



Elizabeth Hart <eliz.hart25@gmail.com>

HPV vaccination and 'informed consent' - response to Dr Fiona Godlee, Editor-in-Chief of The BMJ

Elizabeth Hart <eliz.hart25@gmail.com>

Wed, Feb 15, 2017 at 11:22 PM

To: Tom Jefferson <jefferson.tom@gmail.com>, Peter Gøtzsche <pcg@cochrane.dk>

Cc: Louise.Schouborg.Brith@regionh.dk, Karsten juhl jørgensen <kj@cochrane.dk>, Margrete Auken <margrete.auken@europarl.europa.eu>, Christopher Exley <c.exley@keele.ac.uk>

Dr Jefferson and Professor Gøtzsche, FYI, please see below my recent response to Dr Fiona Godlee re HPV vaccination and 'informed consent'.

Regards

Elizabeth Hart

<https://over-vaccination.net/>

----- Forwarded message -----

From: Elizabeth Hart <eliz.hart25@gmail.com>

Date: Wed, Feb 15, 2017 at 10:57 PM

Subject: Re: HPV vaccination and 'informed consent' - response to Dr Fiona Godlee, Editor-in-Chief of The BMJ

To: Fiona Godlee <fgodlee@bmj.com>

Cc: Peter Doshi <pdoshi@bmj.com>, "edgar.lehman@btopenworld.com" <edgar.lehman@btopenworld.com>, Juliet Dobson <jdobson@bmj.com>, Sharon Davies <sdavies@bmj.com>

Dr Godlee, I suggest globally fast-tracked experimental HPV vaccination is shaping up to be the biggest scandal in medical history.

In my previous correspondence with you, and in my responses to Richard Lehman's *BMJ Blog*, I have brought serious matters re HPV vaccination to the attention of *The BMJ*. I intend to maintain continuity of my correspondence with you and others on this matter to demonstrate that this information is 'on the record' with you and *The BMJ*.

The BMJ is part of the vast propaganda machine promoting questionable information about HPV vaccination. For example, busy healthcare professionals probably rely on Richard Lehman's journal review to keep them up to date with recent developments, and are likely to have taken his careless endorsement of HPV vaccination at face value in his *BMJ Blog* last December[1].

There are conscientious doctors out there who want reliable and unbiased information to help their patients/clients. For example, a doctor wrote to me recently supporting me in my efforts to expose over-vaccination. Dr Diana Flescher, a specialist in internal medicine and women's health, lamented "**the corruption at the core of medical care in our era**", and decried "**the 'pharmaceuticalization' of medicine**".

Dr Flescher said: "**The forces arrayed against those of us who long for studies and guidelines we can trust so as to serve our patients in the best way we can, instead of serving as unwitting handmaidens to industry and corporate power, are enormous.**"

Doctors currently cannot rely on conflicted and biased information about HPV vaccination being provided by medical/scientific journals and government authorities. If they do so, they are not properly informing their patients/clients about the many uncertainties surrounding still experimental HPV vaccination.

Dr Godlee, I first alerted you to problems re the evidence base for HPV vaccination in December 2016, and yet today children and their parents continue to be misinformed about HPV vaccination, with important information being withheld from them. This means they are not giving their 'informed consent' to the medical intervention of HPV vaccination.

A recent report in the *Daily Mail* illustrates how children and their parents are being forced into HPV vaccination, i.e. see the article titled: **Furious mother blasts her daughter's school for giving the 13-year-old the controversial HPV cervical cancer jab without parental consent**[2] (*The Daily Mail* is notably one of the few newspapers willing to publish articles describing problems with vaccine products. This newspaper is generally reviled in scientific circles.)

The *Daily Mail* reports mother Laverne Crosebourne did not want her daughter Shian Nichols to have HPV vaccination after reading about possible risks, including seizures, early menopause and, in some cases, death. Ms Crosebourne said "**I read a story of a young girl who had it and died.**" She said "**I've read other stories about people being**

really ill from it. I didn't have it when I was a girl." Ms Crosebourne was adamant her daughter shouldn't get the vaccine.

Ms Crosebourne claims she had already refused permission for her daughter to have the HPV injection when it was carried out at her school last year, and that she was stunned when her Year 9 daughter came home from school recently and told her she had received the jab. According to the *Daily Mail*, Ms Crosebourne **"has now blasted teachers and the NHS immunisation team for not getting parental consent for the vaccine"**.

Ms Crosebourne said: **"They have given my daughter the cervical cancer injection without my consent. Because of the news of the risks surrounding it, I don't agree with it. I'm pretty upset, we were astonished to learn she had been given a vaccination, let alone a vaccination I had declined her receiving in Year 8. How disgusting to realise the blatant disregard of the policies and practices in regards to duty of care."**

It is clear that discerning citizens do not want to be forced into having controversial vaccinations for their children, and they rightly challenge the imposition of medical interventions, i.e. questionable HPV vaccination, for healthy individuals.

It is notable that Ms Crosebourne and the *Daily Mail* describe HPV vaccination as the 'cervical cancer' injection/jab. Ms Crosebourne and the *Daily Mail*, along with millions of others, are being misled with this description that has become common currency. The vaccine is actually for some strains of HPV which are reputed to be a factor in cervical cancer. There is as yet no evidence of cervical cancer being prevented by the HPV vaccine products, although government agencies such as Public Health England perpetuate this myth, see for example PHE's 'factsheet' for healthcare professionals on HPV and cervical cancer[3].

The *Daily Mail* article also includes a link to a NHS video that uses schoolgirls to promote HPV vaccination (see transcript attached). Girl 3 says **"Well I'd rather have three lots of jabs done than have cervical cancer"**. Girl 2 says **"I think it's important because if you get all three done you're pretty much immune to cervical cancers, it's just worth it in the long run"**. There is no reference to cervical screening in the NHS video. The girls in the video seem to believe HPV vaccination will definitely protect them from cervical cancer. These girls are being misled by exaggerations about still experimental HPV vaccination, and are being used to promote questionable information to others. (The NHS vaccination schedule now states two doses of HPV vaccine are required, although the evidence base for two doses is also open to question.)

Millions of children and young women have been coerced into having multiple doses of HPV vaccines. These young people are unwitting guinea pigs. As yet we have no idea how globally fast-tracked HPV vaccination is going to turn out.

The *Daily Mail* report also refers to a case last year of a 13-year-old schoolgirl, Shazel Zaman, dying just five days after having the HPV vaccination at school. Her family claim a doctor dismissed her condition was linked to the 'cervical cancer jab' and sent her home citing a stomach bug. She was found collapsed and unconscious with no pulse an hour later at her home in Bury, and died in hospital four hours later.[4] Did the HPV vaccination cause this girl's death? Did HPV vaccination exacerbate other health problems she may have had? Undoubtedly this girl's death was an 'adverse experience' after vaccination. **Would Shazel have had this still experimental vaccination if she and her parents had been properly informed about the uncertainties of HPV vaccination?**

Other cases are reported on the Sanevax website, the international support group which speaks up on behalf of people who have suffered after HPV vaccination. See for example the case of a teenage boy in the United States, Joel Gomez, who died after the second dose of HPV vaccine, i.e. fatal myocardial infarction after Gardasil vaccination.[5] This case has been submitted to the United States Court of Federal Claims Office of Special Masters.

It is of course difficult to prove adverse experiences after vaccination were caused by the vaccine, particularly when authorities are determined to discount any association, i.e. people are usually brushed aside with the 'correlation is not causation' mantra. The widespread denial of adverse experiences after vaccination leaves the reliability of voluntary post-marketing surveillance systems in tatters.

This is why people should very carefully consider the risks and benefits before any medical intervention, because if anything goes wrong, e.g. with vaccination, they can be left physically damaged, including death in the worst case scenario. And with authorities reluctant to take responsibility.

Ms Crosebourne did not want her daughter to have HPV vaccination, but her wishes were over-ridden by the healthcare professionals who coaxed her daughter into having the jab. If anything had gone wrong with this vaccination, it would be Ms Crosebourne and her daughter who would have to bear the consequences, and all for a still experimental vaccine product which has been over-hyped in the community.

Dr Godlee, as outlined in my previous correspondence with you, and responses to Richard Lehman's *BMJ Blog*, parents, children and young women must be warned about:

- the lack of evidence supporting multiple HPV vaccine doses;
- the lack of evidence for prevention of cancer;

- the lack of scientific knowledge about HPV vaccination, i.e. scientists such as Professor Diane Harper admit **"the mechanism of immunogenicity from a scientific perspective is poorly understood"**.
- the novel turbo-charged aluminium adjuvants in the VLP HPV vaccine products, which are reported to induce **unnaturally** high titres, many fold higher than natural infection;
- the potential for a continuous shift in HPV types ('type replacement') as a result of vaccination, and the uncertainties this brings;
- fear-mongering about the risks of HPV and misleading information;
- political interference in the implementation of HPV vaccination, e.g. in Australia, which had a domino effect in fast-tracking HPV vaccination around the world; and
- the lack of independent and objective evaluation of HPV vaccination.

(A public record of my correspondence with *The BMJ* and Cochrane Nordic is being maintained on my website, see **Cochrane Nordic and HPV vaccine safety**: <https://over-vaccination.net/cochrane-collaboration/>)

I have brought these matters to your personal attention Dr Godlee. You may feel like you have been 'inundated' with information, but you have a lot of catching up to do.

In your role as Editor-in-Chief of *The BMJ*, a wholly owned subsidiary of the British Medical Association, I suggest you have a responsibility to ensure healthcare professionals are warned about healthcare controversies. This is in line with *BMJ* values[6], e.g.

- patients come first;
- knowledge for healthcare professionals and patients should be independent and unbiased;
- evidence matters;
- serving our customers to the best of our ability helps to improve healthcare; and
- improving healthcare is difficult and requires courage.

It is up to *The BMJ* to take swift action to alert the community about controversial HPV vaccination.

Healthcare professionals must ensure parents, children and young women are properly informed about the many uncertainties surrounding still experimental HPV vaccination. Parents, children and young women must be allowed to make an informed decision about HPV vaccination, and to refuse this questionable medical intervention if they so wish.

Sincerely

Elizabeth Hart

<https://over-vaccination.net/>

References:

1. Two is as good as three for HPV. Richard Lehman's journal review/*BMJ Blog* - 5 December 2016.
2. Furious mother blasts her daughter's school for giving the 13-year-old the controversial HPV cervical cancer jab without parental consent. Daily Mail, 3 February 2017, updated 4 February 2017: <http://www.dailymail.co.uk/news/article-4187954/Mother-s-anger-daughter-given-HPV-jab-without-consent.html>
3. HPV vaccination and Cervical Cancer: Addressing the myths. Factsheet for Health Professionals. Public Health England. 23 December 2016. This factsheet purports to address the 'myths' about HPV vaccination, downplaying concerns about this questionable medical intervention, and urging parents/girls to have HPV vaccination. This 'factsheet' appears to be a response to adverse publicity about HPV vaccination in the UK media, i.e. adverse experiences after HPV vaccination reported in newspapers such as *The Independent*, and *Daily Mail* in mid 2015, and the recent controversy surrounding TV presenter Melinda Messenger's publicised concerns about HPV vaccination. The PHE factsheet unequivocally supports HPV vaccination and downplays any risk. The factsheet states: **"The UK programme has already contributed to preventing future deaths from cervical cancer. We expect it to eventually prevent hundreds of cancer deaths every year."** I suggest this is an exaggerated spin on HPV vaccination's supposed effectiveness. An author of a HPV vaccine trial paper, Professor Diane Harper, admits **"there is no evidence of cancers prevented"**, and commentary published in *The Lancet* in 2011 also notes **"A demonstrable reduction of the burden of cervical cancer - the main goal of HPV vaccines - will take several decades"**. If health professionals rely on the biased PHE factsheet, parents/children and young women will not be properly informed about HPV vaccination. They will remain unaware that there is no independent and objective evaluation of HPV vaccination; that there is no evidence to support multiple doses of HPV vaccines; that **"there is no evidence of cancers prevented"**; nor will they be informed that HPV vaccines have novel aluminium adjuvants, and vaccination is reported to induce antibody titres many fold higher than natural infection, with who knows what possible downsides. There is also no mention in the PHE factsheet of the potential for a continuous shift in the prevalence of HPV types ('type replacement') as a result of vaccination and the uncertainties this brings. See my email to Dr Richard Lehman re HPV vaccination and ethics (31 January 2017) for references: <https://elizabethh.art.files.wordpress.com/2013/02/hpv-vaccination-and-ethics-an-email-to-dr-richard-lehman-re-his-bmj-blog.pdf>
4. Also see the report in the Manchester Evening News last year: Teenage girl died just five days after having HPV vaccine jab. 9 May 2016.
5. Vaccine Injury Compensation Program: Fatality after Gardasil. Sanevax, 11 November 2015: <http://sanevax.org/vaccine-injury-compensation-program-fatality-after-gardasil/>
6. About *BMJ*. The *BMJ* website.

On Wed, Feb 8, 2017 at 6:57 PM, Fiona Godlee <fgodlee@bmj.com> wrote:

Dear Elizabeth. I have now had a detailed discussion with colleagues about this. I am copying this email to Peter Doshi who has expertise in vaccine evaluation and regulation and is working on the story of the HPV vaccine. I am sure you will understand that he may not appreciate being inundated with emails from you. But he - rather than Richard Lehman, Juliet Dobson, Sharon Davies and myself - is the best person at The BMJ to receive your insights into the concerns that are being raised. Please could you direct any future exchanges on this issue to Peter. Thank you again and best wishes. Fiona

Dr Fiona Godlee FRCP
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44 (0)207 383 6002

On 8 Feb 2017, at 7:03 am, Elizabeth Hart <eliz.hart25@gmail.com> wrote:

Dr Godlee, it appears there is no evidence to support the multiple doses of HPV vaccines given to children and young women, as I have previously outlined in my emails to you and comments on Richard Lehman's *BMJ Blog*.

I suggest this is a very serious ethical and possibly legal issue as participants in HPV vaccine trials, and subsequently millions of children around the world, have been coaxed into having medical interventions, i.e multiple HPV vaccinations, with no evidence of benefit. It is also notable that HPV vaccination is reported to induce antibody titre responses many fold higher than natural infection, and it is not clear if any potential downsides to this very *unnatural* response have been considered.

I am currently trying to ascertain what type of ethics approval procedure and consent forms were used in HPV vaccine trials, and have contacted Professor Diane Harper and Dr Ole-Erik Iversen (an author on the JAMA paper referred to by Richard Lehman) in this regard.

Dr Iversen has indicated that my enquiry should be directed to the sponsor of the study, i.e. Merck in the USA, and he is following up re a relevant contact person. I await further advice on this matter.

I asked Professor Harper if the review board for her study asked for justification for the three doses of HPV vaccine, and also asked her to provide me with a copy of the protocol, consent forms and amendments for her study. While she has not responded to these specific questions, she has provided the following response:

Dear Elizabeth

Both Merck and GSK develop childhood vaccines in 3 dose schedules to maximize immunity. There was not a discussion at the beginning questioning the practice of long term immunity induction through the use of three doses. Only after the results were published did a public health official from Quebec indicate that fewer than three doses could very well be appropriate. That started the two dose trial in Quebec. Gardasil has never had any efficacy trials showing infection or disease prevention with fewer than three doses - only antibody studies.

As time went on, the NCI group showed that Cervarix was effective in ONE dose! and had the antibody titers to back it up.

The question to ask is why did WHO go with a two dose schedule instead of the ONE dose Cervarix recommendation? It would have been less expensive, just as effective, easier to implement, etc.

Best wishes
dh

(See original email response from Diane Harper in thread below.)

This is interesting information and I forward it to you for your consideration of HPV vaccination and broader questions around vaccination policy.

Sincerely

Elizabeth Hart
<https://over-vaccination.net/>

----- Forwarded message -----

From: <diane.harper@louisville.edu>
Date: Mon, Feb 6, 2017 at 11:25 PM
Subject: RE: Query re ethics approval for your Cervarix study
To: Elizabeth Hart <eliz.hart25@gmail.com>

Dear Elizabeth

Both Merck and GSK develop childhood vaccines in 3 dose schedules to maximize immunity. There was not a discussion at the beginning questioning the practice of long term immunity induction through the use of three doses. Only after the results were published did a public health official from Quebec indicate that fewer than three doses could very well be appropriate. That started the two dose trial in Quebec. Gardasil has never had any efficacy trials showing infection or disease prevention with fewer than three doses - only antibody studies.

As time went on, the NCI group showed that Cervarix was effective in ONE dose! and had the antibody titers to back it up.

The question to ask is why did WHO go with a two dose schedule instead of the ONE dose Cervarix recommendation? It would have been less expensive, just as effective, easier to implement, etc.

Best wishes
dh

From: Elizabeth Hart [eliz.hart25@gmail.com]
Sent: Monday, February 06, 2017 5:45 AM
To: Diane Harper
Subject: Fwd: Query re ethics approval for your Cervarix study

Diane, re my emails below, I again ask, did nobody on the review board ask for justification for the three doses of HPV vaccine? I also request the protocol, consent forms and amendments re your study (results of which published in The Lancet in 2004).

As you know vaccine trials such as yours have impacted on international vaccination policy, and it's important to have transparency in this regard.

I look forward to your response.

Elizabeth

----- Forwarded message -----

From: **Elizabeth Hart** <eliz.hart25@gmail.com>
Date: Tue, Jan 31, 2017 at 12:45 PM
Subject: Query re ethics approval for your Cervarix study
To: Diane Harper <diane.harper@louisville.edu>
Cc: dradford <deirdrelittle2@gmail.com>, Christian Fiala <christian.fiala@aon.at>, flescher <flescher@012.net.il>

Diane, re my previous email, below.

Are you able to respond to my queries, i.e. **did nobody on the review board ask for justification for the three doses of HPV vaccine?**

Also, are you able to provide me with a copy of the protocol, consent forms and amendments re your study?

Regards
Elizabeth

----- Forwarded message -----

From: **Elizabeth Hart** <eliz.hart25@gmail.com>
Date: Mon, Jan 23, 2017 at 3:52 PM
Subject: Further response to Fiona Godlee, BMJ re HPV vaccination - Richard Lehman's BMJ Blog item "Two is as good as three for HPV", 5 December 2016
To: Diane Harper <diane.harper@louisville.edu>
Cc: dradford <deirdrelittle2@gmail.com>, Christian Fiala <christian.fiala@aon.at>, flescher <flescher@012.net.il>

Diane, FYI, please see below my recent response to Fiona Godlee at the *BMJ* re HPV vaccination.

You will see that I have queried the ethical approval process for your study.

I see in your paper that ***"an institutional review board approved the protocol, consent forms, and amendments"***.

Did nobody on this institutional review board ask for justification for the three doses of HPV vaccine?

Are you able to provide me with a copy of the protocol, consent forms and amendments?

Regards
Elizabeth

----- Forwarded message -----

From: **Elizabeth Hart** <eliz.hart25@gmail.com>
Date: Mon, Jan 23, 2017 at 3:27 PM
Subject: Re: Further response to Fiona Godlee, BMJ re HPV vaccination - Richard Lehman's BMJ Blog item "Two is as good as three for HPV", 5 December 2016
To: Fiona Godlee <fgodlee@bmj.com>
Cc: Juliet Dobson <jdobson@bmj.com>, edgar.lehman@btopenworld.com, Sharon Davies <sdavies@bmj.com>

Dr Godlee, further to our previous correspondence, **I again request you publish my original, unedited, comment on Richard Lehman's *BMJ Blog* article re HPV vaccination** (Blog published 5 December 2016: <http://blogs.bmj.com/bmj/2016/12/05/richard-lehmans-journal-review-5-december-2016/>)

I have subsequently posted five more comments on Richard Lehman's *BMJ Blog* on this matter, and none of them have been acknowledged or published, **see copy of all my unpublished comments attached**. (One of these comments includes reference to Professor Diane Harper's email to me of 13 December 2016 re HPV vaccination in which she wants to make clear ***"...that there is no evidence of cancers prevented..."***)

In the interests of transparency and accountability, I request that all my comments be published on Richard Lehman's *BMJ Blog*.

Dr Godlee, the *BMJ* has provided endorsement of global HPV vaccination via Richard Lehman's *BMJ Blog*. It is important that citizens be allowed to respond to the *BMJ*'s public endorsement of HPV vaccination. The journal industry must be accountable for its influence on international vaccination policy. Medical interventions such as HPV vaccination are being pressed upon the community - citizens' are entitled to question the legitimacy of these interventions, and to criticise the often biased literature that supports these lucrative medical interventions. Citizens such as myself, laypeople, are finding anomalies in the 'peer-reviewed' literature, and these matters must be acknowledged and addressed.

The journal industry is publishing material behind paywalls which is impacting on international vaccination policy (e.g. the paper[1] and editorial[2] in *JAMA* referred to by Richard Lehman). Much of this material is conflicted by industry-funding and academic vaccine ideologues, resulting in biased material which should not be relied upon for vaccination policy. As of yet we have no independent and objective review of HPV vaccination, and yet the implementation of novel VLP HPV vaccine products has been fast-tracked around the world.

An article published in the UK *Daily Mail* in June 2015[3] about girls suffering adverse experiences after HPV vaccination includes illuminating comments from epidemiologist Dr Tom Jefferson, who is one of the signatories on the complaint to the European Medicines Authority (EMA) over maladministration at the EMA related to safety of the HPV vaccines.

The article reports Dr Jefferson ***"is highly critical of the drug company funded clinical trial data that is used to justify the use of mass vaccination"*** and he adds ***"that pharmaceutical companies may hide negative results deep in their trials data and hugely inflate the benefits"***.

Dr Jefferson says: ***"The HPV vaccine's benefits have been hyped and the harms hardly investigated...The reason for introducing vaccination against HPV was to prevent cancer...but there is no clinical evidence to prove it will do that. We have to tread a very careful line, weighing the potential benefits and harms that a vaccine may cause. With HPV, the harms have not been properly studied...It is extremely difficult to publish anything against HPV vaccination. Vaccines have become like a religion. They are not something you question. If you do, you are seen as being an anti-vaccine extremist. The authorities do not want to hear 'side-effect'"***. (I suggest Dr Jefferson's comments are relevant to both the Gardasil and Cervarix HPV vaccines.)

Dr Godlee, a fundamental problem with HPV vaccination is the lack of informed consent before this medical intervention, i.e. children and parents are not being informed about the many uncertainties about the novel VLP HPV vaccine products - children are being used as unknowing guinea pigs in this massive international vaccine trial.

For example children and parents are not being informed about the lack of evidence for multiple HPV vaccine doses, or that HPV 'immunisation' induces antibody titres that are many fold higher than natural infection, as outlined in my (unpublished) comments on Richard Lehman's *BMJ Blog* and in my previous correspondence to you.

It is remarkable to discover that there was no evidence to support the three doses of HPV vaccines being imposed upon children. What sort of ethics

approval did Harper et al's study undergo?[4] Did nobody ask for any justification for the three doses?

Did a 'peer reviewer' of the subsequent paper not question the justification for the three doses? There are ethical concerns here re the over-use of vaccine products and informed consent.

Similarly, HPV 'immunisation' is reported to induce antibody titres that are many fold higher than natural infection, is this very *unnatural* response 'a good thing'?

Again, it is remarkable if a 'peer reviewer' did not query this.

And now these vaccine products have been fast-tracked around the world, and even scientists such as Professor Diane Harper admit "*the mechanism of immunogenicity from a scientific perspective is poorly understood*"[4] and that "*there is no evidence of cancers prevented*"[5].

Dr Godlee, I again request the *BMJ* take urgent action to raise the alarm about questionable international HPV vaccination policy, and that, for the public record, you publish my comments in response to Richard Lehman's *BMJ Blog*, i.e. my comments which currently remain held up in moderation, see copy attached.

Sincerely
Elizabeth Hart
<https://over-vaccination.net/>

References:

1. Behind the paywall of JAMA - cost 19 pounds for 24 hour access. Ole-Erik Iversen et al. Immunogenicity of the 9-Valent HPV Vaccine Using 2-Dose Regimens in Girls and Boys vs a 3-Dose Regimen in Women. *JAMA*. 2016;316(22):2411-2421.
2. Behind the paywall of JAMA - cost 19 pounds for 24 hours access. Editorial. Lauri E. Markowitz et al. Two vs Three Doses of Human Papillomavirus Vaccine. New Policy for the Second Decade of the Vaccination Program. *JAMA*. 2016;316(22):2370-2372.
3. Just how safe is the cervical cancer jab? More and more families say their daughters suffered devastating side-effects from the HPV vaccine and experts are worried too. *Daily Mail*, 3 June 2015.
4. Diane M Harper et al. Efficacy of a bivalent L1 virus-like particle vaccine in prevention of infection with human papillomavirus types 16 and 18 in young women: a randomised controlled trial. *Lancet*. Vol. 364. November 13 2004.
5. Diane M Harper. Prophylactic human papillomavirus vaccines to prevent cervical cancer: review of the Phase II and III trials. *Therapy* (2008) 5(3), 313-324.
6. Email response from Professor Diane Harper to Elizabeth Hart, 13 December 2016.

On Mon, Jan 9, 2017 at 6:22 PM, Juliet Dobson <jdobson@bmj.com> wrote:

Dear Elizabeth,

Many thanks for your email. As I mentioned in my previous email to you, I can publish your comment with the edits suggested by our lawyer. This is the version of the the text that I sent you on Sat, Dec 17, 2016 at 12:45 AM.

If you are agreeable to this then I can publish your comment as soon as I hear back from you.

Best wishes,

Juliet

On 9 January 2017 at 05:19, Elizabeth Hart <eliz.hart25@gmail.com> wrote:
Dr Godlee, further to our previous correspondence, it is now a month since I submitted my original comment on Richard Lehman's *BMJ Blog* in response to his item **Two is as good as three for HPV**.

My original comment included reference to my personal email correspondence with Professor Diane Harper, **and exposed the lack of evidence supporting the multiple doses of HPV vaccines being urged upon children around the world, and also raised concern about the *unnaturally* high antibody titres being induced by novel VLP HPV vaccination, and the lack of 'informed consent' for this medical intervention**. I also followed up with further material on this matter to both you and blogs editor Juliet Dobson, including my email correspondence with Professor Harper and Cochrane Nordic.

I understand from Juliet Dobson my original comment was checked by a lawyer. At Juliet's request, I modified my comment to include further information from Professor Harper re the 'efficacy' of HPV vaccination, including Professor Harper's statement: **"...I agree that there is no evidence of cancer prevented - especially the head and neck cancers that gardasil9 is being touted to prevent in boys"**. (My emphasis.)

It was my intention to follow up my original comment with an additional comment re Professor Harper's acknowledgement **"that there is no evidence of cancer prevented"**, but I was willing to accommodate Juliet's request to incorporate this statement in my original comment.

I have heard nothing further from the *BMJ* since Juliet Dobson's last email to me dated 21 December 2016, and my modified comment remains unpublished on the *BMJ*.

It is notable that the *BMJ* published a response from Cochrane Nordic's Peter Gøtzsche on Richard Lehman's *BMJ Blog*, challenging Richard Lehman's misleading assertion that **"No adverse effects have emerged when teenage populations have been vaccinated"**.

Why are carefully considered comments from independent citizens such as myself being withheld from publication on the *BMJ*?

Dr Godlee, I am maintaining a public record of issues regarding HPV vaccination on my website, including my correspondence to Cochrane Nordic relevant to their complaint to the European Medicines Authority (EMA) over maladministration at the EMA in regards to the safety of the HPV vaccines, see: <https://over-vaccination.net/cochrane-collaboration/>

In an effort to publicly challenge the scientific establishment about HPV vaccination, I have today posted comments about the lack of evidence for multiple doses of HPV vaccines, concern about the *unnaturally* high titres induced by HPV vaccination, and the fear-mongering and lack of 'informed consent' for this medical intervention, on an article published on the *Science* journal website on 21 December 2016, i.e. **Critics assail paper claiming harm from cancer vaccine: <http://www.sciencemag.org/news/2016/12/critics-assail-paper-claiming-harm-cancer-vaccine>**

Dr Godlee, I again request that my modified comment raising important matters about HPV vaccination be published on the public record on

Richard Lehman's *BMJ Blog*, as a justifiable counter-balance to Dr Lehman's uncritical endorsement of HPV vaccination.



NHS HPV vaccination video transcript.pdf
343K