

## HPV Vaccination Policy Reply from Department of Health and Social Care

Isle of Man Government on 30<sup>th</sup> October 2018

*These replies (numbered items 1 to 27) are to the policy statement below. They should be read in the context of criminal cases which have submitted, to date, in: Japan, France and Spain, due to deaths and harms of HPV vaccines (Gardasil, Cervarix and Gardasil 9). More cases will follow.*

**Risk, in context:** over 1 billion people smoke every day. It is estimated, that 5 million die each year, (if we believe World Health Organisation figures) so the annual risk is 0.5% - from a cancer risk that was denied for over 40 years. A 'clinical trial' of smoking would show no risk, but only if it had a 15 day 'evidence' of harms cut off - as was the case in the HPV vaccines 'trial'. Then 'risks' go away.

*Received from the Department of Health and Social Care, on 30<sup>th</sup> October 2018:*

Dear Sir /Madam

Thank you for your email concerning HPV vaccination which the Chief Minister has asked my Department to respond to on his behalf. All vaccination programmes offered on the Isle of Man are based on rigorous (1) and evaluation carried out by experts (2) in the field.

Since HPV vaccines were first licensed in 2006, over 270 million doses (3) have been given worldwide, with over 8.5 million in the UK. Medicines regulatory authorities, including the Medical and Healthcare Products Regulatory Agency (UK) (4), the European Medicines Authority (5) and the World Health Organisation (6), keep the safety (7) and efficacy (8) of these vaccines under regular review (9). When vaccines are given to very large numbers of people, simply by chance (10) some will develop a medical problem around the time of the vaccine. This does not mean that the vaccine caused the problem. Detailed safety reviews (11) undertaken by the authorities listed above have not found any evidence (12) that HPV vaccine is linked to an increased risk of any condition including chronic fatigue syndrome, postural orthostatic hypotension or complex regional pain syndrome (13). There is also no evidence to link aluminium (14) an ingredient (15) in HPV and other vaccines to an increased risk of autism (16).

In the UK, there are over 3,000 new cases of cervical cancer diagnosed each year (17) and around 850 deaths (18). 99.8% of cervical cancer is caused by infection (19) and Cancer Research UK estimates that it is also 99.8% preventable - with the HPV vaccination programme being a key part of this (20). Not all cervical cancer deaths can be prevented by the cervical screening programme for a variety of reasons – women may fail to attend for screening, they may have an aggressive cancer which develops between smears or outside the age range of the programme, and, as with any screening programme, there may be 'false negative' (21) results. The 10 year survival rate for cervical cancer is only 63% (22) and treatment can have a major impact on the quality of life and wellbeing of patients, including, for example, infertility (23).

In view of the evidence (24) outlined above, we cannot accept your statement that 'HPV vaccine is doing a lot more harm than good' (25). Full information is provided to parents (26) and to girls both as part of the consent process (27) and at the time of the vaccination (28).

- 1). Rigorous programmes have not been undertaken, nor have vaccine contents been studied for: toxicity, carcinogenicity, or infertility - nor their accumulating effects, on immature immune systems.
- 2). Experts in their 'field' remain in silo's unable / unwilling to examine vaccine combination effects, outside of their specialism. Harms are continually masked, yet 'official' vaccine schedules, increase.

- 3). The MHRA has repeatedly failed to police major medical harms of: PiP breast implants, the Essure contraceptive device, and transvaginal mesh(es) - all were medically approved devices.
- 4). Nordic Cochrane wrote to the EMA on 26<sup>th</sup> May 2016, stating maladministration by the EMA, regard HPV vaccine harms. These issues of harm have not been adequately answered, nor resolved.
- 5). The WHO states clearly: *any parent who does not wish their child to receive the HPV vaccine, should keep their child off school on vaccination day.* How is that in any way 'informed consent'?
- 6). Safety is claimed despite Indian trial deaths, and a later review by Professor Allyson Pollock. Trial harms were substantially masked by use of an aluminium adjuvant comparator, not an inert placebo.
- 7). Efficacy has never been proven in a clinical trial. An assumed, surrogate end point of CIN lesion 'reduction' is assumed to be proof of cancer elimination. Any claims of cancer prevention are false.
- 8). A regular review has never been undertaken. (In the US, Health & Human Services directorate was mandated to undertake a biennial review, but has not done so, on 15 occasions since 1987).
- 9). Simply by 'chance' was the mantra used by the lobbyists for: lead in paint, tobacco harms, Vioxx, deaths, Prozac suicides and HIV blood tainting (currently going through the UK courts) after 30 years.
- 10). *Detailed safety reviews* have never investigated harms from the (toothless) Yellow Card system. Less than 1 in 100 harms are reported (Harvard Pilgrim study) viewed by some as an *inconvenience*.
- 11). '*Not found any evidence*' ignores: the MHRA's Yellow Card system, AHVID (Association of HPV Vaccine Injured Daughters) and Time For Action: all show harms unparalleled for any other vaccine.
- 12). POTS (Postural Orthostatic Tachycardia Syndrome), and CRPS (Complex Regional Pain Syndrome) are highly HPV vaccine correlated. Japan has many 'common symptom' Court cases.
- 13). *To link aluminium to autism*: see the film: Injecting Aluminium by Prof Chris Exley (on island on 3<sup>rd</sup> December 2018) he didn't want to believe the link either, but after 20 years of research, he does.
- 14). Vaccine ingredients: include HPV strains 16 and 18 for 'cancer' but 2014 research by Dr Vanessa Hearnden found that only 2.2% were 16 or 18 strain matched in oral strain analysis for 702 students.
- 15). *Increased rate of autism*: The US, CDC (Centres for Disease Control) confirm autism up from 1 in 10,000 in the 1985 rising 1 in 36 in 2018. Not better monitoring, just earlier, accumulating vaccines?
- 16). *Cervical cancers diagnosed*: ignores causes. The last thing the NHS ever targets... causes. High risks: 1) smoking, 2) 11 or more oral sexual partners or, 3) six or more vaginal or anal sex partners.
- 17). *Around 850 deaths*: every death is a personal tragedy. But, in context, cervical cancer is the 20<sup>th</sup> least likely female cancer, and vaccine harms are 2,300 / 100,000, while deaths are 3 / 100,000.
- 18). *99.8% caused by infection*: odd karyotypes of 'cancer' cells... (where only 1 in 10,000 with HPV infection actually develops cancer): Dr Peter Duesberg and Norma Erickson dispute cancer 'causes'.
- 19). *99.8% preventable while HPV vaccination is key*: Cervical cancer has reduced 90% due to PAP screening. So, with no clinical evidence of the HPV vaccine preventing cancer, it is a 40 year bet.

- 20). *Maybe 'false negative' results:* But a greater issue is of 'false positives'. (Denmark and Canada confirm that over 30 years breast screening is nett harmful, and that unscreened women live longer).
- 21). *Ten year survival is only 63%:* but only using the 1939 legally mandated protocols of: radiation, chemotherapy or surgery (cut, burn or poison). While ignoring the bodily 'terrain' / immune system.
- 22). *Infertility, caused by treatment:* Of greater concern are HPV vaccine ingredients of borax and polysorbate 80 (Tween 80) the former a patented cockroach killer, the latter patented for infertility.
- 23). *The evidence:* what is cited lacks scientific basis, offers no cancer prevention, contains known toxic ingredients, negligible strain matching, with harms that far outweigh any 'catching' of 'cancer'.
- 24). *DHSC denial 'that HPV vaccine is doing more harm than good'* ignores evidence of 52 Country's lawyers, medics and previously pro-vaccine parents seeking redress for harms to their own children.
- 25). *Full information provided to parents:* is not provided by a paper based form (rather than easy to access) digital web links explaining harms and vaccine contents. School Nurse coercion doesn't help.
- 26). *Part of the consent process to girls:* real world discussion with girls is that they do not know what they are signing up for, being 'disease mongered' to a very rare cancer, to quote a Manx GP.
- 27). *Full information at the time of the vaccine:* there is never discussion of relative risks versus benefits. The instilling of fear predominates: supported by Pharma advertising, and NHS promotion.

Research and evidence has been drawn from around the world, with deaths and harms now from at least 52 Countries. The first Court case proving death from HPV vaccine Gardasil, of Christina Tarsell, has been determined in the US. This followed an eight year legal battle, with further cases in the Tokyo Courts and progressing in UK, Ireland, Spain, France, Columbia and Chile.

This document should be seen as a primer to a 24 page document (a more detailed reply to the 27 points above is available by emailing [Courtenay@JurbyWellness.im](mailto:Courtenay@JurbyWellness.im) ).

I believe HPV vaccine harms will be one of the largest medical scandals of all times, based on: fraudulent science, toxic ingredients, and covered-up harms by supervisory bodies. A lesson from history would be that of thalidomide, another licenced drug, one sold over the counter in Europe in the 1950's. Initially, those harms too, were said to be 'anecdotal and coincidental' - but eventually real world evidence prevailed. HPV vaccine harms will be no different, for those prepared to look with a fully independent mind at the ever increasing 'patient' evidence.

Courtenay Heading

*Patient Advocate, Jurby Wellness, 5<sup>th</sup> November 2018.*