

Gardasil®:

What you don't know

by Hilary Butler

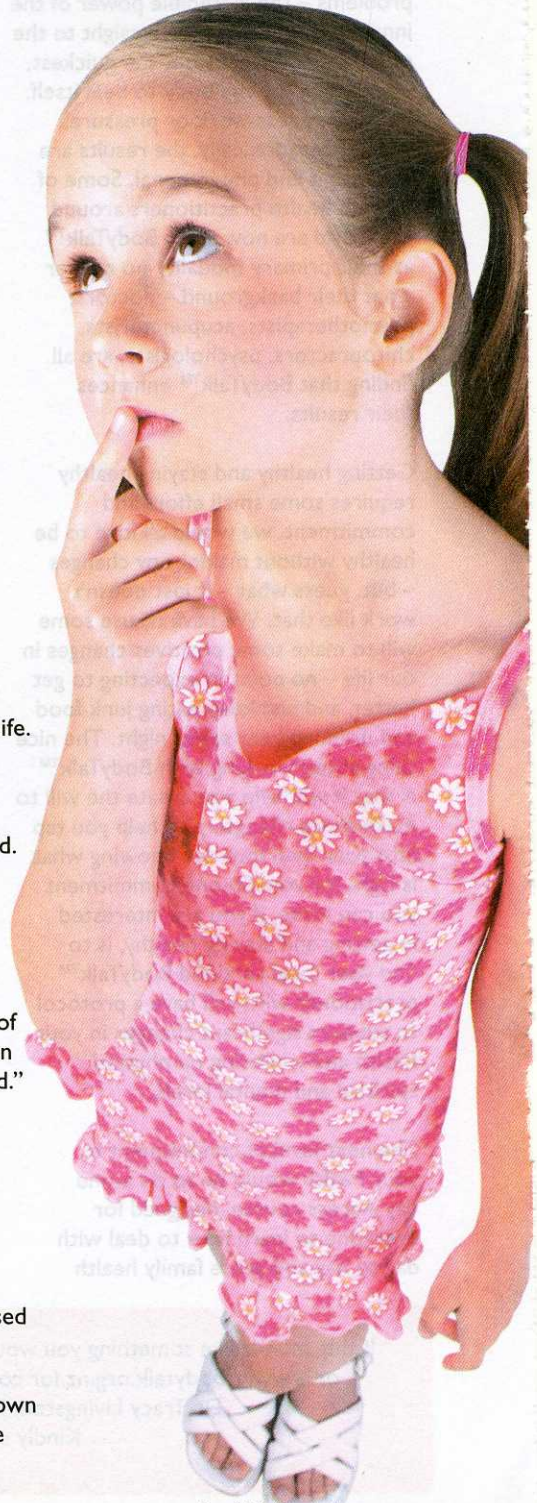
The spiel on radio and the adverts on television tell you Gardasil® will eliminate 70 per cent of cervical cancer caused by human papilloma viruses (HPV) types 16 and 18, as well as genital warts. You are told your daughters will benefit from this vaccine "breakthrough", but they must be jabbed before they become sexually active, because the first time your daughter has sex, HPV viruses explode out of nowhere to suddenly threaten your daughter with cancer. Think about that for a moment. You are being asked to believe that babies and children exist in sterile little bubbles, while these viruses are running rampant in their parents, older siblings and the wider community, causing warts and all sorts of other infections?

"Papillomavirus is in, effectively, all the vertebrates: snakes, amphibians, birds, and almost all the mammals. This virus co-evolved with the vertebrate kingdom, and it's just part of what it is to be alive. It's a virus that's extraordinarily successful at persisting and passing itself down to the next generation not just in people, but in any animal you've ever seen. So it's something we just have to deal with."

– Dr Thomas Broker, President of the International Papillomavirus Society.

THE FACTS

- HPV is transmitted from mothers to babies.
- HPV is found in oral and genital mucosa of infants during their first three years of life.
- HPV has turned up in HPV DNA oral swabs in 87 per cent of newborn babies and 57 per cent of children.
- HPV has been found in hyperplastic tonsils and adenoids in Greek children.
- HPV has been found in the mouths of Japanese children aged three to five years old.
- Caesarean delivery is not "protective" against oral HPV infection. Half of the children and infants HPV-positive in this study were born by Caesarean delivery.
- There is a very large transfer of the virus amongst children and another study concluded that HPV-16 DNA in children's mouths was a transient event and that the virus is most probably acquired from their peers.
- In a 1994 study which found perinatal transmission of HPV-16 and 18 in 55 per cent of babies, cautioned that, "Information on the persistence of perinatally acquired human papillomavirus is required before rational vaccination programmes can be considered."
- Persistent HPV-16 and HPV-18 infection was found in infants in 1995, which led this study's authors to say: "The observation that infection with high cancer risk genital HPVs may occur in early life and persist is of considerable importance for HPV vaccine strategies."
- In 1996 different researchers found the same thing and listed studies which found HPV-16 viruses in children whose mothers did not have evidence of HPV-16.
- Again, in 1998 researchers said: "Thus the traditional view that cervical cancer associated HPV infections are primarily sexually transmitted needs to be re-assessed ... these facts are pertinent to those developing prophylactic vaccines to prevent high-risk HPV infections and cervical carcinoma."
- And what do we read in 2000? "The mode of in utero transmission remains unknown ... the understanding of viral transmission routes is important, particularly because several vaccination programmes are being planned worldwide."



You mean, they don't understand viral transmission routes?

And that even before the Gardasil® vaccine was even trialled, the vaccination programmes were planned? Interesting. Do they know how many types of HPV viruses exist; and which cause cancer and factor in all variables? In 2000, researchers took 33 skin samples from 13 individuals, found 20 previously described HPV viruses and 30 completely novel virus types never before typed. A document on the US Food and Drug Administration (FDA) website shows that every time researchers have looked for new types in the past, they have found them. In this document, Dr Thomas Broker said, "So, we know there are a huge number of these viruses, perhaps millions, and every time they turned around to look at someone, they found a new type." He went on to say, "We also know that in the developed world, herpes viruses which cause clinical problems are mainly a problem for people whose immune systems are suppressed somehow."

Cervical cancer is mainly a problem in people whose immune systems are suppressed somehow. What lifestyle influences operate in women who have a high HPV viral load which their immune system won't get rid of? Do they smoke? A Pubmed (a service of the US National Library of Medicine) internet search using the words "cervical cancer selenium" or "cervical cancer folic acid",

show studies which found "cervical dysplasia gradually decreased in the group supplemented with oral folate but remained unchanged in the group given the placebo."

Medical and newspaper articles since the early 1990s have shown that smoking and a diet low in crucial dietary micronutrients are two key factors which result in the development and progression of any cancer, including cervical cancer. So why aren't you told about that? Why are you not also told that: "Although most women will at some time be infected with HPV, very few will progress to invasive disease." And why are researchers not concentrating on finding out why most people don't get cancer?



When it comes to Gardasil®, the only information it is considered necessary for you to act on, is a belief that potentially cancer causing HPV viruses are **ONLY** found in sexually active young people – and you don't want your daughter to get cancer, do you?

Will the vaccine work, you ask? "We don't know, but I frankly do strongly suspect that when we do eradicate or minimise the HPV-16 and 18, that their very, very close relatives will fill in. Nature abhors the vacuum and these ecological niches are going to be vacant when HPV-16 and 18 and 6 and 11 are minimised, and I'm deeply concerned that there will be back-fill of those ecological niches by these very, very similar types. I think it's imperative to expand the coverage in the vaccines. We don't know, however, because the studies have never been done, whether a cocktail with 14 types would be equally effective against all 14 or whether they might actually conflict with each other. We simply don't know. We don't suspect that there's much cross protection of one type to any other even similar type. So far the evidence doesn't suggest that," said Dr Thomas Broker.

The information here is only the tip of the iceberg with regards to what you've not been told about human papillomaviruses and their possible effects in your child's life. And I've not even started to show what you weren't told about the vaccine! "Buyer" beware. Gardasil isn't "free". It will be paid for out of your taxes, so it would pay for you to fully investigate, before you consider any option to vaccinate. A full review of HPV viruses and Gardasil can be read in our new book, *From One Prick To Another*. Visit: www.beyondconformity.org.nz (The sources of all studies referred to are available on request.)