

# *National Coalition for Immigrant Women's Rights*

*September 29, 2008*

In July 2008, U.S. Citizenship and Immigration Services (USCIS) quietly added Gardasil, a vaccination against the human papillomavirus (HPV), to their list of required vaccinations for immigrants applying to adjust their immigration status or for visas to enter the U.S. HPV is a sexually-transmitted viral infection and is the leading cause of cervical cancer. Implemented last month, immigrant girls and young women between the ages of 11 and 26 are now required to receive the vaccine. The National Coalition for Immigrant Woman's Rights (NCIWR), a coalition that supports and promotes reproductive justice for immigrant women and their families, strongly objects to this mandate. The new requirement violates a woman's basic right to self-determination, creates additional barriers for immigrant families seeking adjustment of status, and unfairly forces immigrant women to subject their bodies to a new treatment with known side effects.

## **Reproductive Justice for Immigrant Women and Families**

Reproductive justice is achieved when all women and girls have the means and ability to make well-informed decisions about their bodies, health, sexualities, families, and communities. It is connected to broader struggles for social justice and human rights.

Research that disaggregates data based on race and ethnicity shows that cervical cancer has a disproportionate impact on certain immigrants, particularly Latinas and certain ethnic Asian groups including Vietnamese, Korean and Hmong women. However, USCIS's decision to mandate Gardasil for young immigrant women will not resolve these health disparities. In fact, the high expense of medical care, the lack of health insurance and the difficulty in finding culturally competent services means that young immigrant women must often forego routine preventative health care services such as pap smears. These inequalities in access contribute to their high rates of cervical cancer. While we support safe medical technologies that protect the health of women, these technologies alone will not fully improve immigrant women's lives.

## **The Vaccine Creates Another Barrier to Integration for Immigrant Women**

The HPV vaccination requirement is essentially a surcharge applied only to young immigrant women that will effectively block them from immigrating to the U.S. or becoming U.S. citizens. Gardasil is the most expensive vaccine on the market, costing a person nearly \$500. The vaccine is given in three-shot doses, costing \$162 per dose. This is and can be a lot of money for women seeking adjustment of immigration status. For example, a woman with two daughters of vaccination age would have to come up with almost \$1,000 to cover these costs.

## **Use of Immigrant Women as Test Subjects**

Dr. Jon Abramson, former chairman of the Advisory Committee on Immunization Practices of the Centers for Disease Control (CDC), has said that Gardasil should not be mandatory because HPV is unlike measles or chicken pox in that it is transmitted only by sexual contact. Furthermore, there are side effects associated with Gardasil including fainting, soreness of the

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injection site, nausea, and fatigue. Moreover, the FDA reports that as of June 30, 2008, there have been 9,749 reports of adverse events following Gardasil vaccinations, of which 94% were classified as non-serious events and 6% as serious events.<sup>1</sup> While the FDA states that the serious events (which included 20 deaths) had no common pattern that would suggest that Gardasil was the cause, it notes that Merck, Gardasil's manufacturer, has committed to conducting a post-marketing study to further assess the vaccine's safety. Because many leading vaccine experts and medical journals advise against making the HPV vaccine mandatory and the possible adverse effects associated with the vaccine, NCIWR believes that HPV vaccination should be a choice. We are disturbed that the HPV vaccination is required only of immigrant women and not of U.S. citizen women. The U.S. has a longstanding history of using immigrants as test subjects. This current policy, at best, sends the unfair message that only U.S. citizen women have the right to weigh the risks associated with Gardasil while immigrant women do not. At worst, the new rule is a continuation of an ugly history of using immigrant women as involuntary clinical trial subjects.

## **Alternative Solution**

If the true intent of USCIS is to look out for the health of immigrant girls and young women, then there are far more just ways of going about it. HPV is easily treated if it is detected early. Therefore, the logical solution is for USCIS to work with the Department of Health and Human Services to make pap smears more accessible and affordable to immigrant girls and women since that is the most effective way to detect abnormal cell growth that could lead to cervical cancer.

NCIWR urges USCIS to remove the HPV vaccination requirement.

*NCIWR advocates for fair, comprehensive and non-discriminatory approaches to immigration reform and policies that promote equality, reproductive justice, and economic justice for immigrant women.*

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<sup>1</sup> Information from CDC and FDA on the Safety of Gardasil Vaccine, *available at* <http://www.fda.gov/cber/safety/gardasil071408.htm>.