

Testimony by Dr Jim Gaudino in support of 2026 Oregon Leg House Bill 4135 to declare every March 4th HPV Awareness Day in Oregon

Dear Co-Chair Rep Bowman (Ben), Vice-Chairs Reps Elmer (Lucetta) and Pham (Hai) and other members of the Oregon House Rules Committee 2026,

I am delighted to submit my STRONG support for House Bill 4135 which would direct Oregon agencies esp the Oregon Division of Public Health to annually declare each March 4th as HPV (Human Papilloma Virus Infections) Awareness Day to highlight the ongoing public health threat and preventability of HPV-related infections and illnesses including pre-cancerous and cervical, anal and ENT-involved cancers in Oregon, the US and globally. I join in support as an over 40-year-career preventive medicine and public health specialist physician and senior medical epidemiologist who has dedicated my life and work in the US, esp. here in Oregon, public health system to protect the health and wellbeing of our communities as upstream as possible. We in public health apply the power of epidemiology to discover and implement scientifically-informed ways to prevent, mitigate and treat the suffering, illnesses, disabilities, morbidity and mortality due to health threats, not limited to infectious diseases.

HB 4135 bill clearly outlines the still widespread infection rates of HPV and disease consequences of persistent infections in our state, the US and the globe. In recent decades, especially with the availability of effective and safe vaccinations to prevent HPV-related illnesses, we in public health finally have such powerful tools to significantly prevent the widespread impacts of HPV-related illnesses including cancer!

In fact, over 13 years ago, at the Oregon Division of Public Health, I was grateful to be the founding principal investigator standing up Oregon's CDC-funded HPV Impact surveillance program to investigate and track to reduction of HPV-related pre-cancerous cervical illnesses in conjunction with tracking the increases in HPV vaccination rates, first among adolescent girls with the Portland Metropolitan area. In that project, we reached out and forged Oregon's first-ever HPV disease surveillance partnering with nearly all clinical pathology laboratories who shared results from cervical biopsies from Pap smear and disease screening.

We also were able to gather HPV immunization data from the special CDC-funded child and adolescent immunization surveillance project I also led for area-specific monitoring of HPV vaccination rates using data shared from Oregon's ALERT Immunization Information System (Registry) Data. These data, along with data collected in the 6-7 other US HPV Impact project areas, has helped to document reductions of pre-cancerous illnesses because of growing HPV vaccination use.

This project is an example of the essential usually-quiet public health monitoring and evaluation work we in public health do for our communities. The essential information generated by public health surveillance like this is used to identify current gaps in access and care and to guide further interventions to assure our communities are protected and healthier.

So, when we in public health and healthcare HAVE such a powerful arsenal of evidence-supported HPV vaccines, scientifically-supported vaccination recommendations, cervical cancer and HPV infection and other-related cancer screening methods and other community intervention strategies, *we ALL are COMPELLED to take actions with our communities, healthcare and other partners TO persistently raise awareness, promote community demand and enable widespread and consistent access to ASSURE that ALL our communities ARE fully protected and treated!*

Indeed, mustering community-wide awareness and actions stimulated by annually declaring HPV Awareness Day across Oregon would assuredly be part of many other needed interventions needed to achieve our goals to reduce and some-day eliminate the health and wellness impacts of HPV on our communities.

In fact, we know from settled studies of community-wide health and individual healthcare interventions that the ***MOST successful approaches are those when many efforts are combined*** to reach people, including

special efforts to needed to especially empower and support marginalized, underserved and vulnerable communities to be protected and well.

Yet, also, as Federal funding for needed programs are being slashed as a result of Congress' HB 1 AND from funding cuts from the Federal Department of HHS being made under the "mis-leadership" of Secretary Robert F Kennedy Jr, an anti-science/anti-vax advocate and his anti-science influencer team members, our Oregon public health system (State and local public health departments and Tribal health organizations) NOW face with never before threats to its core infrastructure and capacity to protect the health and wellbeing of our communities.

THIS is even more concerning than from other cuts to states made by other Federal Departments and program programs BECAUSE, unlike many service programs, Oregon's public health system is up to 95% supported by Federal funding and ONLY roughly ~5% funding from state and local sources! Really, over many years, we have been neglecting Oregon's share of investments to the essential services of our public health system.

Indeed, WITHOUT core infrastructure and meaningful investments BY our legislature and other state and local sources, our communities will lose needed public health interventions and core services AND the health and wellbeing of ALL our communities across the state will be threatened.

So, in this case, simply relying on annual declarations to raise awareness and concerns about HPV or any other health concern and threat to Oregonians, will not protect our communities and families.

Realizing how difficult this situation is for ALL Oregon policy makers and leaders, let me respectfully challenge ALL Oregon legislators especially those serving in the Joint Ways and Means Committees making tough budget choices NOW, AT minimum,

PLEASE do NOT make ANY CUTs to our public health system-infrastructures, especially to the slowly increased investments made in recent years to Public Health Modernization!

Respectfully submitted,

Dr Jim Gaudino MD MS MPH FACPM

Policy & legislative advocate for greater investments in & protections of America's poorly-funded US Federal, state, local, tribal public health & preventive medicine system- infrastructures which are essential in protecting our communities' health & wellbeing & preventing premature deaths, disabilities, illnesses and suffering among people in our communities

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