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The HPV Vaccine Debate: Don't Ask, Don't Tell

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Katie Couric opened up a Pandora's box of sorts simply by airing testimony about the HPV vaccine's lack of effectiveness and safety, but shouldn't she be commended for asking questions the mainstream media is afraid to touch?

We live in a time when simply questioning the safety and effectiveness of vaccines has become, in the eyes of the mainstream media and conventional medical establishment, an unconscionable act. With high-profile figures like Bill Gates stating that those who engage in "**anti-vaccine efforts ... kill children** (<http://tv.greenmedinfo.com/anti-vaccine-folks-kill-children-according-to-bill-gates/>)," and global health organizations like **UNICEF immodestly spying** ([/blog/unicef-surveils-defames-health-sites-over-vaccines-greenmedinfo-motheringcom](#)) on independent health sites (and their visitors) who they allege spread misinformation and "anti-vaccine sentiment," the increasing inquisitiveness about vaccines among the public and research community alike has become the object of a modern day Inquisition.

And yet, were we to stop questioning, suspending our critical thinking and deferring medical decisions of life and death importance to a greater power -- no matter how 'evidence-based' we believe that authority to be -- we would actually be engaging in a *faith-based* practice; hardly a defensible position from the perspective of rational, informed choice.

What could be so wrong with asking questions, especially from those who have had direct experiences with vaccines, either as vaccine recipients or as professional researchers?

Take Katie Couric's recent show (<http://tv.greenmedinfo.com/katie-couric-show-hpv-vaccine-responsible-one-girls-death/>) **about the human papilloma vaccine (HPV) vaccine as an example...**

Katie featured the testimony of Emily Tarsell, whose daughter Christina died at the age of 21 after receiving the Gardasil brand HPV vaccine. She also interviewed Dr. Diane Harper, MD, an international expert on HPV.

Both painted a picture of the vaccine entirely at odds with the one projected by the health authorities like the CDC, who promulgate the overly simplified narrative, ceaselessly echoed in the mainstream media and the public mind, 'HPV causes cancer,' 'HPV vaccines offer the best protection,' and 'HPV vaccines are safe,'

This uniquely critical discussion resulted in a huge backlash among those whose religion, it seems, is to promote vaccination as the infallible holy water of the modern age, spurring them to label Katie Couric as a 'vaccine denialist,' 'misinformant,' and 'the next Jenny McCarthy.'

The scientific truth, no matter how heretical it sounds, is that HPV by itself does not "cause" cervical cancer (as if anything in the universe were an effect of a singular cause!). There are manifold environmental, nutritional and lifestyle factors, not the least of which the status of the infected person's immune system, which determine whether or not an HPV infection will develop into a life-threatening condition such as cervical cancer.

The immune system, in fact, plays such a critical role that, despite the dumbed down marketing copy, memes, and fear-mongering mentality, most HPV-associated lesions regress spontaneously with time *when you do nothing at all* (i.e. expectant management).

For instance, back in 2004, *Lancet* published a study which found that low-grade squamous intra-epithelial cervical lesions (LSIL) commonly associated with HPV infection spontaneously regress in 61% of females within 12 months and 91% within 36 months.[i] LSIL is considered a mild form of cervical dysplasia (CIN), but is nonetheless often subject to more aggressive measures such as a colposcopy with biopsy,[ii] which sometimes leads to surgical treatment.

Another 2010 study published in the *European Journal of Obstetrics, Gynecology and Reproductive Biology* found that at the end of 12 months of follow-up, the CIN 2 regression rate was 74% (31/42), progression rate to CIN 3 was 24% (10/42) and in one case CIN 2 persisted (2%). Finally, a 2011 study in the *Journal of Lower Genital Tract Diseases* found At 12 months, 70% of CIN 1 and 54% of CIN 2 lesions spontaneously regressed ($p < .001$).^[iii]

The odds therefore are clearly in the favor of HPV-associated abnormal cell changes (so-called 'precancerous' lesions) regressing naturally like most self-limiting viral infections. Vaccines are clearly not responsible for the 'protection' conferred by our inbuilt immunity; nor is the HPV virus some inevitable force of lethality that only universal HPV vaccination campaigns can effectively countermand.

When we listen closely to **Katie Couric's interview of Dr. Harper** (<http://tv.greenmedinfo.com/katie-couric-show-hpv-vaccine-responsible-one-girls-death/>), who has earned her status as an authority on the topic by being an integral part of the science that brought HPV vaccine into human trials, we find her making the following rarely articulated points:

- Gardasil doesn't last long enough (only 5 years) to prevent cervical cancer, which takes a decade or longer to develop. (3:40)
- HPV infections are something that women continue to get throughout their lifetimes (3:46)
- CDC and other published data show that between the age of birth and 11 years old age 10-15% of these children are already infected with these high-risk types. (3:50)



(<http://tv.greenmedinfo.com/katie-couric-show-hpv-vaccine-responsible-one-girls-death/>)

So, if Dr. Harper is correct, and the short-lived, at best 5-year long protection derived from HPV vaccines only works in 90% of the 11-12 year olds *who haven't already* contracted one of the HPV vaccine specific strains, how can the CDC in good conscience make the following inadequately qualified statement:

"HPV vaccines offer the best protection to girls and boys who receive all three vaccine doses and have time to develop an immune response before being sexually active with another person. That's why HPV vaccination is recommended for preteen girls and boys at age 11 or 12 years." [Source: CDC (<http://www.cdc.gov/hpv/vaccine.html>)]

It is clear from the FAQs on their own website (<http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>) that, "HPV vaccines will not treat or get rid of existing HPV infections. Also, HPV vaccines do not treat or cure health problems (like cancer or warts) caused by an HPV infection that occurred before vaccination."

And what of other factors that prevent or accelerate HPV-associated cervical cancer progression?

We know basic chemical and hormonal exposures play a role. There is evidence that oral contraceptives,^[iv] breast augmentation,^[v] and even the highly touted anti-breast cancer drug tamoxifen may increase the risk of cervical cancer.^[vi] There is also plenty of evidence that basic nutritional factors, such as B-vitamins,^[vii] [viii]indole-3-carbinol (found in Cruciferous veggies),^[ix] [x] turmeric (curcumin),^[xi] lycopene,^[xii] reduce the risk, or may even regress these cancerous and/or precancerous growths.

The point? HPV-associated cervical cancer does not occur in an etiological vacuum. Natural immunity, nutrition and chemical exposures – NONE of which have anything to do with a vaccine – are far more important.

But what may be even more damning to the HPV vaccine are the basic facts of HPV virology itself...

According to the CDC's website, there are over 100 forms of HPV that have been identified thus far, with the vaccine only protecting (in theory) against four, namely, HPV types 6, 11, 16 and 18.^[xiii] Nor does vaccination speed the clearance of pre-existing HPV 16/18 infection, making Dr. Harper's point about the prevalence of HPV infection in those younger than 11 all the more poignant.^[xiv] So, how effective can a 2-4 strain vaccine possibly be even if it works 100% of the time against them?

Another surprising revelation about HPV and the vaccine surfaced on Medline Plus, the National Institute of Health's website, last month (http://www.nlm.nih.gov/medlineplus/news/fullstory_141967.html). Researchers from Duke University found that although African-American women are *twice as likely* as Caucasian women to die from cervical cancer, HPV vaccines target strains of HPV that are far less likely to infect them, and are not found in the most concerning precancerous abnormalities. According to a report on Afro.com (<http://www.afro.com/sections/news/Health/story.htm?storyid=80548>):

"The study examined 280 Black women and 292 White women, all carrying varying HPV strains. Some had no signs of cancer, some showed mild signs of pre-cancer and a small percentage had advanced precancerous abnormalities. In the group with the most advanced signs of pre-cancer, White participants carried strains 16, 18, 33, 39, and 59, whereas Black participants carried strains 31, 35, 45, 56, 58, 66, and 68.

Currently, two vaccines on the market target four HPV strains considered most troublesome. Gardasil, which is produced by Merck and can be administered to anyone aged 9 through 26, protects against strains 16, 18, 6, and 11. Cervarix, by GlaxoSmithKline, is available only for girls and women and targets strains 16 and 18."

This discovery exemplifies what a shockingly non-evidence-based mess today's HPV vaccine messaging is, even when coming from the topmost authority on the 'evidence-based' medicine food chain.

With the added problem of 'color blindness,' it is clear that HPV and HPV vaccine information needs to be reformulated immediately to reflect the disparities in effectiveness between different racial groups, especially since the most deeply afflicted population (black women) are least protected.

After all, in order for there to exist informed choice, a proper weighing of the risks and benefits must be made possible, which is what the evidence in 'evidence-based' medicine is there for. Failing to make this evidence available, or misrepresenting and/or concealing it, not only violates the medico-ethical principle of informed consent, but in light of the race-specificity of HPV strain infectivity, would be an act of racial discrimination, with dire consequences to the most at risk populations. Consider too that post-marketing surveillance has revealed that the **HPV vaccine causes noticeable adverse effects**

([/anti-therapeutic-action/vaccination-hpv-gardasil](#)) in the majority of women who receive them.[xv] And this only scratches the surface of the problem, as signaled within the published literature.[xvi] For a vaccine that may have offer no health benefits to the African-American women who receive them, this is no small problem.

Ultimately, the HPV vaccine does not work as advertised, and likely never did. For those who continue to distract from this fact, resorting to assaulting the character of those like Katie Couric who provide a forum for discussing these vitally important issues, the evidence itself will only blow back on them. HPV is not the sole cause of cervical cancer, the HPV vaccine's effectiveness* is either poor or non-existent in certain populations, and reports of adverse effects continue to amass on VAERS including death and chronic disability?.

*Moreover, its effectiveness is based on a cellular changes associated with but not causative of cancer. In fact, given the dearth of long-term data, no effectiveness at cancer protection can be asserted.

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Sayer Ji is founder of **Greenmedinfo.com** (<http://www.greenmedinfo.com/>), a reviewer at the **International Journal of Human Nutrition and Functional Medicine** (<http://www.ichnfm.org/publications/index.html>), Co-founder and CEO of **Systeme Biomed** (<http://www.systemebiomed.com>), Vice Chairman of the Board of the **National Health Federation** (<http://www.thenhf.com/>), Steering Committee Member of the **Global Non-GMO Foundation** (<http://www.gmofreeglobal.org/en/steering-committee>).

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