



January 7, 2009

Dear Ms. Melody Barnes, Ms. Dana Singiser and Ms. Caroline Brown,

Thank you for taking the time to meet with advocates from the reproductive health community on Friday, December 12<sup>th</sup>, and the women's health community on Thursday, December 18<sup>th</sup>. As the only national organization serving the needs and interests of Asian and Pacific Islander (API) women and girls, the National Asian Pacific American Women's Forum is pleased to participate in the Obama-Biden Transition Project's information-gathering process and would like to take this opportunity to follow-up with some more information on our administrative priorities related to HHS.

#### Remove the HPV Vaccination Requirement for Immigrant Women and Girls

Earlier this year, the United States Citizen and Immigration Services (USCIS) imposed a requirement that female immigrants ages 11 to 26, seeking permanent residence or entry to the U.S. be immunized against the human papillomavirus (HPV). As you know, the Advisory Committee on Immunization Practices (ACIP) recommended in 2007 that Gardasil, the only FDA approved HPV vaccine, be administered to females ages 11 to 26 in the U.S. Pursuant to a 1996 change in immigration law, this recommendation became an automatic requirement for prospective immigrants when the government updated its vaccination list in July 2008.

We believe that the high cost of the HPV vaccine—at the wholesale price of \$120 for just one of the recommended three-dose shots—creates an unfair financial barrier for immigrant women. Waiving the HPV vaccination requirement is also difficult and cost-prohibitive. Furthermore, while the HPV vaccine is recommended for girls and women in the U.S., it is not currently required of U.S. citizens in any jurisdiction. We believe the mandatory use of a medical procedure on a targeted population, when it is not required by the general population, is discriminatory. Like their U.S. citizen counterparts, all prospective immigrant women should have the opportunity to make an informed decision about their use of the HPV vaccine, weighing both the potential costs and health benefits of this procedure. The HPV vaccination is not mandatory for U.S. citizens, and its inclusion as a required vaccine for immigrant women and girls raises tremendous concerns.

Unlike the other infectious diseases addressed on the list of required vaccinations, HPV does not pose an immediate threat to public health. Dr. Jon Abramson, former chairman ACIP, has said that Gardasil should not be mandatory because HPV, unlike measles or chicken pox, is transmitted only by sexual contact. Of the 14 required vaccinations for immigrants, 12 are intended to combat infectious diseases that are transmitted by respiratory route and are



considered to be highly contagious. Gardasil and the only available vaccine for shingles, Zoster, are the only exceptions.

*Recommendations:*

- Direct the Centers for Disease Control and Prevention (CDC) to retract its listing of HPV as a required vaccination for immigrants in the revised Technical Instructions to the Civil Surgeons for Vaccinations Requirements, and to direct the Advisory Committee on Immunization Practices to modify its recommendation to state that the HPV vaccination should not be mandated for LPR seekers and immigrant visa applicants.
- Direct the United States Office of Citizenship and Immigration Services (USCIS) to suspend the HPV vaccination requirement for immigrants applying to adjust their immigration status or to obtain visas for the U.S.

Cervical cancer is a serious issue. With disaggregated data about API women, we know that Vietnamese women in the U.S. have the highest rate of cervical cancer of any other racial or ethnic community. However, the best way to address this health disparity is through affordable access to preventative care, regular screenings, and culturally competent services.

Improve Data Collection and Research on API Women

Few research reports and studies that focus on reproductive health include Asian and Pacific Islander women and girls, and even fewer studies break down their data by ethnic subpopulation, immigration and refugee status, acculturation, and socioeconomic statuses. In fact, of the total number of published reproductive and sexual health articles, only 2% focus on Asian and Pacific Islanders, compared to 4% for Native Americans, 18% for Latinos, 35% for African Americans, and 41% for Whites. A comparison of these figures to data from the most recent Census reveals that Asian Pacific Americans, who comprise 5% of the total population, are the only ethnic minority group that is underrepresented in reproductive health research efforts in relation to their overall percentage in the U.S.

API women have a higher prevalence of certain cancers than the general population, increasing rates of STDs and HIV/AIDS, and high utilization of abortion services. In addition, certain ethnic subpopulations within the API community experience high teen pregnancy and birth rates, yet national studies rarely disaggregate data collection and surveys by ethnicity, creating the false perception that teen pregnancy is not a concern for API women.

The lack of research generally, gaps in data, and failure of studies to collect data by ethnic subpopulation and immigration and refugee status can have detrimental consequences on the lives of API women and girls. If the public health and medical communities are unaware that API women, and certain subpopulations within the API community, are at a heightened risk for certain reproductive and sexual health conditions because they are not included in federal data collection efforts, then health care providers are less likely to train their staff and educate API patients and communities of the need for early detection, intervention, or education, nor can they provide appropriate care to this population. As a result, many API women are left without the information and education necessary to make well-informed decisions about their overall health, including reproductive health, and could forgo routine check-ups, preventative care, and screenings.



*Recommendations:*

- Fully fund the National Center on Health Statistics and the U.S. Census Bureau and ensure that 2010 Census efforts include a strong language assistance plan and outreach programs.
- Direct federal agencies to modify their national surveys to allow for disaggregation of data on Asian American, Native Hawaiian and Pacific Islander communities.

Thank you for the opportunity to share our recommendations with the new Administration. We look forward to working with the President-elect to advance social justice and human rights for API women and girls.

Sincerely,

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Executive Director

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