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For the attention of:

4 July 2015

The Hon. Tony Abbott, MP
Prime Minister of Australia

My Ref: Overvax-Policy-03-HPV-01

Dear Prime Minister

RE: Challenging compulsory vaccination with the Gardasil human papillomavirus (HPV) vaccine

In [my letter dated 22 June 2015](#), I suggest your edict for compulsory vaccination¹ contravenes the obligation for 'legally valid consent' before vaccination, as outlined in Section 2.1.3 of The Australian Immunisation Handbook.²

People are being pressured, coerced and manipulated into having vaccination for children to access financial benefits, and are not being allowed to properly consider ***"the potential risks and benefits of the relevant vaccine, risks of not having it and any alternative options"***.³

In my letter I referred to questionable vaccines and repeat vaccinations⁴ on the Australian Federal Government's National Immunisation Program Schedule.⁵ The process for adding vaccine products to the schedule lacks transparency and accountability owing to the secrecy surrounding possibly conflicted vaccination committees, as I outline in [my letter to you dated 21 January 2015](#). I suggest public confidence in the ever-increasing national vaccination schedule is at risk of being undermined by the addition of vaccine products of questionable value.

It is now time for an open re-evaluation of what level of disease risk justifies taxpayer funded mass vaccination, and a revision of the National Immunisation Program Schedule.⁶

For instance, the Gardasil human papillomavirus (HPV) vaccine (3 x doses) is listed on the schedule for all adolescents aged between 12 and 13 years⁷, and you have decreed this vaccine will be compulsory to access financial benefits from 1 January 2016.⁸

I suggest that Gardasil HPV vaccination should *not* be on the taxpayer funded schedule, and that the fast-tracked implementation of this vaccine product in 2006⁹ should be subject to an investigation.

The basis for mass vaccination with the experimental Gardasil HPV vaccine is highly questionable, as the risk of cancer associated with the HPV virus is very low, as admitted by Professor Ian Frazer, the co-inventor of the technology enabling HPV vaccination.

In an article on the Australian government and university and CSIRO-funded The Conversation website, titled "Catch cancer? No thanks, I'd rather have a shot!", Professor Frazer states: ***"Through sexual activity, most of us will get infected with the genital papillomaviruses that can cause cancer. Fortunately, most of us get rid of them between 12 months to five years later without even knowing we've had the infection. Even if the infection persists, only a few individuals accumulate enough genetic mistakes in the virus-infected cell for these to acquire the properties of cancer cells."***¹⁰

If only ***"a few individuals accumulate enough genetic mistakes in the virus-infected cell for these to acquire the properties of cancer cells"***, I question whether it is justifiable to compel children to have HPV vaccination.

A Cancer Australia Fact Sheet acknowledges that cervical cancer is uncommon, and that ***"since the introduction of the National Cervical Screening Program in 1991, the number of new cases of cervical cancer for women of all ages almost halved to 2005, and mortality also halved from 1991 to 2006"***.¹¹

The Australian National Cervical Screening Program (NCSP) website notes: ***"Most people will have HPV at some time in their lives and never know it...Most HPV infections clear up by themselves without causing any problems. Infections can cause cervical abnormalities, which, if they persist, can lead to cervical cancer."*** The NCSP website notes that: ***"It is important to remember that most women who have HPV clear the virus and do not go on to develop cervical cancer"*** and ***"For most women, their immune system will clear the virus, similar to getting rid of a common cold."***¹²

Gardasil Consumer Medicine Information approved by the TGA in Australia acknowledges Gardasil will not protect against all HPV types, and women will need to continue to follow their doctor or health care provider's instructions on regular Pap tests.¹³ (Cervical screening is scheduled to change to 5-yearly HPV testing from May 2017.¹⁴)

There is a welter of material in the 'peer-reviewed' literature supporting HPV vaccination. **However, much of this material is conflicted by industry funding and authors' associations with vaccine manufacturers.**¹⁵

A recent review published in The Lancet Infectious Diseases includes this interpretation: *“Our results are promising for the long-term population-level effects of HPV vaccination programmes. However, continued monitoring is essential to identify any signals of potential waning efficacy or type-replacement.”*¹⁶ (My emphasis.)

How many children and their parents are being properly informed of the low risk of cancer associated with the HPV virus, and the possibility of waning efficacy or type-replacement with the use of HPV vaccines, and the implications this may have? It is my strong suspicion that in many instances ‘legally valid consent’ is not being properly obtained before this medical intervention, and that children and their parents are unaware that they are being used as guinea pigs for this still experimental vaccine product. The long-term consequences of this vaccine product are as yet unknown.

A recent article in the UK media about girls suffering adverse experiences after HPV vaccination, includes comments from British epidemiologist Dr Tom Jefferson, a global authority on vaccine trial evidence associated with The Cochrane Collaboration.¹⁷ In the article 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’”*.¹⁸ (I suggest Dr Jefferson’s comments are relevant to both the Gardasil and Cervarix HPV vaccines.)

The article notes Dr Jefferson is *“highly critical of the drug company funded clinical trial data that is used to justify the use of mass vaccination”* and adds that *“pharmaceutical companies may hide negative results deep in their trial data and hugely inflate the benefits”*.¹⁹

Prime Minister Abbott, Gardasil HPV vaccination was fast-tracked in Australia under very questionable circumstances when you were Federal Health Minister in 2006. **The Gardasil HPV vaccine was originally rejected by the Australian Pharmaceutical Benefits Advisory Committee (PBAC) but this decision was overturned after interference by then Prime Minister John Howard.** According to an article by Matthew Stevens published in *The Australian* newspaper at the time it took just 24 hours for John Howard to deliver *“sparkling prime ministerial endorsement to Gardasil”* along with a clear direction to you Mr Abbott, *“that the immunisation program should proceed. And pronto.”*²⁰

Professor Marion Haas provides some commentary on the Australian Government’s interference with the PBAC’s initial rejection of Gardasil, noting Prime Minister Howard *“intervened personally by announcing that the drug would be subsidised (i.e. listed) as soon as the manufacturer offered the right price. The PBAC subsequently convened a special meeting and recommended that Gardasil be listed on the PBS”*.²¹

Professor Haas notes government reaction which results in reversal of PBAC decisions has *“the potential to send signals to manufacturers and lobby groups that a decision made by the PBAC may be reversed if sufficient public and/or political pressure is able to be brought to bear on the PBAC...this may undermine the processes used by the PBAC to determine its recommendations and hence the perceived independence of the PBAC.”*²²

After the Australian Government’s interference in this matter, other countries adopted HPV vaccination²³, resulting in billions of dollars’ worth of sales for the makers of the HPV vaccines, i.e. Merck (Gardasil) and GlaxoSmithKline (Cervarix)²⁴, and royalties for entrepreneurial scientist Ian Frazer from sales of HPV vaccines in developed countries²⁵, and for CSL which receives royalties from sales of Gardasil²⁶.

Prime Minister Abbott, the addition of the Gardasil HPV vaccine to the Australian taxpayer funded national vaccination schedule is highly questionable. It is wrong that children will be compelled to have this vaccine product to access financial benefits. I request that taxpayer funded mass HPV vaccination be subject to an urgent review.

Sincerely

Elizabeth Hart

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

References: (All links accessible as at 4 July 2015.)

¹ No Jab – No Play and No Pay for Child Care. Prime Minister’s Media Release, 12 April 2015: <https://www.pm.gov.au/media/2015-04-12/no-jab-no-play-and-no-pay-child-care-0>

² 2.1.3 Valid consent. The Australian Immunisation Handbook 10th Edition 2013 (updated January 2014): <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home-handbook10part2-handbook10-2-1>

³ Section 2.1.3 Valid Consent in The Australian Immunisation Handbook notes:
For consent to be legally valid, the following elements must be present:

1. It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of being vaccinated.
2. It must be given voluntarily in the absence of undue pressure, coercion or manipulation.
3. It must cover the specific procedure that is to be performed.
4. It can only be given after the potential risks and benefits of the relevant vaccine, risks of not having it and any alternative options have been explained to the individual.

⁴ Questionable vaccinations include [the arbitrary second dose of live measles, mumps, and rubella \(MMR\) vaccine; repeated 'boosters' with the failing pertussis \(whooping cough\) vaccine;](#) and [controversial human papillomavirus \(HPV\) vaccination.](#)

⁵ National Immunisation Program Schedule (from 20 April 2015): <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/national-immunisation-program-schedule>

⁶ *Ibid.*

⁷ *Ibid* – see footnote d.

⁸ “Immunisation requirements for the payment of FTB Part A end-of-year supplement will also be extended to include children of all ages. Currently, vaccination status is only checked at ages 1, 2 and 5 years.” (My emphasis – this means HPV vaccination will be compulsory for adolescents.) No Jab – No Play and No Pay for Child Care. Prime Minister’s Media Release, 12 April 2015: <https://www.pm.gov.au/media/2015-04-12/no-jab-no-play-and-no-pay-child-care-0>

⁹ Australian Government Funding of Gardasil® Archived Fact Sheets: <http://archive.is/pm19>

¹⁰ Ian Frazer. Catch cancer? No thanks, I’d rather have a shot! The Conversation, 10 July 2012: <https://theconversation.com/catch-cancer-no-thanks-id-rather-have-a-shot-7568>

¹¹ Cervical cancer. Australian Government Cancer Australia: <http://canceraustralia.gov.au/affected-cancer/cancer-types/gynaecological-cancers/cervical-cancer>

¹² About the human papillomavirus. National Cervical Screening Program. Australian Government Department of Health: <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/about-the-human-papillomavirus>

¹³ “There are more than 100 HPV types, GARDASIL will not protect against all types.” and “Continue to follow your doctor or health care provider’s instructions on regular Pap test.” GARDASIL® [Quadrivalent HPV (Types 6, 11, 16, 18) Recombinant Vaccine] Consumer Medicine Information: <https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2010-CMI-05715-3>

¹⁴ Cervical screening is scheduled to change in May 2017 when “**The renewed National Cervical Screening Program will invite women aged 25 to 74 years, both HPV vaccinated and unvaccinated, to undertake an HPV test every 5 years.**” <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/future-changes-cervical>

¹⁵ For example a review of HPV vaccination by members of a ‘pro-vaccine’ lobby group, SAVN, fails to consider the possible bias of industry associated studies included in the review. See David Hawkes, Candice E Lea, Matthew J Berryman. [Answering human papillomavirus vaccine concerns: a matter of science and time](#). Infectious Agents and Cancer 2013, 8:22 I forwarded [a letter challenging this review](#) to the editors of the journal, including noting that the authors did not list their membership of a pro-vaccine lobby group (SAVN) as a ‘competing interest’. Industry-funded studies are referred to in [Hawkes et al’s review](#), see for example Ref. 2: Future II Study Group 2007 was “**designed, managed, and analysed by Merck...**”. Ref. 3: Harper DM et al 2004 was “**conceived jointly by GlaxoSmithKline Biologicals and consultants, some of whom also served as investigators. GlaxoSmithKline Biologicals funded and coordinated this study.**” Ref. 4: Villa LL et al 2006 “**The studies were designed by the sponsor (Merck and Co, Inc) in collaboration with clinical site investigators. The sponsor collected the data, monitored the conduct of the study, performed the statistical analysis and coordinated the writing of the manuscript with all authors.**” Etc, etc... There are also other conflicts in regards to U.S. government-owned HPV vaccine patents, see Ref. 5: Herrero R et al 2011 “**D.R. Lowy and J.T. Schiller are named inventors on U.S. government-owned HPV vaccine patents that are licensed to GSK and Merck, and so are entitled to limited royalties as specified by federal law.**” In short there are many potential conflicts of interest to consider in the studies ‘reviewed’ by Hawkes et al, including authors’ associations with vaccine manufacturers via employment, research funding, consulting fees, advisory board memberships, honorariums etc.

¹⁶ Melanie Drolet et al. Population-level impact and herd effects following human papillomavirus vaccination programmes: a systematic review and meta-analysis. The Lancet Infectious Diseases. Vol. 15, No. 5, p565-580, May 2015: <http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2814%2971073-4/fulltext> It is notable that this systematic review and meta-analysis is behind the paywall of The Lancet Infectious Diseases, i.e. it can be purchased for \$31.50 USD. I suggest it is highly problematic that papers which promote the use of vaccine products are not open access, i.e. easily accessible for public perusal. There’s also commentary in The Lancet Infectious Diseases on this review: “Greatest effect of HPV vaccination from school-based programmes”. Again, it’s behind the paywall.... For interested citizens who do not have the privilege of institutional access, this will mean a time-consuming visit to a university library to try and access the paper there, or another \$31.50 USD for the coffers of The Lancet Infectious Diseases. One of the authors of this review is Julia Brotherton. This person has been involved in the promotion of HPV vaccination in Australia for some years, at least since 2003. See for example: **Planning for human papillomavirus vaccines in Australia. Report of a research group meeting.** CDI Vol 28 No. 2 2004. In the acknowledgements of this report published in 2004 it is noted: “**We would like to thank CSL Pharmaceuticals and GlaxoSmithKline for their support in facilitating this meeting...**” Julia Brotherton, and the other author of the report, Peter McIntyre, currently an ex officio member of the Australian Technical Advisory Group on Immunisation, are part of the ‘vaccination clique’ in Australia, and have been associated with CSL and GSK for some time. It really concerns me that people such as Julia Brotherton, who have associations with industry, and who may also have an ideological and career interest in ‘proving’ the benefits of HPV vaccination, are also the ones evaluating the effectiveness of HPV vaccination. Personally, I have no confidence in their objectivity on this matter. I’ve also become very cynical about the often industry-associated ‘peer-reviewed literature’. Even The Lancet’s editor, 3

Richard Horton, has confessed that: ***“Journals have devolved into information laundering operations for the pharmaceutical industry.”*** (As quoted in Richard Smith’s essay **Medical Journals Are an Extension of the Marketing Arm of Pharmaceutical Companies**, PLOS Medicine 17 May 2005.)

¹⁷ Cochrane’s ‘About us’ webpage notes: ***“Who are we? We are a global independent network of researchers, professionals, patients, carers, and people interested in health. Cochrane contributors from more than 130 countries work together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest. Many of our contributors are world leaders in their fields – medicine, health policy, research methodology, or consumer advocacy – and our groups are situated in some of the world’s most respected academic and medical institutions...Our work is recognized as representing an international gold standard for high quality, trusted information.”***

<http://www.cochrane.org/about-us>

¹⁸ *Ibid.*

¹⁹ 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. UK Daily Mail, 2/3 June 2015: <http://www.dailymail.co.uk/health/article-3106372/Just-safe-cervical-cancer-jab-families-say-daughters-suffered-devastating-effects-HPV-vaccine-experts-worried-too.html>

²⁰ Howard rescues Gardasil from Abbott poison pill. The Australian, 11 November 2006:

<http://www.theaustralian.com.au/archive/business/howard-rescues-gardasil-from-abbott-poison-pill/story-e6frg9lx-111112503504>

²¹ Haas, Marion. Government response to PBAC recommendations. Health Policy Monitor, March 2007:

http://hpm.org/en/Surveys/CHERE - Australia/09/Government_response_to_PBAC_recommendations.html

²² *Ibid.*

²³ ***“Australia was the first country to implement a fully funded National HPV Vaccination Program which commenced from April 2007.”*** Evaluation of the National Human Papillomavirus Vaccination Program. Final Report. 28 August 2014:

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/evaluation-of-NHPVP>

²⁴ In FierceVaccines report on the Top 10 best selling vaccines of 2013, Gardasil was second with worldwide sales of \$2.167 billion: <http://www.fiercevaccines.com/story/top-10-best-selling-vaccines-2013/2014-05-29> FierceVaccines report on the 20 Top-selling Vaccines – H1 2012 states that H1 2012 sales for Gardasil (Merck) were \$608 million, and sales for Cervarix

(GlaxoSmithKline) were \$285 million: <http://www.fiercevaccines.com/special-report/20-top-selling-vaccines/2012-09-25>

²⁵ Catch cancer? No thanks, I’d rather have a shot! The Conversation, 10 July 2012: <https://theconversation.com/catch-cancer-no-thanks-id-rather-have-a-shot-7568> The disclosure statement on this article by Ian Frazer states: ***“Ian Frazer as co-inventor of the technology enabling the HPV vaccines receives royalties from their sale in the developed world.”***

²⁶ CSL ups profit guidance on Gardasil sales. The Australian, 27 November 2012. Also see CSL Limited ASX Half-year Information 31 December 2014: <http://www.asx.com.au/asxpdf/20150211/pdf/42wid3tg1ckr2w.pdf> and CSL takes the fight to the flu, 3 November 2014: <http://www.stocksinvalue.com.au/csl-takes-fight-flu/> ***“CSL IP revenue (2% revenue) generated revenues of \$US100 million, up 8% on the pcp (cct). The increase was driven by royalty contributions from human papillomavirus vaccine intellectual property...”***