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Citizen intervention in a religious ban on in-school HPV vaccine administration in Calgary, Canada

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ABSTRACT

In 2008, Alberta Roman Catholic Bishops' discouraged in-school HPV vaccination because: "a school-based approach to vaccination sends a message that early sexual intercourse is allowed, as long as one uses 'protection.'" The publicly funded Calgary Catholic School District Board voted against in-school HPV vaccine administration. In 2009, vaccine uptake was 70% in Calgary public schools and 18.9% in Calgary Catholic schools. To physician-citizens who requested in-school vaccination, the elected school trustees repeatedly responded that they were "directed" by the bishop. When trustees refused to hear from the city's chief oncologist, a citizen's group was created and held a June 2012 media event to help overturn the ban. The Board remained intransigent until the citizen's group threatened legal action, former senior administrators pressured the Board, *Pediatrics* reported that the HPV vaccine had no effect on sexual behavior, and the bishop told trustees that they could consult school councils. 87% (91/104) of school councils approved in-school HPV vaccine administration. On November 28, 2012, the Board permitted the HPV vaccine, four years after first requested by public health officials. This paper outlines a successful health campaign that may serve as a model for addressing unwarranted concerns about community health programs dedicated to improving public health.

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Introduction

Despite extensive vaccine research and testing justifying regulatory approval, vaccine administration can be impaired by non-health related concerns, including normative views of religious and other groups. In one Canadian city, elected school trustees succumbed to the pressure of non-elected persons to ban routine human papillomavirus vaccine (HPV) immunization in schools. Eventually, effective citizen action helped to overturn the vaccine ban.

Background

In July 2006, a quadrivalent HPV vaccine (HPV4, the Merck Canada Inc. product called "Gardasil") received Health Canada approval for use in females aged 9 to 26 (NACI, 2012). In March 2007, the Canadian Federal Government announced a \$300 million allocation for the national vaccination of girls (Colucci et al., 2008).

Abbreviations: AHS, Alberta Health Services; Board, Board of Trustees of the Calgary Catholic School District; CCSD, Calgary Catholic School District; HPV, human papillomavirus; NACI, Canadian National Advisory Committee on Immunization.

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In Canada, health services and education fall within the jurisdiction of the provinces and territories (Constitution Act, 1867). Routine publicly funded immunization of school-age children typically occurs in schools, whether publicly or privately funded (Public Health Agency of Canada, 2012). Catholic schools are publicly funded in Ontario, Saskatchewan, Alberta and the Yukon and Northwest Territories.

Alberta announced its HPV vaccine program in June 2008 (Lang, 2008); the six Alberta Catholic bishops discouraged participation writing, "the decision regarding the use of the Gardasil vaccine is a parental, not an Alberta government, responsibility" (Smith et al., 2008). The bishops suggested that parents should disagree with in-school vaccination because "a school-based approach to vaccination sends a message that early sexual intercourse is allowed, as long as one uses 'protection'" (Smith et al., 2008). Bishop Frederick Henry of Calgary later frankly told a journalist (Kaufmann, 2012),

[...] even if future data shows a rise in cervical cancer rates among the district's ex-students, he wouldn't alter his stance. "It's not about a matter of statistics or any other study," said Henry, adding he can't be held accountable for sexual choices. "What is our teaching on sexuality? If people choose to walk away from that life there are consequences and they have to acknowledge that — it's not my job."

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On September 24, 2008, the Board of Trustees (the Board) of the Calgary Catholic School District (CCSD) voted to ban the HPV vaccine from its district (CCSD Board, 2008) — the largest Alberta Catholic school district, enrolling approximately 47,000 students. At least eight other Alberta Catholic school districts followed suit.¹

Alberta Health Services (AHS) responded by offering the vaccine in public health clinics. The CCSD sent home with student details of the free public clinics (McDonald, 2008) and the June 2008 statement of the Alberta Catholic bishops discouraging vaccination (CCSD Board, 2008).

Hence, four months after the Calgary HPV vaccine program began, in January 2009, 70% of eligible children in public schools had received one dose of the vaccine. But only 18.9% in Calgary Catholic schools had received the vaccine in clinics (Lang, 2009).

Reaching out

These data prompted a citizens' campaign to encourage the Board to lift its HPV vaccine ban. Fig. 1 shows a timeline of events.

The citizens' campaign included numerous opinion pieces in the local newspaper (Davis et al., 2012; Guichon, 2010, 2012; Guichon and Joffe, 2012; Guichon et al., 2009), a private presentation to the Board by three physicians in June 2011 (Mitchell, 2011a), and many subsequent letters by these physicians to the Board (Mitchell, 2011b, 2012a,b; Lyndon, 2012; Mckinnon, 2012).

The Board did not respond as an elected body, and consistently stated it was subordinate to the bishop, who is not elected by Albertans, but appointed by the Vatican. Not once in their six letters did the Board use the word, “children” (Scarpino, 2011; Martin 2012a–e) and stated continually, “we refer to the Bishop for guidance and direction” (Scarpino, 2011). Upon receiving that reply a fourth time, the physicians wrote, “Could you please clarify the Board's reporting structure?” (Mitchell, 2012b). The Board Chair responded that the bishop gives ‘guidance’ (Martin, 2012a):

[...] as elected officials, the Board of Trustees are the governors and as such, the decision makers of the Calgary Catholic School District. [...] when making decisions that may have moral or ethical implications, we turn to the Bishop for guidance.

But when one of the physicians asked, “what evidence you, as elected decision-makers, have that in-school HPV vaccine administration would be harmful to eleven-year old children, and more harmful than the morbidity and mortality that the HPV vaccination can prevent?” (Lyndon, 2012), the Board Chair replied (Martin, 2012b):

[...] we do not debate issues around the HPV Vaccine. We have continued to tell you that the Bishop recommends how a Catholic Board should respond to this issue and it is the Bishops who debate the issues around the vaccine.

¹ These include Holy Spirit School Division (Coaldale, Lethbridge, Picture Butte, Pincher Creek and Taber.), Medicine Hat Catholic Board of Education (Bow Island, Medicine Hat), Christ the Redeemer Catholic Separate School Division, (Brooks, Canmore, Drumheller, High River, Okotoks, Strathmore) Red Deer Catholic Regional Division (Innisfail, Olds, Red Deer, Rocky Mountain House, Sylvan Lake), Elk Island Catholic Separate School Board (Camrose, Fort Saskatchewan, Sherwood Park, Vegreville) Grande Prairie and District Catholic School Board (Beaverlodge, Fairview, Grande Prairie, Sexsmith, Spirit River), Lakeland Roman Catholic Separate Schools (Bonnyville, Cold Lake, Waskatenau), St. Thomas Aquinas School District (Beaumont, Drayton Valley, Lacombe, Leduc, Ponoka and Wetaskiwin) — as listed by Alberta Health Services, HPV Immunization Program, School Board Information, May 29, 2012, and as communicated by Mr. Jamie McNamara, Superintendent of Schools St. Thomas Aquinas School District, January 7, 2013. East Central Francophone Education Region No. 3 (Bonnyville, Cold Lake, St. Paul), Hutterite colony schools and 34 private schools across the province also prevented HPV vaccine from being administered in school. (AHS, 2012).

When physician letters dated March 8 and April 12, 2012, to Calgary Bishop, Frederick Henry, (Mitchell, 2012c, 2012d) went unanswered, the medical director of Calgary's cancer center asked the Board for a meeting. The Board declined stating, “in matters relating to moral and spiritual issues, we turn to our Bishop for guidance” (Martin, 2012c). That bishop later asserted that he alone decides, “[...] on moral issues, I'm the one who's mandated to speak authoritatively [...]” (Kaufmann, 2012).

Absent voices and unusual messages

The ban apparently affected also senior provincial health administrators. The physician-head of the regional ethics service for AHS rejected an article for publication in Calgary hospitals, claiming that it “suffers from a lack of balance, a possible mis-understanding [sic] of the position of the Catholic Bishop and Boards, and from an inability to guide the reader in use of ethics arguments to consider various points of view on a challenging subject” (Wasylenko, 2009). The Calgary Herald published the article (Guichon et al., 2009). On February 4, 2011, AHS administrators would not support transmission of information from an international vaccine expert panel at the Pediatric Infectious Disease Conference² (Evans, 2011). On November 29, 2012, the AHS Chief Medical Officer for Calgary, Richard Musto, stated that bishops' injunctions were relevant to vaccine decision-making, (Global TV News, 2012):

[...] Messages from the bishop are an important part of that overall decision. Parents do not, and none of us really should be making a decision based entirely on what the doctor says or the nurse says. They have to understand ...what's ... 'How does it fit in my context.'

Vigorous campaigning

In response to the Board's refusal in May 2012 to meet with the chief oncologist, local citizens formed a not-for-profit called, “HPV Calgary”, which created a website (HPV Calgary, 2012) and on June 25, 2012 released all correspondence between the Board and the three physicians (Graveland, 2012). Citing a failure of democracy, HPV Calgary called for the vaccine ban to end with the school year, June 30, 2012. The Board Chair responded, “Nothing is on the horizon to change our mind” (Bell, 2012) and repeatedly refused to put the matter on the Board agenda (Martin, 2012d, 2012e). Nevertheless, the matter became a national and an international media story (Gerson, 2012; Gibson, 2012).

New allies

Former administrators of the Calgary Catholic School District took a stand. Mr. William Dever, former Chief Superintendent, 1992–1996, stated publicly that the local bishop was “mistaken” (Nolais, 2012b). Dr. Jeremy Simms, former Chief Superintendent, 1996–2007, wrote to the Alberta Catholic bishops and Alberta Catholic Boards of School Trustees (Simms, 2012):

Because school districts bear the name ‘Catholic’, bishops believe that they are entitled to use their authority to enlist our schools and our children in their campaign against a permissive secular society, even if it places the future health and even the lives of some of these children at risk.

² The expert panel included Dr. Larry Pickering, MD, FAAP Senior Advisor to the Director, Executive Secretary, Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention, Atlanta; Dr. Sarah Long, Chief, Section of Infectious Diseases, St. Christopher's Hospital for Children, Philadelphia; Dr. Charles Prober, MC FRCP, FAAP, Professor of Pediatrics, Microbiology and Immunisation, Stanford University School of Medicine.

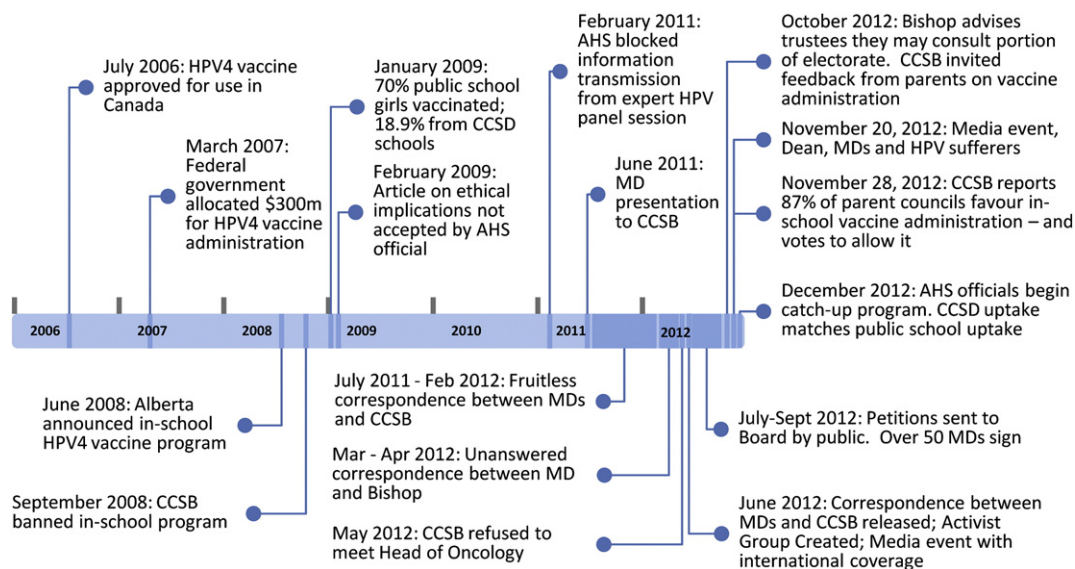


Fig. 1. Significant dates in attempts to overturn HPV vaccine ban in Calgary Catholic School District. Abbreviation: AHS—Alberta Health Services; Bishop—Frederick Henry, Roman Catholic Bishop of Calgary; Board of Trustees of the Calgary Catholic School District; CCSD — Calgary Catholic School District; HPV4 — Quadrivalent HPV vaccine, “Gardasil”.

Throughout the summer, such strong written opposition, public disapproval articulated in letters to the editor (Bogdon, 2012; Collins, 2012; Harbeck, 2012; Montgomery, 2012), and in online comment sections, (Anonymous comments, 2012a, 2012b); petitions signed by the public including 50 physicians (Guichon et al., 2012), and the threat of litigation (Nolais, 2012a; Cuthbertson, 2012) significantly heightened awareness of the issue in Calgary and elsewhere. Both the local paper (Calgary Herald Editorial Board, 2012a, 2012b, 2012c) and a national newspaper (Globe and Mail Editorial Board, 2012a, 2012b) called upon the School Board to end its vaccine ban.

On October 15, 2012, a study reported that HPV vaccination was not associated with increased sexual activity (Bednarczyk et al., 2012). Calgarians noted the relevance of the study to the vaccine ban and called for the ban to end (Shoham, 2012).

On October 24, 2012, the Calgary bishop denied that he feared promiscuity among the vaccinated. His public letter stated, “Our claim has never been that ‘being vaccinated against cervical cancer makes girls more promiscuous.’” but that “we do not want to send any mixed signals about premarital sexual activity” (Henry, 2012). More confusingly, his letter concluded, “existing data strongly suggest that as many as 440,000 cervical cancer cases and 220,000 deaths due to this malignancy will be prevented with the establishment of an effective worldwide HPV immunization program.”

This episcopal letter appears to have ‘permission’ for the Board finally to act. On October 24, 2012, fifteen months after physicians began to request such action, the Board formally considered HPV vaccine administration (Schneider, 2012). It announced that “in light of recent medical studies and developments, as well as consultation with our Bishop” the Board would ask a subset of its electorate (parents on school councils) to consider the appropriateness of HPV vaccine administration in publicly funded Catholic schools (CCSD Board, 2012a). The Board did not explain why it chose to consult some voters and not others.

Helping parents decide

On October 29, 2012, the University of Calgary Medical School Dean wrote to the Board Chair, offering to provide expert information for the benefit of parent councils (Meddings, 2012a). The Chair declined (Martin, 2012c) and the Dean responded (Meddings, 2012b),

[...] While I accept that it is your decision, I am shocked that an organization that represents education, learning and values the acquisition of new knowledge would reject the opportunity to acquire expert information from another educational institution.

On November 20, 2012, six professors of medicine, including the Dean and two patients spoke at a media conference about the importance of HPV vaccination (Guichon, 2012). Audrey Farrier who, because of HPV infection, delivered a child at 22 weeks 5 days (who is now a medically compromised adult) stressed, “No girl should miss receiving a vaccination that can help her and her children avoid all this suffering.” Patient Rose Penlington exhorted, “Through a combination of education and the gift of the HPV vaccine, we can stop this virus — this hungry beast that has no conscience, does not discriminate on the basis of age, gender or religion, and devours our children.” (Guichon, 2012).

Opening the school doors

At its meeting November 28, 2012, the Board reported that 87% of parent councils (91/104) voted in favor of in-school HPV vaccine administration (Canadian Press, 2012). The trustees then spoke individually stressing loyalty to the local bishop. They voted to permit in-school vaccination and presumed to stipulate the manner in which AHS obtains consent for vaccination (CCSD Board, 2012b). The Board also permitted nurses to vaccinate students who “for whatever reason, did not receive the vaccine between the 2008 and 2012 school years”, which entails conducting vaccine administration in CCSD high schools (CCSD Board, 2012b).

The Chair then told the media (CBC News, 2012):

[...] We value our community consultative process immensely and we recognized that a lot of time had passed in between our initial decision, the decision of the existing board and this board. So we felt that it was important to go back and ask the question again.

The authors could find no evidence that the Board asked either parents or the Board’s entire electorate prior to October 2012 whether they approved of HPV vaccination in CCSD schools.

The Board Chair also stated that the vaccine ban had nothing to do with the local bishop's comments that the vaccine would lead to or promote promiscuity. Nevertheless, she said, "We can't separate our faith from any decision in any area of our school and Bishop Henry is an integral part of that" (Campbell, 2012). The local bishop expressed disappointment in the outcome (Schneider, 2012).

Conclusion

Although the vaccine ban in Calgary's publicly funded Catholic schools was eventually rescinded, the normatively grounded ban and public debate persisted for over four years. It constituted an unfortunate and ill-informed barrier to full implementation of a publicly funded, in-school vaccine program. The ban delayed or hindered access to protection from potentially life-threatening and transmissible HPV infection for approximately 16,000 girls. In addition, some AHS leaders impeded the public health goal of providing accurate public information about the HPV infection and the vaccine. Consequently, some HPV infection may well have occurred that might have been prevented.

Efforts to thwart public health programs on grounds of religious concerns, ideological opposition or bureaucratic timidity must be confronted directly by public health experts when the evidence supports the safety and efficacy of the health program and vulnerable populations are exposed to significant risks. A systematic effort involving health care and legal experts, the community and the media such as described here can prove instrumental in overturning false claims, irrational concerns and unjustified fear mongering. HPV vaccination is only one of a number of public health measures that help prevent microbial disease transmission through sexual activity. Public health programs related to sexuality will continue to evoke moral concerns within many communities. Public health experts must, therefore, accept the need for advocacy and thus prepare themselves to engage those concerns and, when scientifically appropriate, to debunk tirelessly false claims that obstruct the promotion of public health.

Conflict of interest statement

The authors, Juliet R. Guichon, Ian Mitchell and Patricia Buffler declare that there are no conflicts of interest. Art Caplan sits on a Food and Drug Administration-created data safety and monitoring board for which he receives compensation. The board oversees a study of inhalers for children made by four companies including Merck and Glaxo, Smith Kline. He is also a Board Member of the Centre for Vaccine Ethics and Policy, which receives industry-funding including from Merck. He does not receive a fee to serve as a board member. None of the Calgary patients, physicians, bioethicists or other members of HPV Calgary received funding from a pharmaceutical company for work or activities related to HPV. HPV Calgary requested members of the public to send donations which totaled approximately CDN \$8000, and about which accounting information is available upon request.

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