



ARCHDIOCESE
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Statement for the Archdiocese of Indianapolis Regarding the Human Papillomavirus (HPV) Vaccine

In April 2007, the General Assembly of the State of Indiana enacted legislation requiring schools throughout the state to provide parents of female students entering grade six with information concerning the link between cervical cancer and the human papillomavirus (HPV) infection and advise them that an immunization against the HPV infection is now available (Indiana Code: 20-34-4-3).

The Archdiocese of Indianapolis, the Office of Catholic Education and the Indiana Catholic Conference (ICC) appreciate the seriousness of healthcare issues involved with the human papillomavirus (HPV) infection and we are pleased that the Indiana General Assembly has recognized parents as the primary educators of their children. As is stated in the law, the decision to vaccinate (or not to vaccinate) your daughter is seen as a parent's decision and responsibility.

To make good decisions, parents and young women need accurate information regarding the vaccine. The vaccine, called Gardasil, has been approved by the U.S. Food and Drug Administration (FDA), to protect against two strains of HPV that are responsible for 70 percent of cervical cancer. The vaccine also protects against two other strains of the virus that cause 90 percent of genital warts. However, the vaccine is not a panacea. Parents and young women must also realize the following about the vaccine:

- The vaccine will not prevent the transmission of the human immunodeficiency virus (HIV) or other sexually transmitted diseases;
- The vaccine will not prevent infections from other strains of HPV;
- The vaccine will not prevent infection from all HPV strains that cause cervical cancer;
- The vaccine will not eliminate the need for regular screening.

The Church teaches that a primary role of Catholic educators is to provide assistance to parents in understanding the teachings of our Catholic Faith, so that they can form their children in the Faith. To this end, parents should know that there is no moral objection to the vaccine itself and the prevalence of HPV in the reproductive age population makes the possibility of exposure to the virus significant. (Source: National Catholic Bioethics Center).

Whether you choose to vaccinate your daughter or not, please use this opportunity to speak with your child/children about God's plan for each of us as sexual beings. Talk with your child/children and emphasize that the most effective way to avoid contracting any sexually transmitted disease is to abstain from sexual activity before marriage and to remain faithful within marriage. Share with your child/children that sex is sacred and is beautiful within the context of marriage. We believe that parents can and will make prudent decisions when provided with full and accurate information.

Annette "Mickey" Lentz Executive Director
Catholic Education and Faith Formation

References available at: www.archindy.org/oce/, Member Area/Downloads
National Catholic Bioethics Center (NCBC)
Catholic Health Association of the United States (CHAUSA)

CATHOLIC REFERENCES
Human Papilloma Virus (HPV) Vaccine

NCBC Statement on Vaccination Against Human Papilloma Virus (HPV)

July 11, 2006

The National Catholic Bioethics Center notes that the Advisory Committee for Immunization Practices has recommended that young women be vaccinated against the human papilloma virus (HPV) as a protection against cervical cancer, which is caused by certain strains of this virus. HPV is spread through sexual contact which includes, but is not limited to, sexual intercourse. Consequently, the most effective way to avoid contracting it is to abstain from sexual relations before marriage and to remain faithful within marriage.

The NCBC considers HPV vaccination to be a morally acceptable method of protecting against this disease, but asks that civil authorities leave this decision to parents and not make such immunization mandatory.

The prevalence of HPV in the reproductive age population makes exposure to the virus possible, even in a monogamous marriage, due to the possibility of a spouse's exposure prior to marriage. Furthermore, we live in a society where non-consensual sex remains a threat to young women who deserve to be protected from the effects of exposure to HPV.

The National Catholic Bioethics Center, www.ncbcenter.org.

Statement for the Catholic Health Association (CHAUSA)
HPV Vaccine

On June 8, 2006, the U.S. Food and Drug Administration (FDA) approved Gardasil, a vaccine that protects against two strains of Human Papilloma Virus (HPV) responsible for 70 percent of cervical cancer. The vaccine also protects against two other strains of the virus that cause 90 percent of genital warts. The Center for Disease Control's Advisory Committee on Immunization Practices recommends that the vaccine be routinely administered to females around 11 to 12 years of age, the same age they receive other vaccines. The Committee's recommendations also allow for administering the vaccine to girls as young as 9 or as old as 26, but preferably before a female becomes sexually active.

Because the virus is contracted through sexual encounters, and because its administration could be construed as implicitly approving of or even indirectly encouraging premarital sexual activity, some are claiming that the vaccine should not be routinely administered or even administered at all. Others oppose states' requiring that young girls be vaccinated, although this is still being debated in many states.

The availability of the vaccine poses a question for Catholic health care: Is it morally permissible for Catholic health care facilities (hospitals, clinics, etc.) to administer the vaccine?

While there will be differing moral judgments in response to this question, the administration of the HPV vaccine not only does not seem to be unethical, but there are also positive ethical reasons for doing so.

Health, we believe, is a fundamental human good, critical to the flourishing of individuals and the community. *Health care* seeks to foster health by preventing and treating disease, alleviating symptoms, and providing comfort. In the case of the HPV vaccine, health care is in a position to be able to prevent a life-threatening illness for several hundred thousand women. This is ultimately a lifesaving intervention for women, directly contributing to their well-being. It is also a contribution to the good of society by eliminating the consequences of a life-threatening illness upon families, the workplace, and the community, as well as eliminating the various societal resources that go into the treatment of such a disease. Catholic health care's commitment to human life,

human dignity, and the common good would seem to require that it provide the vaccine. Such provision is an instance of carrying on the healing mission of Jesus.

How should Catholic health care deal with the fact that HPV is contracted through sexual encounters, most often outside of a marital context? First, this reality is not in itself a reason *not* to provide the vaccine. The overwhelming good being sought is the prevention of a life-threatening illness and all the consequences that accompany such an illness. This is the clear intention (and responsibility) of the Catholic health care facility and can (and, perhaps, should) be explicitly stated as such. Second, the Catholic provider of the vaccine is not endorsing sex outside of a marital context, but merely dealing with the fact that sex outside of marriage occurs and that it can have devastating consequences for a woman's health. Third, prevention of a life-threatening disease and sexual promiscuity are different issues. One is the responsibility of the health care provider, while the other is primarily the responsibility of parents or of young women and men. Fourth, there is no evidence that providing the vaccine to young girls will encourage or facilitate increased sexual activity. If young girls are not sexually active, it is probably for reasons other than the possibility of contracting HPV.

Finally, not providing the vaccine could be viewed as judgmental, harsh, and punitive. It could implicitly be saying to young girls and women that they deserve what they get for being sexually active. This hardly seems consistent with carrying on the healing mission of Jesus or the church's long theological and sacramental tradition of forgiveness.

The fundamental commitments of Catholic health care—respect for life and human dignity, acting on behalf of the common good, prudent stewardship of resources, and justice—all seem to point in the direction of providing the HPV vaccine. Application of the principle of double effect, as well as the principle of cooperation, would seem to lead to the same conclusion. However, the issue also merits ongoing ethical review and analysis.

Also to be monitored carefully is who receives the vaccine. Here, too, there are issues of justice. Will Catholic providers, for example, ensure that uninsured and underinsured females receive the vaccine or will it only be available to those who can afford it?

Catholic Health Association, www.chausa.org