continues around the Women's
12 Equality Act, specifically around codifying basic
13 federal law around reproductive health, I would have
14 to say I would think it would be ill advised to try
15 to roll this into that. I think we would be on much
16 safer ground to be talking about this as a public
17 health issue.
18 CHAIRPERSON CUMBO: Right.
19 SENATOR KRUEGER: A new vaccination
20 process and a cancer prevention program, rather than
21 trying to roll it into the continuing controversy, at
22 least in my house, the Senate, on the 10th point,
23 which is the healthcare section of that bill, the
24 hoped for establishment of modern law around
25 reproductive health.

2 CHAIRPERSON CUMBO: Thank you. Thank you.
3 It was very great to hear your testimony. Thank you
4 very much.
5 SENATOR KRUEGER: Thank you very much.
6 CHAIRPERSON JOHNSON: Are there any
7 Council Members that have any Council Members that
8 have any questions for State Senator Krueger? No?
9 SENATOR KRUGER: Oh, thank you so much,
10 Karen.
11 CHAIRPERSON JOHNSON: Since the mic
12 wasn't on, let the record reflect that Council Member
13 Koslowitz wants to be supportive in any way she can.
14 SENATOR KRUEGER: I heard her. Thank
15 you.
16 CHAIRPERSON JOHNSON: State Senator
17 Krueger heard her. Thank you very much, and we look
18 forward to working together.
19 SENATOR KRUEGER: Thank you so much.
20 CHAIRPERSON JOHNSON: Thank you so much.
21 SENATOR KRUEGER: Take care.
22 CHAIRPERSON JOHNSON: I want to call up
23 our next panel. It's going to be a panel of
24 advocates, and forgive me if I mispronounce your
25 name. It is not purposeful. It may be because you

2 have bad handwriting. Abraham Argones--Aragones,
3 from Memorial Sloan Kettering. And if folks could
4 take conversations outside, that would be great. Erin
5 Harrist from the New York Civil Liberties Union,
6 Doctor Lonna Gordon from the New York Society of
7 Adolescent Health and Medicine, and Doctor Angela
8 Diaz from Mount Sinai Adolescent Health Center. The
9 Sergeant will take your testimony to give out to the
10 members. And the next panel that's on deck will
11 proceed after this panel, Justine Almada, Michele
12 Prigo, Julienne Verdi, and Doctor Kathleen Morrell.
13 So--yes. So, actually, if we could start with Mr.
14 Aragones, that would be great, and hold on a second.
15 So, if you could just pull the mic over, introduce
16 yourself for the record, and again, we appreciate you
17 being here.
18 ABRAHAM ARAGONES: Thank you so much for
19 inviting me to testify today, Chairwoman Cumbo and
20 Chairman Johnson, and Speaker Mark-Viverito, and the
21 entire committee, thank you so much for this. My
22 name is Abraham Aragones. I'm a physician at Memorial
23 Sloan-Kettering Cancer Center. I particularly, from
24 the immigrant health and cancer disparity [sic]
25 service. I'm a Latino as well, an immigrant, and

2 very interested in issues on health issues in the
3 Latino population. I'm a public health researcher
4 with a focus on cancer, cancer prevention and
5 screening. I have had the opportunity to work in this
6 area, HPV prevention, again in the Latino community
7 for the past seven years or so, and particularly
8 within the community and with the community. So, I'm
9 very happy to be able to give you a little bit of
10 insight of what I've been able to find and what I
11 think is important in this issue. My remarks actually
12 touch on many of the points that have been made
13 before, and I don't want to repeat what has been said
14 before many times, the importance of the vaccine, the
15 prevention of different types of cancer. This is not
16 just cervical cancer, but many other types of cancer,
17 but I want to emphasize a few points. Let me just
18 make you think for a few minutes about what if this--
19 what if we were talking about a vaccine that is
20 actually to prevent breast cancer or to prevent
21 prostate cancer? The question is, will we actually
22 having the difficulties that we're having today?
23 Will any provider actually will not be recommending
24 the vaccine? Probably most will. Will the
25 population actually be in any way against this, this

2 very important public health measure? Probably not.
3 Would we see after more than eight years of the
4 approval of a vaccine that actually prevents cancer
5 is that most of the population do not know about the
6 vaccine. They do not know of other vaccines.
7 There's no awareness of the vaccine. Also, most
8 providers actually do not recommend the vaccine, and
9 I'm talking about the providers in the community
10 providers in New York City. So, the population
11 doesn't know about it and the providers are not
12 recommending the vaccine. As many have said here,
13 the science is in. We know about it. The vaccine is
14 safe. It protects against HPV and actually prevents
15 cancer and this is well-established and there are no
16 doubts about it. As I said before, the two major
17 issues for promoting the HPV vaccine that I have been
18 able to encounter on my more than 100 talks in the
19 community in Spanish and English, and with providers,
20 conversations with providers is one from the
21 population side is the lack of awareness, and by lack
22 of awareness I mean not knowing about HPV in general,
23 but also not knowing about HPV causing cancer and the
24 HPV vaccine. Perhaps one of the only times where I
25 have actually heard of the community, many members of

2 the community knowing at least a little bit about the
3 vaccine is when Speaker Mark-Viverito exposed her
4 case to the community, and it was just fascinating
5 for the work that I do in knowing how powerful your
6 messages can be in increasing awareness. So, the
7 population doesn't know about this, and I commend the
8 work of the Department of Health in trying to promote
9 this in the community, but the population is still
10 not aware of this, and there's still a lot of lack of
11 knowledge, and we need to think about it in many
12 different ways. We need to actually tailor the
13 education, not just come up with education, but
14 tailor the education for the specific community, not
15 just their language or literacy level, understanding
16 what is important for those communities. After more
17 than 100 community talks with parents, most of them
18 immigrants, I have not heard one discussing the issue
19 of promiscuity and HPV or raising the concern of
20 promiscuity. It is not an issue in the Latino
21 community, at least not for the large majority of the
22 Latino community. The other part is actually
23 providers, and what do we do with providers? We
24 mention here providers are not recommending the
25 vaccine, and it is true in our own data, less than 30

2 percent are actually recommending the HPV vaccine
3 routinely for their eligible patients, and that's
4 inside New York City. That is just way too low. Our
5 Latino populations actually have insurance, our kids,
6 Latino children. Most of them have insurance, more
7 than 80 percent, and more than 90 percent actually
8 have a primary source of care, but again, they're
9 not--so they have that access, but they're not
10 getting the vaccine. Finally, I just want to say
11 that this is not an issue that you will see the
12 benefits today. If we pass these resolutions which
13 are extremely important to level the playing field,
14 to actually help us with the environment on promoting
15 HPV vaccine. Even if we pass this and we move this
16 forward, and we let, actually, adolescents get the
17 vaccine now and consent to the vaccine today, we will
18 not see the benefits for another 20, 30 or 40 years.
19 And I commend you for thinking about it this far in
20 advance. As I mentioned before, all of us are
21 actually 26 and older, are actually passed the time.
22 We actually missed the train, but it is upon us to
23 think about those who are actually still eligible for
24 this, and it is upon us to think that we can actually
25 reduce if not eliminate cervical cancer caused by

2 HPV. I just want to thank you again for this. As I
3 mentioned before to Speaker Mark-Viverito, I'm--my
4 group at Memorial Sloan-Kettering and myself are open
5 to provide you with any information that we have and
6 any data that we have that will help your efforts in
7 this area. Thank you.
8 CHAIRPERSON JOHNSON: Thank you very much,
9 Doctor, for being here.
10 LONNA GORDON: Good afternoon Chairman
11 Mark-Viverito, and Committee Chairs, Mr. Johnson and
12 Ms. Cumbo. Thank you so much for the opportunity to
13 present to you. I'm Doctor Lonna Gordon. I'm a
14 pharmacist, a pediatrician and an adolescent medicine
15 provider at the Mount Sinai Adolescent Health Center.
16 I'm here today, however, on behalf of the New York
17 Chapter of the Society of Adolescent Healthcare and
18 Medicine, which is a 47 year old multidisciplinary
19 organization of professionals who are committed to
20 serving adolescents. It has been very well
21 documented that sexual and reproductive health needs
22 in minor adolescents is best met with comprehensive
23 and confidential care. It's for this reason that I'm
24 urging the New York City Council to pass the
25 Resolution calling upon the State of New York to

2 legislate the provision of confidential care to youth
3 for the prevention of HPV. This legislation should
4 include language that allows confidential access for
5 preventions, screenings, diagnosis, and treatment of
6 HPV infections and its complications. It has been
7 well outlined by all of the many testimonies for the
8 effects that HPV has, however, I do want to emphasize
9 that approximately 50 percent of teens will become
10 infected with HPV within three years of their sexual
11 debut. This virus causes lots of cervical as well as
12 oral and genital cancers, and its impact, in fact,
13 makes up five percent of the cancers that occur in
14 men and 10 percent of cancers that occur in women.
15 But fortunately, the vaccine is safe and effective,
16 and indeed, young people who are not vaccinated will
17 have 2.5 times more risks of cancerous lesions and
18 pre-cancerous lesions as opposed to those who are
19 not. Those who are as I should say. So, in the
20 United States the main issues that have been shown
21 that emphasize whether or not people choose to be
22 vaccinated relate around insurance access, access to
23 healthcare in general, and then a concern that the
24 HPV vaccine will promote early initiation of sexual
25 intercourse as well as increasing promiscuity among

2 young people. It’s for this latter reason that I
3 really implore the City Council and the State
4 Legislature to take up providing this vaccine without
5 parental consent. The concern of sexual risk is
6 absolutely unfounded. There are several scientific
7 studies that demonstrate that the HPV vaccine does
8 not impact the first age of sexual intercourse. It
9 does not increase the number of sexual partners, and
10 it does not change subsequent sexual behaviors. In
11 my practice, when we have conversations with young
12 people around the HPV vaccine along with their
13 parents, or talks centered around the themes that the
14 vaccine is safe, the fact that it is effective, and
15 the fact that it prevents warts and cancer. The
16 teenagers that I speak with, they’re most fascinated
17 that science has advanced to a level where a vaccine
18 exists that protects against cancer. They find this
19 very fascinating, and they’re very excited to be a
20 part of this new piece of technology that’s out
21 there. Through our discussion that the vaccine is
22 transmitted via sexual intercourse, it’s an
23 opportunity for more candid discussions about
24 responsible sexual behavior. My adolescent patients,
25 they’re not making their sexual decisions based upon

2 having received a vaccine or not received a vaccine.
3 Their decision to initiate sexual intercourse is very
4 individual and it's based upon--and it's very
5 personal. And so the evidence is out there that when
6 adolescents are ensured confidentiality, that their
7 reproductive and sexual health is only ensured. So,
8 I want to encourage the New York City Council as well
9 as the State Legislature to let science and not
10 public sentiment or unfounded fears or rhetoric guide
11 its actions. I encourage you to take the necessary
12 steps to ensure that no New York adolescent has to
13 suffer the impact and unnecessary consequences of HPV
14 infection. Thank you for your time.
15 CHAIRPERSON JOHNSON: Thank you, Doctor
16 Gordon for being here today and for taking time out
17 of your busy schedule. I'm sure you're missing
18 patient visits by being here today to testify. So,
19 thank you very much.
20 ANGELA DIAZ: I would like to start by
21 saying thank you. Thank you for having this hearing.
22 Thank you for the Resolutions and also for the
23 Speaker's courage to come and share her story. My
24 name is Angela Diaz. I'm a physician scientist with
25 training in medicine and public health, and I am the

2 Director of the Mount Sinai Adolescent Health Center
3 where we serve over 11,000 young people ages 10 to 24
4 without charging or exchanging money with them. And
5 though the Adolescent Health Center physically is in
6 Council Member Kallos district, but we see young
7 people from the entire city and the beyond. I don't
8 want to repeat what was already said, but want to
9 emphasize that they were 40 million new cases every
10 year of HPV, half of which occur in the young people
11 15 to 24, and before the vaccine we did research with
12 young people, females ages 15 to 22. All of them
13 reporting being having vaginal intercourse. Twenty-
14 seven percent reporting anal intercourse and 66
15 percent oral sex, and we found that 59 percent of
16 them had HPV in the cervix, 57 percent in the anus
17 and 12 percent in the mouth. We identified 12
18 different type of HPV's in these young women,
19 including the one associated with cancer. Twenty-
20 three percent of my patients have a history of
21 childhood sexual abuse where they get exposed to HPV.
22 As you know, the vaccine is approved for young people
23 ages nine to 26, but it's recommended for ages 11 or
24 12, and that is because the vaccine is more effective
25 the earlier you get it. One is because there's a

2 stronger immune response and also because you’re less
3 likely to have been exposed the younger you are.
4 Before the vaccine, the US was spending eight billion
5 dollars every year on diseases related to HPV. So
6 this vaccine also reduces the healthcare cost, and
7 the studies have shown the greatest cost
8 effectiveness occur when young people, when young
9 girls are vaccinated at age 12. This vaccine as you
10 heard has been proven to be safe and effective.
11 According to the CDC 38 percent of girls 13 to 17
12 have received all three doses, and the number is much
13 lower for boys. So, I really applaud your effort to
14 address this issue and we are willing to do whatever
15 you need from us to really help move this forward.
16 Thank you for doing this, and thank you for giving
17 solutions.
18 CHAIRPERSON JOHNSON: Thank you, Doctor
19 Diaz.
20 ERIN HARRIST: Good afternoon. My name
21 is Erin Beth Harrist and I’m a staff attorney at the
22 New York Civil Liberties Union, and I would like to
23 thank the Committee on Health and the Committee on
24 Women’s Issues for having us speak today in support
25 of the resolution. As you know the NYCLU is the

2 state affiliate of the ACLU, and we defend and
3 promote the principals found in the United States
4 Constitution and the New York State Constitution, and
5 that includes the right to personal autonomy,
6 equality and privacy that are the foundation of
7 reproductive freedom. We've done a lot of work in
8 the area of minor's rights to access confidential
9 sexual and reproductive healthcare, and I believe
10 that puts us in a good position to testify in regards
11 to this resolution. Allowing competent minors to
12 consent to HPV vaccination is a critical measure that
13 will help prevent the spread of HPV and its
14 devastating consequences. Despite the fact that most
15 parents are involved in their children's healthcare
16 decisions, not all minors have healthy, safe family
17 relationships, and some are unable or unwilling to
18 involve their parents, especially when it comes to
19 reproductive and sexual healthcare. Studies show
20 that many adolescents will not seek out reproductive
21 and sexual healthcare services if confidentiality is
22 not guaranteed, although importantly, these same
23 teams will often remain sexually active and therefore
24 exposed to the health consequences that can devastate
25 their futures. Thus, while it is certainly ideal to

2 have parental involvement in making these decisions,
3 mandating parental consent can delay and deter
4 critical preventive healthcare services. The laws
5 and policies of our state recognize these realities
6 and permit minors to consent on their own to
7 confidential reproductive and sexual healthcare. As
8 both the Senator and the Speaker have mentioned
9 today, there is a specific provision in our law that
10 prevents minors to give informed consent to testing
11 and treatment for sexually transmitted infections.
12 However, the State Department of Health has taken the
13 cramped and we believe unfounded position that this
14 law does not encompass preventive treatment such as
15 vaccination for HPV. It defeats the purpose of the
16 statute to include preventive care from the
17 definition of treatment, and thereby permit a minor
18 to be tested and treated for HPV vaccination, but not
19 just take steps to avoid infection in the first
20 instance. Thus, this puts providers in the position
21 of not knowing whether they are allowed to provide
22 the HPV vaccination to sexually active adolescents
23 who are capable of providing informed consent, and
24 therefore blocks access for many minors. As this
25 Resolution rightfully recognizes our State

2 Legislature should pass a law that clarifies once and
3 for all what both logic and legislative intent
4 dictate, that minors who on their own are able to
5 provide informed consent to get tested for STI's and
6 to get treated once they have an STI can give
7 informed consent to preventive STI treatment,
8 including the HPV vaccine. Allowing access to such
9 preventive care without obstacles is consistent with
10 both good medical practice and public health
11 principals. Thank you so much.
12 CHAIRPERSON JOHNSON: Thank you all for
13 your testimony today. I only have one question, and
14 any of you can answer it, and then I know Chair Cumbo
15 has some questions as well. If you could please
16 detail why you believe some providers do not
17 routinely administer the HPV vaccination. I know that
18 you all have experience in actually vaccination and
19 making sure that people are treated, but of all the
20 pediatricians out there and primary care physicians,
21 why aren't some of them actually doing this?
22 ABRAHAM ARAGONES: Let me answer this in
23 different--
24 CHAIRPERSON JOHNSON: If you could repeat
25 your name again for the record?

2 ABRAHAM ARAGONES: Yes, I'm Doctor
3 Aragones from Memorial Sloan-Kettering. So, let me
4 separate actually different providers. When I have
5 discussed and I interview and I have done so many
6 times, adolescent medicine doctors, one of the first
7 things that they say is that I can't consent my
8 patient. I have to wait for the parent or the parent
9 doesn't want to consent. So, consent or getting
10 consent from the minor is key for adolescent medicine
11 doctors. So that's one area. For providers, for
12 other providers, particularly pediatricians, the
13 issue is time, and time actually is a very broad
14 concept really. They don't have time for the 20
15 different things that they need to do, but they don't
16 have time for the things that many providers think
17 that the parents would want to know. For example,
18 they think that because they're going to offer the
19 vaccine, HPV vaccine, it's going to be an issue that
20 they're going to have discuss sexual activity,
21 promiscuity, etcetera, which is actually at least in
22 the Latino population not the case. So, time in
23 general, and then the lack of obtaining--allowing
24 minors to consent to the vaccine I would say are the
25 two main barriers for providers.

2 CHAIRPERSON JOHNSON: Which speaks to how
3 important the state legislation is.
4 ABRAHAM ARAGONES: Correct, absolutely,
5 and we have documented that over and over.
6 CHAIRPERSON JOHNSON: Thank you.
7 : I just want to [off mic] that--
8 CHAIRPERSON JOHNSON: Doctor Diaz, right?
9 ANGELA DIAZ: Yes, Doctor Angela Diaz.
10 That also awareness and really--that's what I love
11 what the Department of Health and Mental Hygiene had
12 to say is this is really doing a lot of campaign
13 making sure all the providers know the importance of
14 this, helping with the language to communicate with
15 the young people and the parents, developing tool
16 kits and materials to facilitate that because, you
17 know, the time is limited and it's sometimes
18 complicated to get into the issues, but it's
19 essential to do, and we just need to all make sure it
20 gets done.
21 CHAIRPERSON JOHNSON: Thank you. Chair
22 Cumbo?
23 CHAIRPERSON CUMBO: Thank you very much.
24 I wanted to ask, as Council Member Barron had brought
25 up earlier as an African-American woman and also from

2 a community of color, I also understand the
3 trepidation or the fear that individuals of color
4 often have with vaccinations and that sort of thing
5 and wanted to ask, in the vaccination world, have
6 there been vaccinations that over the years once
7 we've studied them now that they've been in
8 existence, which the HPV vaccination has not been
9 around as long, but once we've understood the
10 dynamics of vaccinations that have been around for a
11 long time, let's say 30, 40, 50 years plus, have
12 there been vaccinations where once they've been in
13 existence that long you've seen repercussions or
14 challenges or things that even had to be tweaked or
15 changed or altered because they were going in certain
16 directions that perhaps were not the original
17 intention?
18 ANGELA DIAZ: You know, the vaccination
19 we use many, many different type of vaccination,
20 especially pediatricians and adolescent medicine
21 people, and they have been in the system for decades,
22 and usually by the time they are put out in the
23 market, they have been tested and proven in term of
24 safety and how effective they are. I think sometimes
25 the issue comes in how these things are applied, as,

2 well, you know, sometimes abuses are imparted to
3 certain populations, but we work, you know, Doctor
4 Gordan (sp?) I work in the same place of Mount Sinai
5 Adolescents Health Center, and there we really have,
6 you know, a lot of conversations with the parents,
7 with the young people. We make sure we have the
8 workforce that is diverse and from the community and
9 really understand. So we bend backwards to make sure
10 that no one--that people are really getting what they
11 need, that we are helping these young people enhance
12 their life. Money's not an issue. We see them for
13 free. We don't charge the medication and the
14 vaccinations, and we don't face that type of issue.
15 You know, occasionally, a parent may said about that
16 they think this may promote a kid to go out and have
17 sex, but then we spend the time explaining as to, no,
18 this is not what happened. The research has shown
19 that, and this is just responsible. It's really
20 wonderful to help the young people have the skill set
21 to make right decision and also for the parents to
22 understand why this is so important.
23 ERIN HARRIST: Sorry, and I would also
24 interject as well that as a minority female
25 physician, a black physician, I'm very active in my

2 community and definitely as I've gone out and done
3 numerous community talks in the black community, the
4 area that I do see the most push back does relate
5 around kind of this sexual promiscuity. Is this
6 going to give our kids free license to then have
7 sexual activity, and I think a lot of that is just
8 taking the time, having providers who feel very
9 comfortable talking about sensitive sexual issues,
10 talking about sexuality and how you address sexuality
11 with your young people, and then being willing to
12 explain the idea that, you know, the decision to have
13 sex is very independent from the health consequences.
14 You know, so when young people come in and they're
15 seeking reproductive health care, the main thing that
16 they're--that drives a lot of young people is really
17 their concern about pregnancy, and then, you know,
18 the conversations around sexually transmitted
19 infections, risk reduction and then something as, you
20 know, long, further down the road as cancer are
21 conversations that actually as a provider I have to
22 bring up, and you know, kind of spend more time
23 educating young people on, because they're not
24 thinking about the consequences that are further
25 downstream. So I think that one of the things that

we as responsible adults do is that we explain some of these long term consequences to teens. And so what I explained to parents is that you're making--by choosing not to allow your child to be vaccinated, you're making a decision that could potentially lead to them having cancer 20 or 30 years down the road, and it was a decision that you made for your child, not maybe fully understanding what they're doing, and then on the flip side, your child not fully understanding the implications of what was going on. So let's just protect them up front the same way that you make them take vitamins, the same way that you give them other childhood immunizations, the same way that you teach them to eat fruits and vegetables, that these are just protective measures that you as a responsible parent take for your child to ensure that they grow up to very healthy and adults who live vibrant lives.

CHAIRPERSON CUMBO: Just one final question to that. I wanted to know, can you explain the difference now between the two different forms of vaccination, if you know the Gardasil and the Cervarix, do you know the difference between the two,

or what are the options that are now available out of those two different medications?

ABRAHAM ARAGONES: Sure. I'll start. I'm sure we all know about it, so I'll just give you a little bit of review. So we have two vaccines. First of all, let me backtrack a little bit there. There are multiple types of HPV.

CHAIRPERSON CUMBO: Right.

ABRAHAM ARAGONES: There are different types of viruses. So we can group them just to simplify everything. We can group them into high risk to develop cancer and low risk. The Gardasil, which is the first vaccine that was approved actually protects us against four of those types of HPV viruses, two of them high risk, two of them low risk. The Cervarix [sp?] protects against two of them, which are the high risk. So--

CHAIRPERSON CUMBO: Two of the same four, or two additional?

ABRAHAM ARAGONES: The same two high risk that Gardasil protects against. And finally, just to add one more thing, if anyone wants to add to this, is that there is a new vaccine that was recently approved. We're talking about three or four weeks

2 ago that protects against nine different types of
3 HPV. That vaccine is, we hope and we think based on
4 the data that will protect--as we know, for example,
5 Gardasil protects around 70--it will prevent around
6 70 percent of cases of cervical cancer today. The
7 new HPV vaccine, the HPV 9 has the potential to
8 prevent over 90 percent of these cases, not just of
9 cervical cancer, but the other cancers as well, and
10 that's going to be probably included in the
11 guidelines within the next few months, and again, as
12 I said, it's just been approved. So those are the
13 basic differences.

14 CHAIRPERSON CUMBO: If this approved,
15 then in your medical world--it is approved.

16 ABRAHAM ARAGONES: It's approved.

17 CHAIRPERSON CUMBO: But once it's out in
18 the atmosphere, it's really out there, would this
19 then replace the other two and make them obsolete?

20 ABRAHAHM ARAGONES: So, most probably
21 yes, although I'm not sure if that's going to happen.
22 Most probably yes, but some of us are very interested
23 in the difficulties that that's going to create in
24 the short run when parents are going to be confused
25 about do I get the nine--

2 CHAIRPERSON CUMBO: [interposing] Right.
3 ABRAHAHM ARAGONES: if I got the four
4 before, and all those are questions that are going to
5 be answered within the next I would say no more than
6 six months, but based on the information that I have,
7 yes, the HPV 9 will end up replacing the two that we
8 have today.
9 CHAIRPERSON CUMBO: And just I know you
10 said what you said, but I'm just so curious. Do you
11 think what would be anticipated is that you would
12 then have to get revaccinated because you already had
13 the vaccination before that might have covered two
14 initially, then four, and now you have nine, or is
15 there some way to alter it so that the ones that
16 you're getting now weren't covered and the ones
17 before?
18 ABRAHAM ARAGONES: Correct.
19 CHAIRPERSON CUMBO: I'm not a doctor.
20 ABRAHAM ARAGONES: Correct, it will be
21 very difficult, I think, and we'll have clearer
22 guidelines of that. Just as a personal opinion I
23 believe that we're going to have to emphasize on high
24 risk populations, low risk populations, most probably
25 most of those that actually got the Gardasil already,

2 the HPV 4 will not need the HPV 9. The risk is
3 already minimum. So, in the future, the new cases
4 will get the HPV 9, but for example, cases like
5 patients with HIV or HIV positive, perhaps those
6 actually should get the HPV 9. Other cases where the
7 risk is higher. It's particularly higher to develop
8 cancer. So, but again, those will be decided within
9 the next six months hopefully and will be clarified.
10 CHAIRPERSON CUMBO: This is an incredible
11 breakthrough. I have one other question, because
12 this is so fantastic that this is moving in this
13 direction. Is there a lot of progress being made
14 with other STD's in terms of vaccinations? I know as
15 was discussed earlier, there is one for Hepatitis B,
16 but have there been other discussions about other
17 STD's and vaccinations, or do they not work in the
18 same way?
19 ANGELA DIAZ: You know, as far as I know
20 there's really no vaccine against Chlamydia or
21 Gonorrhea, though Hepatitis B has been around for
22 like many years, decades.
23 CHAIRPERSON CUMBO: Right.
24 ANGELA DIAZ: So, hopefully we will
25 continue to develop, and that what's so wonderful

2 about having this vaccine against human
3 papillomavirus that we have it, and two of the
4 viruses covered by the vaccine, which is 16 and 18
5 just those two viruses are responsible for 70 percent
6 of cancer of the cervix. So, by getting that, and
7 then these additional new ones that were added to the
8 new vaccine will then do the--you know, most of the
9 rest. So, I think that we really should continue to
10 move this forward.

11 CHAIRPERSON CUMBO: Thank you very much.
12 That was very informative. Thank you.

13 CHAIRPERSON JOHNSON: Thank you all very
14 much. Our next panel is going to be Doctor Kathleen
15 Morrell from Physicians for Reproductive Health,
16 Justine Almada from the HPV and Anal Cancer
17 Foundation, Michele Prigo from the National Cervical
18 Cancer Coalition, and Julienne Verdi from Planned
19 Parenthood New York City, and then after that we are
20 going to have Doctor Katherine Lobach from Montefiore
21 Adolescent Primary Care and Doctor Matthew Weissman
22 from Community Healthcare Network. So, you may begin
23 in whatever order you'd like. Please just identify
24 yourselves for the record, and thank you all for
25 being here today.

KATHLEEN MORRELL: Hello, good afternoon. Thank you. I'm Doctor Kathleen Morrell. I'm a Board Certified Obstetrician Gynecologist. I've been living and practicing in New York City for nine years. I trained at Albert Einstein Montefiore Medical Center in the Bronx and completed fellowship training, and my Master's in Public Health at Columbia University. I'm here today as the Reproductive Health Advocacy Fellow at Physicians for Reproductive Health, which is a doctor-led national advocacy organization that uses evidence-based medicine to promote sound reproductive health policies. I'm here today in support of Resolution 532 calling on New York State Legislator to pass the legislation that Senator Krueger spoke about earlier that permits healthcare providers like myself to provide confidential treatment to youth for the prevention of HPV. HPV as many have said already is the most common sexually transmitted infection in the United States, and 15 to 25 year olds have the highest prevalence of HPV infection. While usually asymptomatic, HPV can cause genital warts and is the only known cause of cervical cancer and it is linked to oral, anal, vulvar, vaginal, and penial cancers.

2 Forty percent of all people with HPV acquire it
3 within the first two years of their sexual activity,
4 and more than half of New York City youths become
5 sexually active before they turn 18. Since HPV
6 vaccines are more effective if given prior to
7 exposure and they work two to three times better if
8 administered between the ages of nine to 11. It's
9 extremely important for young people to have access
10 to these vaccines. Most parents are involved in
11 their children's healthcare decisions, but not all
12 teens, unfortunately, have healthy family
13 relationships, and especially when it comes to
14 reproductive and sexual healthcare, some teens are
15 unable or unwilling to involve their parents.
16 Studies have shown that teens will refuse to seek
17 sexual healthcare services if they believe their
18 confidentiality will not be protected. Minors who do
19 not wish to disclose to their parents that they are
20 or will soon become sexually active often have very
21 good reasons, such as fear or even abuse at home.
22 For these reasons, public health experts and
23 professional medical associations including the
24 American College of OBGYN's, the Society for
25 Adolescent Health and Medicine, the American Academy

2 of Family Physicians, the American Academy of
3 Pediatrics, the American Medical Association, and the
4 American Public Health Association all strongly
5 support the provision of confidential reproductive
6 and sexual healthcare to teens. Many of these
7 organizations plus the American College of Physicians
8 and the CDC and the Immunization Action Coalition all
9 strongly support administering the HPV vaccine when
10 patients are 11 or 12 years old. In my practice I
11 see many young people, and I always counsel about the
12 HPV vaccine even though many of them have not come
13 there knowing anything about it, but if the patient's
14 under 18 they need parental consent, and in New York
15 State a young person can see me as their provider
16 confidentially for reproductive healthcare including
17 providing consent for contraception and for treatment
18 of sexually transmitted infections without involving
19 their parents, but for the HPV vaccine it's different
20 and the conversation stops. Often my young patients
21 refuse the HPV vaccine solely because they do not
22 want to explain to the parents why they're there at
23 the clinic with me that day. We should stop treating
24 HPV vaccine differently, and we should start allowing
25 the young people of New York to access this

2 potentially life-saving vaccine for themselves. As a
3 New York physician, I urge you to pass this
4 Resolution encouraging the New York State Legislator
5 to enact legislation that makes clear that qualified
6 healthcare practitioners may legally provide the HPV
7 vaccine to minors who have the capacity to provide
8 informed consent. Allowing increased access to this
9 critical preventive care is consistent with evidence-
10 based medical practice and would enable vulnerable
11 young people to protect themselves against disease
12 and infection. Thank you.
13 CHAIRPERSON JOHNSON: Thank you, Doctor
14 Morrell for being here today. It was very helpful
15 testimony.
16 JULIENNE VERDI: Good afternoon. I'm
17 Julienne Verdi, Director of Government Relations at
18 Planned Parenthood of New York City. We thank our
19 strong supporters, Speaker Melissa Mark-Viverito,
20 Chair of the Committee on Health, Council Member
21 Corey Johnson and Chair of the Committee on Women's
22 Issues, Council Member Laurie Cumbo for their
23 leadership in convening this hearing and for their
24 dedication to these issues. Planned Parenthood of
25 New York City serves more than 50,000 patients

annually in our health centers providing a range of sexual and reproductive health services such as gynecological care, including cervical and breast cancer screenings, colposcopy, testing, counseling, and treatment for sexually transmitted infection, and the HPV vaccine. As a trusted sexual and reproductive healthcare provider in New York City we know firsthand the effects of HPV on New Yorkers and understand the importance of passing supportive legislation and raising awareness to stop the spread of this infection and decrease risk for cancer. By recognizing January as Cervical Health Awareness Month we can increase knowledge of ways to prevent and treat cervical cancer in New York. Cervical cancer is highly preventable. Regular Pap screenings can help detect precancerous cells allowing women to receive treatment before cancer develops. Also, when cervical cancer is found early it is often treatable and associated with a high survival rate. The CDC estimates that as many as 93 percent of cervical cancers could be prevented by regular screening and HPV vaccination. PPNYC is proud to provide Pap screenings, the HPV vaccine and colposcopies to our patients to help prevent and diagnose cervical

cancer. Specifically, in 2013, PPNYC provided 88,700 STI tests and over 8,500 Pap screenings to our patients. Studies have shown that in the limited amount of time that the HPV vaccine has been available there's been over a 50 percent reduction of cervical cancer cases in the US and more than a 30 percent reduction in genital warts among adolescent girls. Despite the success rate of the vaccine, the CDC found that HPV vaccination is shockingly low in the US, and that many patients are not receiving the full three dose series. Legislation currently pending in the New York State Legislature sponsored by Senator Liz Krueger and Assembly Member Amy Paulin would address prevention of STI's and clarify New York State Law, allowing for competent minors to consent to the HPV vaccine. While we encourage parents to be involved in their children's healthcare decisions, not all minors have healthy, safe family relationships. Some minors are unable or reluctant to involve their parents in their sexual and reproductive healthcare. PPNYC recognizes that mandating parental consent could deter minors from accessing critical preventative services such as the HPV vaccine. PPNYC supports the resolution calling

2 upon the State Legislature to pass legislation
3 clarifying the law to permit healthcare practitioners
4 to provide HPV prevention services without parental
5 consent. As a trusted sexual and reproductive health
6 provider, we know the best way to ensure that young
7 people won't become infected with HPV is by
8 vaccinating them before they're exposed to the virus.
9 Since most people are exposed to the virus through
10 sexual content, getting the vaccine before the onset
11 of sexual activity is best practice. It is essential
12 that minors have access to the vaccine. Minors in
13 New York are already able to consent to treatment and
14 testing for STI's. Minors should also have access to
15 services that can prevent them from other contracting
16 potentially life-threatening STI's in the first
17 place. In addition to the resolutions, PPNYC
18 reiterates its call for comprehensive sexual health
19 education in all New York City schools. Gaps remain
20 in New York City's sexual health education, which has
21 a significant impact on young people's health and
22 wellbeing. Preventing the spread of STI's including
23 HPV among our youth begins with providing information
24 to empower students to make the best decisions that
25 are right for them. Lastly, we applaud New York's

commitment to implementing the Affordable Care Act. As part of the ACA, more Americans now have access to the care they need, including Pap screening, STI testing and the HPV vaccine, all covered without having to pay out of pocket for copays and other expenses. However, many New Yorkers are still ineligible for healthcare coverage under the ACA. We look forward to working to make New York City a national model for healthcare access for all people. At PPNYC, we see the often harmful consequences of HPV infection among our patients and are dedicated to providing professional, nonjudgmental confidential care no matter what. By passing both resolutions, increasing access to care and ensuring that all students receive comprehensive sexual health education we can send an important signal that New York City is committed to raising awareness, stopping the spread of HPV, decreasing cancer risk, and reducing healthcare disparities in our city. We urge the New York City Council to pass these important resolutions. Thank you for the opportunity to testify on this important issue.

CHAIRPERSON JOHNSON: Thank you, Ms. Verdi.

JUSTINE ALMADA: We thank the members of the Health and Women's Issues Committees for the opportunity to speak today. My name is Justine Almada, and I am the Executive Director of the HPV and Anal Cancer Foundation, a nonprofit organization that I founded with my siblings in 2010. Our story is reflective of a larger issue. In March 2008, while I worked at the New York City Council, my mom gathered my siblings and I and told us she had cancer. Her telling was a little different though because she prefaced the name of the illness with this, she said, "I have cancer, and it's not a very nice sounding kind." At 51 she had just been diagnosed with Stage IV anal cancer. As we fought alongside my mom over the next two years, we soon learned that not only is the virus a stigma, but the stigma is a virus. There is a wealth of misinformation about this cancer, because it is not a very nice sounding kind and because it is caused by HPV. The stigma has stalled advances in medicine and resources for the disease for decades. The drug treatments for anal cancer have not changed since the 1970's and there were limited medical networks and patient advocates. No one screened my mom for this

2 cancer, even though she had a risk factor, an
3 abnormal Pap with HPV in her 20's. My mom died in
4 April 2010. After her death, my brother, sister and
5 I have endeavored to change this experience for other
6 families and founded the HPV and Anal Cancer
7 Foundation. To achieve our mission, we focus on
8 prevention through immunization and screening, worked
9 to build the scientific and medical infrastructure to
10 find better cures and empower anal cancer patients so
11 they don't feel so alone. We commend the council for
12 holding a hearing on preventing HPV and the cancer it
13 causes and for the attention DOHMH and HHC has given
14 the issue through its current public health campaign.
15 As many people have said already, HPV is a
16 carcinogen. It causes six different cancers in men
17 and women amounting to five percent of the world's
18 cancer burden. Currently, 79 million Americans, or
19 one in four have this virus. It's a sexually
20 transmitted infection spread through skin contact,
21 and nearly every person will be infected at some
22 point in their life. Most people's immune systems
23 will fight it off, but 10's of thousands will develop
24 a cancer and millions will develop a complication
25 from it. Despite these sobering facts, vaccination

2 rates for females are very low and rates for male are
3 even lower. Unfortunately, there is a lot of
4 misinformation in the medical community and general
5 public about this vaccine. In light of this, we must
6 work together to educate these communities about the
7 vaccine to prevent the next generation of men and
8 women from facing these cancers. A lot of people
9 who've spoken today about the importance of
10 eliminating HPV, so I have a lot of data in my
11 testimony that I'm not going to repeat, but I just
12 want to emphasize a couple things. One thing that
13 Doctor Diaz said, which is that immune response is a
14 lot higher the younger that you vaccinate, and CDC
15 has data on that. So, it's not just important to
16 vaccinate when you're young because you haven't been
17 exposed to the virus, but also because your immunity
18 will be higher. There are other conditions that HPV
19 causes including precancer and warts that affect over
20 a million people in the US every year. And then HPV
21 also causes oral cancer and both anal cancer and oral
22 cancer are rising, even while deaths from other major
23 cancers are decreasing. And then of course, anal
24 cancer and the other cancers caused by HPV are highly
25 stigmatized. The best route for increasing uptake to

2 educate the medical and parent communities--the best
3 route for increasing uptake is to educate the medical
4 and parent communities about the vaccine and its
5 importance. This will take consorted effort on
6 behalf of multiple stakeholders at the local, state
7 and national level. New York can take steps to
8 increase vaccination uptake by working with health
9 agencies and medical associations to educate every
10 doctor, nurse and provider about the importance of
11 routinely vaccinating all children. Working with
12 education agencies and parent organizations to
13 educate parents about the availability and importance
14 of this cancer prevention vaccine for both their boys
15 and their girls, and by supporting the fight against
16 stigma by speaking openly about HPV and the cancer it
17 causes in both men and women and helping the public
18 to understand its importance. New York has a
19 phenomenal opportunity to lead the way in preventing
20 painful cancers in its population with a simple three
21 dose shot. There are over 468,000 boys and girls age
22 10 to 14 in New York City alone, and we can protect
23 them from potentially excruciating physical and
24 socially isolating conditions. Make New York the
25 leader of the nation by having 100 percent

2 vaccination rate for both boys and girls. We urge
3 you to consider the impact you will have on future
4 generations of Americans and their families by
5 supporting education and awareness efforts. We are
6 ready to work with New York and the Council in
7 support of ending five percent of cancer. We invite
8 everyone to reach out to us regarding initiatives,
9 awareness campaigns, fact sheets, or resources about
10 HPV and the cancers it causes. Thank you very much
11 for the opportunity to testify today.
12 CHAIRPERSON JOHNSON: Thank you, Ms.
13 Almada for being here today. I know that you were
14 Council Member Garodnick's Chief of Staff, and we
15 know that he only hires amazing people, because he's
16 an amazing guy, and so thank you for the service that
17 you did to the people in his district and the people
18 of the city of New York, and also for speaking in
19 such a moving way of your own personal experience. I
20 lost my stepfather who raised me two and a half years
21 ago from brain and lung cancer, and I lost my
22 biological father in March of last year from cancer
23 as well, from prostate cancer, and so I know the
24 human toll and the family toll that these cancers
25 have. And so, you being here and speaking about your

2 own personal experience and what you and your family
3 did in response to it is incredibly moving, and I'm
4 sure you are saving countless lives through your
5 advocacy and through the promotion of further
6 research to de-stigmatize and to have greater
7 understanding of what we can do to prevent these type
8 of cancers. So, thank you very much.
9 Michele Prigo: Good afternoon. Thank you
10 for allowing me to address the Committee on Health
11 and the Committee on Women's Issues. My name is
12 Michele Prigo, and I am the New York City Co-Chapter
13 Leader for the National Cervical Cancer Coalition,
14 and I am also an HPV survivor. Furthermore, I also
15 completed my Doctorate in Health Education and my
16 dissertation studies were on HPV awareness. I'm here
17 today to testify in the strongest possible terms in
18 favor of the resolution before you. We as a society
19 have the power to eradicate HPV related disease.
20 Currently, untreated HPV infections are responsible
21 for alarmingly high rates of morbidity and mortality
22 among men and women. As other people have mentioned,
23 99 percent are cervical cancers, 95 percent anal
24 cancers, and 70 percent of vaginal cancers, penial
25 cancers and oral cancers are all caused by HPV. I'm

fortunate to have been spared a staged cervical cancer diagnosis because of my proactive doctor. My husband and I and now our newborn son can attest to the value of permitting healthcare practitioners to provide prevention and treatment for this cancer causing virus. Further, passing of this bill will address the immense gap in education services that my research on HPV vaccine knowledge found. As recently as 2012, by a survey of students at Columbia University found just 22 percent knew the vaccine was recommended for male's age nine to 26. An astounding 62 percent have been gender and age eligible since the vaccine's FDA approval, yet had not received the HPV vaccine. And of these 62 percent, a staggering 38 percent, more than half, reported they had not received the HPV vaccine simply because their doctor had not offered it to them. Knowing that HPV related cancers can essentially be eradicated with the HPV vaccine and as our moral imperative to permit our healthcare practitioners to offer this vaccine to all New Yorkers, this is an issue of civil liberties and ensuring a high standard of public health. Everyone deserves quality access to care regardless of their age. Thank you.

CHAIRPERSON JOHNSON: Thank you, Ms. Prigo, for being here and for talking about your own personal experience. It's so great to have the four of you here. It's so great to see this, I mean this in a great way, of course, such young, strong, talented women who are taking the lead in healthcare on behalf of so many New Yorkers and so many people who need your voices out there advocating on their behalf, and so it's very moving. I'm reminded that--not to get too political. There's not many people here left. But I'm reminded that when, I think, President Bush signed in some bad things related to reproductive choice, the only people standing behind him were older white men, and so to see four young women testifying on sexual health, reproductive health, these type of issues is incredibly important, and the New York City Council is grateful that you all stuck around today and were patient to deliver very helpful testimony. So, thank you very much. Chair Cumbo has a question.

CHAIRPERSON CUMBO: Share the sentiments of Council Member Johnson and I really appreciate your honesty and bravery and it's been a really inspiring hearing today, because this is one of those

hearings where you're seeing courage and bravery and honesty at such a level that we don't often see at our hearings. So, I really appreciate how personal everyone has been, and I really hope that it doesn't spire more adults, more people in positions of leadership to talk openly and honestly with our young people, because so often young people will feel that if they're diagnosed with something that this is the only person in the world this has ever happened to, and it can be a very lonely journey. So I really appreciate your honesty and coming forward today. Wanted to ask--this is really, because it's one of those things where you want to talk about what's next, and I wanted to ask what would you inform young women going to their gynecologist whether they're in their mid, late teens, early 20's and 30's; as it pertains to HPV, what is very clearly that we want women to discuss with their doctors, with their healthcare providers, with their gynecologists when they're going for that visit, what would you recommend?

KATHLEEN MORRELL: So, I'll guess I'll take that one as the OBGYN at the table. So, I think the most important thing is to take the fear out of

2 it, to understand it's something not be scared of. I
3 think the hardest conversations I have with my
4 patients are the ones when they are HPV positive and
5 to tell them that no one has just told them they have
6 cancer, and so to understand that discussing it is
7 not something they should--they necessarily need to
8 be fearful about, because really literally most of us
9 in this room have had it before. We just didn't get
10 tested during that time that we had it. So, in
11 reality, it's more about just opening up the
12 conversation and understanding and taking the fear
13 out of it. It's a very complicated issue, the fact
14 that there's a sexually transmitted infection that's
15 not like Chlamydia, but it can cause cancer. It's
16 very hard for me when I was going through my medical
17 training to wrap my head around, and then when you
18 finally get your head around it to then try to boil
19 it down and really put it in layman's terms to talk
20 to your patients is even more difficult, because they
21 don't' have the training that I have and the years
22 that they were able to think about this and study
23 this. So, in reality, it's just to understand and
24 educate people and to just talk about it and to not
25 have fear around it.

2 CHAIRPERSON CUMBO: As a young woman
3 going to the gynecologist, is it one of those kinds
4 of conversations where you would say, "Okay, my Pap
5 smear came back normal." Is that really all we need
6 to discuss? Or, "My Pap smear came back normal." Is
7 there something else further that we should do in
8 order to understand should we move forward with
9 anything else, or if there is an abnormal Pap smear,
10 is it prudent upon the person that's going to then
11 ask for additional testing for HPV? Because my
12 experience in my 40 years has really been unless I'm
13 asking these questions, and to be honest sometimes,
14 you're like, "She didn't say anything about anything.
15 I'm not going to say anything about anything, and
16 it'll be okay until next year." But as you're
17 becoming older and more mature you're understanding--
18 you know, I have to say I want to have this
19 particular screening for this. Bring this on. I want
20 to have a screening for that; bring that on. Really
21 wanting to understand what it is that when you're
22 going to the doctor that you should be asking for,
23 whether you have a normal Pap smear, an abnormal Pap
24 smear and understanding all of those different
25 dynamics.

KATHLEEN MORRELL: I think the most important thing is to understand the guidelines that have been put forward by huge amount of people who are way smarter than I am and know this stuff even more in detail than I do, and there are large organizations that study this and put forward these recommendations, which is that when you're in your 20's, after you're 21, you don't need to get HPV testing unless your Pap smear is abnormal. That's the bottom line. So that the HPV conversation usually only comes up first very young women when it's abnormal, and at that point it then sparks a conversation. But then when you're in your 30's you should be getting tested every time you have a Pap, because then you can space out your Pap screening to every five years if both your Pap and your HPV tests are negative. So you should be asking your gynecologist for that test, because you can actually avoid a pelvic exam the whole time that you're with your gynecologist at your annual visit. So that's huge for women. They look at me and they're like, "What do you mean I don't have to get undressed?" I'm like, "I'm just going to listen to your heart and lungs and then we're going to chat." They've very

excited usually about that. So, that's something that I do try to then let them know this is not because I'm not doing my job, it's actually because I am doing my job as a public health professional understanding that you don't need that testing.

CHAIRPERSON CUMBO: Thank you very much for your honesty and your candor. Thank you.

JUSTINE ALMADA: I just wanted to add one other thing which is that it's important to continue to include boys in this conversation as well and to talk specifically about the importance of providers, not OBGYN's necessarily, but providers talking with young men about HPV as well. We don't have a standard screening test or screening protocol for either HPV for boys or for any of the cancers that come from HPV in boys. And so, it's really important that they understand that they can also get HPV and that they can get cancers from it. And that is something that providers need to be talking about more with them and that we need to be talking about more in the general public as well.

JULIENNE VERDI: And if I can just also add. You asked, you know, if you have a negative pap screening, what else should you maybe be asking your

2 gynecologist. We know that a lot of gynecologists
3 aren't offering comprehensive STI screening,
4 including HIV testing without you asking. So, those
5 are some of the things you may want to ask your
6 gynecologist, and it's something that we do at
7 Planned Parenthood, is when someone comes in for
8 birth control and they get their yearly exam, their
9 gynecological screening, you know, we offer the full
10 range. We'll ask the question, but not all providers
11 do that. So, I think a lot of patients assume when
12 they get their Pap screening that they're getting the
13 full range of STI testing including HIV, and they're
14 not. So I think it's important to always remind
15 people of that.
16 CHAIRPERSON CUMBO: I just want to ask
17 one more question. I'm sorry. I'm so fascinated by
18 this, and I like very practical information. How is
19 possible in many ways for women to contract HPV from
20 heterosexual men when for so many heterosexual men,
21 they apparently, the numbers of them having it are so
22 very low? How is it being produced in women in a way-
23 -that I was not able to understand.
24 KATHLEEN MORRELL: It's off much to what
25 she's speaking about that we don't test it in men.

2 It's kind of like--the way I always equate it to for
3 patients, it's like getting a cold. Right now, I'm
4 clearly overcoming one, and everyone else in the room
5 probably in the last month either knows someone or
6 themselves had some sort of upper respiratory
7 something, and then you have a healthy immune system
8 and you get rid of it. So, unless someone caught you
9 to do your Pap smear at the time that you had that
10 cold, so to speak, knowing meaning the HPV vaccine,
11 you will be negative every other time you get tested.
12 And so you have to catch the people at the time that
13 they have it, and because even though we only look at
14 one year and two year follow-ups, most people clear
15 the infections much faster than that. And so in
16 reality they're constantly going to be negative, but
17 during the time that they're positive they can infect
18 other people, but we just don't test them at that
19 time.
20 CHAIRPERSON CUMBO: I see. Okay, yes?
21 MICHELE PRIGO: Also just to further
22 respond to your question, the female genital tract is
23 made up of epithelial tissue, which is a very thin
24 sinuous tissue like the inside of your mouth and the
25 inside of your nasal cavity, and HPV loves that. And

2 the male genital tract is predominantly skin like the
3 skin on your hand, which for HPV is very hard to
4 infiltrate that. So, so often women are more
5 susceptible to HPV infection versus men just purely
6 because of our anatomy and the makeup of our skin on
7 certain parts of our body.
8 CHAIRPERSON CUMBO: Thank you.
9 JUSTINE ALMADA: I wanted to say one more
10 thing which is that boys have it as much as girls do,
11 there just isn't a test that's--
12 CHAIRPERSON CUMBO: They just clear it
13 also out of their system quicker because of what you
14 described?
15 JUSTINE ALMADA: I mean, there isn't a
16 routine test, but and you know, there's--I don't know
17 if you know, perhaps data on whether they clear it
18 faster or not, I'm not sure actually the answer to
19 that, but they do have it as much as girls do pretty
20 much.
21 CHAIRPERSON CUMBO: Thank you. I feel
22 like we've had that Joan Rivers "Can we talk?"
23 discussion today. So, I definitely thank you for
24 that. Thank you.
25

CHAIRPERSON JOHNSON: It's good. We're making history at the City Council by having open, honest, important conversations about sexual health. I just want to reiterate, I think this conversation that we just had on this panel and previous panels, and I believe this was mentioned, really point to the fact about how important it is to have culturally competent care for individuals. You know, as a gay man, I choose to see a gay man as my primary care physician, because I feel most comfortable talking about my own sexual health with another gay man, and I think that whatever background you are, whatever ethnicity, gender, sexual orientation, gender identity, religious belief that you may hold, you should--there should be available to you a primary care, preventative care services where you're able to have those conversations, and I don't come from a medical background, but it's what Council Member Cumbo just said. If the Doctor doesn't ask, the patient doesn't usually offer. So, it's really important that doctors feel very comfortable having these conversations with their patients, and having the trust with their patients to have these conversations, and we know that if someone gets

2 culturally competent care they're much more likely to
3 have better health outcomes and that is the goal of
4 all of this that we're talking about today. So,
5 thank you all very, very much. And now we're going
6 to call up our final panel. I apologize if I get your
7 name wrong, it's Doctor Katherine Lobach, is that
8 right? Yes. And Doctor Matthew Weissman. Doctor
9 Lobach is from Montefiore Adolescent Primary Care,
10 and Doctor Weissman is from Community Healthcare
11 Network. Good to see you both. Thank you for being
12 so patient. If you could just turn the mic on. Hit
13 the button. There you go.
14 KATHERINE LOBACH: As announced, my name
15 is Doctor Katherine Lobach. I'm professor in merit
16 [sic] of pediatrics at the Albert Einstein College of
17 Medicine, and I'm here to testify on behalf of the
18 Montefiore Adolescent Primary Care Initiative, which
19 we call MAPCI. MAPCI is a multi--a longstanding
20 multidisciplinary group of providers and other staff
21 at the Montefiore Medical Center. Our mission is to
22 ensure provision of the highest quality primary and
23 preventive services for adolescents at Montefiore by
24 means of policy development, training and education
25 and quality improvement activities. I should say

that the Montefiore Primary Care Clinics are scattered around the Bronx and there are a lot of them. There are over 20. Serve over 30,000 adolescents annually, and that's not--does not include the School-Based Health Network, which Montefiore operates, which is one of the largest in the United States. So, we have a lot at stake in ensuring that our adolescent kids get the vaccine that they need. I'm not going to reiterate much about HPV. You've been hearing it all afternoon. And what I would say is that the fact that the recommendation is that kids get this before they become sexually active means that the biggest group that needs it, the target group are minors, which you've also been hearing. And we know in New York State that the law now allows minors to self-consent for care related to reproductive needs, including sexually transmitted infections. However, even though HPV is a sexually transmitted infection, there has been a lack of clarity about whether this vaccine may be given to minors without parental consent. As a result, practitioners who care for adolescents often find themselves in a confusing situation. They do not usually intend to bypass a child's parent, but

2 there are also times when young or older teens are
3 being seen on their own and regardless of the reason
4 for the visit could surely benefit from being given
5 the vaccine on the spot. As it stands, some
6 practitioners actually do interpret the state statute
7 as allowing them to proceed, while others are
8 hesitant to provide this important benefit to their
9 young patients. I won't put anyone on the spot at
10 this hearing by saying where and how this happens,
11 but I'm personally familiar with a couple of fairly
12 large, not Montefiore, but other providers elsewhere
13 in New York City who are vaccinating kids on self-
14 consent, but of course, they're on rather shaky
15 ground by doing it. So the change in the law called
16 for by the City Council resolution would allow us
17 clinicians to proceed without concerns and do what is
18 best for our patients by vaccinating them against
19 HPV. I also, I'm not going to reiterate that we have
20 so much data on how safe it is, and that it certainly
21 doesn't give kids a license for early sexual
22 behavior. On a personal note, I would like to
23 mention that a close relative of mine who is now in
24 his 50's was recently treated for an HPV related
25 malignancy. He is doing well after two years, but I

2 can't help thinking that if this vaccine had been
3 available and he had received it on his own when he
4 was a young teenager, he might have been spared the
5 anxiety and concern he has had to suffer so many
6 years later. For many of us who care for adolescents
7 it is an unacceptable paradox that we are able to
8 provide all the confidential services needed to
9 prevent, mitigate and cure sexually transmitted
10 infections for our young patients, except for the one
11 that will best provide long lasting protection, the
12 HPV vaccine. It is past time for the State
13 Legislature to remedy this situation. MAPCI strongly
14 supports the City Council resolution calling for the
15 passage of the bills submitted by Senator Krueger and
16 Assemblywoman Paulin. We are grateful to the Health
17 and Women's Issues Committees for holding these
18 hearings and helping advance a solution to this
19 vexing problem, and we look forward to the day when
20 all New York City adolescents will be immunized
21 against this ubiquitous virus. Thank you.
22 CHAIRPERSON JOHNSON: Thank you, Doctor
23 Lobach for being here today. I really appreciate it.
24 Doctor Weissman?
25

2 MATTHEW WEISSMAN: So, thank you to the
3 Chairs for your patience and for allowing me to speak
4 today. I am Doctor Matthew Weissman. I'm the Chief
5 Medical Officer and the Acting President and CEO at
6 Community Healthcare Network, which is a network of
7 federally qualified health centers. We've been in
8 existence for over 30 years, and we provide care in
9 the Bronx, Manhattan, Queens, and Brooklyn, and we'll
10 soon open a School-Based Health Center at a high
11 school here in Manhattan. In addition, we're a lead
12 health home in Brooklyn and Queens and a co-lead in
13 the Bronx and Manhattan. We provide comprehensive
14 services including primary care, behavioral health
15 and social services to over 80,000 individuals a
16 year, and our joint commission accredited and
17 recognized as a level three patient centered medical
18 home, and we're proud to provide HPV vaccine wherever
19 possible. And we're here today in part because we
20 were founded as a coalition of family planning
21 organizations and are hoping we can expand the
22 availability of HPV vaccine to our patients. And so
23 on behalf of CHN I'm in full support of the Council's
24 motion to support the New York State Legislature in
25 passing legislation to allow healthcare practitioners

2 to provide this vaccine to minors without parental
3 consent. Since 2007 we've provided the full series
4 of three HPV vaccines to over 3,500 young people, but
5 we see about 8,000 to 9,000 adolescents a year, and
6 those teens who are consenting without their parents
7 or guardians for reproductive healthcare, their being
8 unable to consent for this vaccine, means that we're
9 missing a significant number of adolescent patients.
10 As the father of three young children, I share the
11 concerns that Senator Krueger raised about teenagers
12 making medical decisions without parental input. And
13 has been said today that since these teenagers can
14 already consent to STD testing and treatment, to
15 contraception like hormonal implants and IUD's and to
16 abortions, it seems logical that they also be allowed
17 to consent to preventive measures such as the HPV
18 vaccine. As a physician I've seen so many parents
19 refuse this vaccine because it's not required by
20 schools, because they are convinced that their 12
21 year old children will never have sex, or because
22 they're convinced that not getting this vaccine will
23 somehow delay the age that their children start
24 having sex. And in this case, it's really the
25 children who are coming to us for contraceptive care

who know that they're having sex, who are really being honest and thoughtful about taking care of their own healthcare. So in closing, I strongly encourage the City Council to embrace Cervical Health Awareness Month and to call upon the New York State Legislature to make this critical public health decision. Thank you.

CHAIRPERSON JOHNSON: Thank you, Doctor Weissman. It's so nice to see you here from Community Healthcare Network. I miss Catherine Abate [sic], that's no--

MATTHEW WEISSMAN: [interposing] As do we.

CHAIRPERSON JOHNSON: That's not reflection on you. She's a good friend, and I miss her dearly and she would be very proud that you are here today testifying on this incredibly important issue. She tragically lost her life to cancer, a hard fought battle over many years, and I love Freddy Milano [sp?], and so it's always nice that CHN is here on all of these issues advocating on behalf of the people that you serve and the people in New York City. So, I'm deeply grateful that you're here.

MATTHEW WEISSMAN: Thank you. It's our pleasure, and I'm only serving as Acting President for two more weeks. We have a new CEO, Bob Hayes, starting January 20th, also, and I'm sure you will love him also.

CHAIRPERSON JOHNSON: Great. But Catherine's irreplaceable.

MATTHEW WEISSMAN: A hundred percent.

CHAIRPERSON JOHNSON: Yes. Thank you both.

KATHERINE LOBACH: I would just like to add one comment. There had been said--you've asked several times over the afternoon why physicians don't recommend or what--the most important reason for kids to get this vaccine is because their providers recommend it, so why isn't it being recommended more often? I just want to say that I think like Community Health Network, our providers do recommend it. There--it's--the concern, the reason we're here is because we're frustrated. They're really trying their darndest [sic] to get everybody vaccinated, but they're blocked because of the consent issue. And I--so, I just wanted to get that point in.

2 CHAIRPERSON JOHNSON: That's helpful, and
3 I think we have heard today how important it is to
4 eliminate this current barrier and obstacle. I mean,
5 this is so common sense. It's nonsensical that it
6 already has not been eliminated by the State
7 Legislature, and I look forward to working with both
8 of you and all the other individuals who were here
9 today both people inside of government and people
10 outside of government in doing anything that this
11 body can do to push and pressure cajole [sic], the
12 State Legislature to take action before they just
13 open session yesterday, and they end session towards
14 the end of June, and it would be great to get this
15 done because as State Senator Krueger said, this is a
16 nonpartisan issue. This is a public health issue,
17 and we have to get on the right side of this because
18 ultimately it's about saving lives. Ultimately it
19 comes down to saving people's lives. So--
20 KATHERINE LOBACH: [interposing] Yeah, we
21 spoke to Amy Paulin several years ago when she first
22 introduced her bill, and then you know, the
23 resistance developed, and I think what you're doing
24 is going to be a major breakthrough. At least, I
25 certainly hope it will be to get this done.

2 CHAIRPERSON JOHNSON: We hope so too, but
3 up is down and down is up in Albany. So we never
4 know what's going to happen in that strange city
5 north of us. So, I want to thank you both for being
6 here today, and I want to turn it over to Chair Cumbo
7 for final question.
8 CHAIRPERSON CUMBO: My final question. I
9 wanted to ask in terms of you said as far as
10 recommending the vaccination, but what about even a
11 step back from that in terms of just simply informing
12 people, is that a course of action in terms of just
13 simply informing because so many people won't even
14 know that there is HPV, and then they won't even know
15 that there is a vaccination. Do you feel like
16 there's even more that could be done with
17 practitioners of just informing individuals?
18 MATTHEW WEISSMAN: So, we've taken a
19 bunch of initiatives to do that. We have health
20 educators at each of our site who try to catch every
21 teenager or everybody coming for contraception or
22 pre-pregnancy planning and talk to them specifically
23 about HPV even before they get to their doctor's
24 office, so that they're already coming armed with,
25 "Oh, I need to ask them about HPV. We need to talk

about it." We've given every provider in our network buttons to wear that say, "Ask me about HPV" should the provider forget. And we have a big health literacy program to help make sure all of our providers are as educated as possible, not just about the cultural competency issues that we've spoken about today, but also being able to speak to patients in a, you know, way that's accessible. You know, there are so many--you know, we've had such a, you know, a lengthy and involved discussion today about what is cancer; what is HPV? What are viruses? Do viruses cause cancer? How can we prevent it; how can we treat it? And so we're trying to educate our providers and our other staff as well as much as possible at how do you condense that information into something that people can understand and relate to and take action on and still be able to do that in a short visit and address all their other issues at the same time, and we're trying to spread that, some of those techniques to other organizations in the city as well so we can make sure people are constantly talking about HPV and explaining in a way that people can understand.

CHAIRPERSON CUMBO: Well, I thank you both for your testimony. I thank everybody that came today and all of the people that have been here from early in the afternoon 'til late this afternoon. I want to thank my Co-Chair, Corey Johnson. This was really a great opportunity for us to work together today, but I feel very confident and also excited at the opportunity to work with my Co-Chair on this issue moving forward. So, thank you, Co-Chair Corey Johnson.

CHAIRPERSON JOHNSON: Thank you all very much. This hearing is now adjourned.

[gavel]

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<u>C E R T I F I C A T E</u>

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date <u>January 13, 2015</u>