



# HPV Vaccine (Gardasil)

## My Child, My Choice

Issue 1



## INFORMATION...YOU MAY HAVE MISSED

**DID YOU KNOW** that New York, New Jersey, Massachusetts, and Illinois have proposed bills to mandate the HPV vaccine for all school children, and some states have already done so?

**DID YOU KNOW** that the original HPV vaccine (Gardasil) manufactured by Merck (which contains aluminum) was mostly tested against a control group that received aluminum injections as the “placebo”?

**DID YOU KNOW** that Merck lied to Gardasil study participants, falsely saying that the clinical trials were not safety studies, that the vaccine had already been found to be safe, and that the “placebo” was an inert saline solution?

**DID YOU KNOW** that when Merck conducted clinical trials for its next HPV vaccine formulation, Gardasil 9, it used the original Gardasil as the “placebo” in the control groups, again relying on the lack of an inert placebo to mask safety signals?

**DID YOU KNOW** that the 500 micrograms of aluminum adjuvant (AAHS) in Gardasil 9 are more than double the amount of aluminum in the original Gardasil, raising the question of whether Gardasil 9’s heavy reliance on the original Gardasil trials for comparison is justifiable?

**DID YOU KNOW** that the World Health Organization states that using a vaccine (rather than an inert substance) as a placebo creates a “methodological disadvantage” and also notes that it may be “difficult or impossible” to assess vaccine safety properly without a true placebo?

**DID YOU KNOW** that half (49.6%) of the clinical trial subjects who received Gardasil reported serious medical conditions within seven months, and to avoid classifying these injuries as adverse events, Merck dismissed them as “new medical conditions”?

**DID YOU KNOW** that Merck never tested the vaccine for fertility effects and Gardasil and Gardasil 9 clinical trials showed high spontaneous miscarriage rates of 25% and 27.4%, respectively—significantly higher than the background rates of approximately 10%-15% in this reproductive age group?

**DID YOU KNOW** that lawsuits related to the HPV vaccine have been filed against Merck, GlaxoSmithKline, and government health agencies around the world, including in the U.S., India, Columbia, Japan, Spain, and France?

**DID YOU KNOW** that the HPV vaccine has not been proven yet to prevent even one case of cervical cancer?

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*“The potential significance of a case series of adolescents with idiopathic premature ovarian insufficiency following HPV vaccination presenting to a general practice warrants further research. Preservation of reproductive health is a primary concern in the recipient target group.”*

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*“Merck focused on mandating immunization, which brought the coercive power of the state to bear on children and parents. Some respondents found it unseemly that Merck stood to profit from a ‘sweetheart deal’ for a mandate or that legislators, in restricting individual liberty, would be influenced by a company with a financial interest in the legislation.”*

### 25 LEGISLATION...BEWARE

*“A health care practitioner may provide health care related to the prevention of a sexually transmissible disease, including administering vaccines, to a person under the age of eighteen years without the consent or knowledge of the parents or guardians of such person.”*

### 28 BIG BUSINESS\$ AND PHARMA FRAUD

*“[The vaccine industry] is now a \$30 billion industry. If you can get a vaccine on the schedule it can be a billion dollar annual profit for your company. So the incentives to get it on there are enormous and then no liability forever. There’s no other pharmaceutical drug that can give you those returns with no liability.”*

### 30 CALIFORNIA IN CRISIS... IS YOUR STATE NEXT?

*“On September 9, 2019, in one day, without any public hearings, two bills that tamper with medical exemptions for vaccines, SB276 (introduced by Senator Pan who chairs the Senate Committee on Health) and SB714, passed through the Assembly and the Senate, and was signed by the governor.”*

### 31 BEHIND THE VAX(\$CENES)

*“...chairmen of the Senate and Assembly health committees together raked in more than three-quarters of a million dollars from drug companies, health insurance plans, hospitals, doctors and other health-related donors from Jan. 1, 2017, through Thursday [December 13, 2018].”*

### 32 IS THE UNITED STATES THE NEXT “ARGENTINA”?

*“The law indicates that vaccines are required for adults to get ‘passports, driver’s licenses and National Identity Documents (DNI).”*

### 33 VACCINES THEN AND NOW

*“Key elements of the immunization schedule—for example, the number, frequency, timing, order, and age at the time of administration of vaccines—have not been systematically examined in research studies.”*

## WHAT DOES THE HPV VACCINE DO?

**T**he HPV vaccine is supposed to prevent nine “human papillomavirus” (HPV) types that can lead to 70% of cervical cancers in females, and to some HPV-causing cancers in males. HPV infections are spread by sexual contact only, and therefore someone with HPV is allowed to attend school.

The HPV virus will affect 80% of female adults during their lifetime, but more than 95% of

the cases will clear out on their own. The HPV virus has not been proven to actually cause cervical cancer and the vaccines have not yet proven to prevent even one case of cervical cancer.

(In the United States, approximately 7.3 per 100,000 women per year get cervical cancer, and the number of deaths yearly is approximately 2.3 per 100,000 women.)

## TESTING CONCERNS

### **“THE HPV VACCINE ON TRIAL – SEEKING JUSTICE FOR A GENERATION BETRAYED”**

by Mary Holland et al.

*Brief excerpts:*

**Merck and GlaxoSmithKline, the manufacturers, did not have to prove that the vaccines prevent cancer.** They were allowed to use precancerous lesions as ‘surrogate endpoints’ in the clinical trials. Scientists do not know if a decline in cases of precancerous lesions will translate into fewer cases of cervical cancer in 20-30 years.

Even if they were 100 percent effective, which they are not, HPV vaccines do not prevent all cases of cervical cancer. The vaccines do not prevent infections from all HPV types associated with cancer, and not all cervical cancer is associated with HPV.

**None of the participants in the clinical trials received a true saline placebo.**

Merck told young female clinical trial subjects that the vaccine had already been proven safe and that the placebo was saline. **Both claims were false.**

**The manufacturer never tested HPV vaccines on human fertility.** Although this vaccine is given to adolescents throughout the world, the manufacturers acknowledge in their package inserts that they never tested the vaccine for fertility effects in humans – only rats.

The manufacturers never tested HPV vaccines to discover if they might cause cancer....**clinical trial data suggest that if women have HPV infections when they get the vaccines (and pre-screening is not recommended), then they may be at higher risk for precancerous lesions or worse.**

**The Gardasil clinical trials used a new metric, “New Medical Conditions,”** as a way to claim that serious health problems after vaccination were unrelated to the vaccine or aluminum-containing fauxcebo [improper placebo].

**Although 11–12-year-olds are the target population for this vaccine (and it is approved for children as young as 9) the vast majority of clinical trial subjects were considerably older.**

**Doctors and scientists have published peer-reviewed articles on the adverse effects that many young women reported after HPV vaccination.** Here is a nonexhaustive list: headache, orthostatic intolerance, syncope, POTS, fatigue, cognitive dysfunction, disordered sleep,

visual symptoms, gastrointestinal symptoms, neuropathic pain, motor symptoms, skin disorders, voiding dysfunction, limb weakness, vascular abnormalities, and irregular period.

Despite U.S. government assertions that the vaccine is safe, **the federal compensation program for vaccine injury has paid out millions of dollars in damages for HPV vaccine injuries...** [including for] death, brain injury, multiple sclerosis, Guillain-Barre syndrome, ulcerative colitis, and other severe, debilitating conditions.

**Lawsuits have been filed against Merck, GlaxoSmithKline, and government health agencies around the world,** including in the U.S., India, Columbia, Japan, Spain, and France.

**National and international health agencies are working hand in glove with the HPV vaccine manufacturers to promote, advertise, finance, recommend, and even compel children to get HPV vaccines.**

## **HUMAN PAPILLOMAVIRUS (HPV) VACCINES AS AN OPTION FOR PREVENTING CERVICAL MALIGNANCIES: (HOW) EFFECTIVE AND SAFE?**

*Current Pharmaceutical Design* 2013

<https://www.ncbi.nlm.nih.gov/m/pubmed/23016780/>

**“We find that HPV vaccine clinical trials design, and data interpretation of both efficacy and safety outcomes, were largely inadequate.** Additionally, we note evidence of selective reporting of results from clinical trials (i.e., exclusion of vaccine efficacy figures related to study subgroups in which efficacy might be lower or even negative from peer-reviewed publications). Given this, the widespread optimism regarding HPV vaccines long-term benefits appears to rest on a number of unproven assumptions (or such which are at odds with factual evidence) and significant misinterpretation of available data. For example, **the claim that HPV vaccination will result in approximately 70% reduction of cervical cancers is made despite the fact that the clinical trials data have not demonstrated to date that the vaccines have actually prevented a single case of cervical cancer (let alone cervical cancer death),** nor that the current overly optimistic surrogate marker-based extrapolations are justified. Likewise, the notion that HPV vaccines have

an impressive safety profile is only supported by highly flawed design of safety trials and is contrary to accumulating evidence from vaccine safety surveillance databases and case reports which continue to link HPV vaccination to serious adverse outcomes (including death and permanent disabilities). **We thus conclude that further reduction of cervical cancers might be best achieved by optimizing cervical screening (which carries no such risks) and targeting other factors of the disease rather than by the reliance on vaccines with questionable efficacy and safety profiles.”**

## **THE COCHRANE HPV VACCINE REVIEW WAS INCOMPLETE AND IGNORED IMPORTANT EVIDENCE OF BIAS**

*BMJ (British Medical Journal)* 2018

<https://ebm.bmj.com/content/early/2018/07/27/bmjebm-2018-111012>

“All 26 trials included in the Cochrane review used active comparators: adjuvants (aluminium hydroxide (Al[OH]3) or amorphous aluminium hydroxyphosphate sulfate [AAHS]) or hepatitis vaccines....According to the Food and Drug Administration (FDA), adjuvants are unreliable comparators. **One HPV vaccine manufacturer (GlaxoSmithKline that produces Cervarix) states that its aluminium-based**

**comparator induces harms:** ‘higher incidences of myalgia might namely be attributable to the higher content of aluminium in the HPV vaccine (450 µg Al[OH]3) than the content of aluminium in the HAV [hepatitis A] vaccine (225 µg Al[OH]3)’. The comparator hepatitis vaccines also used the HPV vaccines’ aluminium-based adjuvant....The Cochrane authors mistakenly used the term placebo to describe the active comparators. They acknowledged that **‘The comparison of the risks of ad-**

**verse events was compromised by the use of different products (adjuvants and hepatitis vaccines) administered to participants in the control group.’** Nevertheless, this statement can easily be overlooked, as it comes after 7,500 words about other issues in the discussion and under the heading ‘Potential biases in the review process’. **Active comparators was not a bias in the review process but a bias in the design of the HPV vaccine trials.”**

## HOT OFF THE PRESS!

### ***WILL HPV VACCINATION PREVENT CERVICAL CANCER?***

*Journal of the Royal Society of Medicine* January 2020

<https://journals.sagepub.com/doi/pdf/10.1177/0141076819899308>

#### Summary

We conducted a critical appraisal of published Phase 2 and 3 efficacy trials in relation to the prevention of cervical cancer in women. **Our analysis shows the trials themselves generated significant uncertainties undermining claims of efficacy in these data.** There were 12 randomised control trials (RCTs) of Cervarix and Gardasil. **The trial populations did not reflect vaccination target groups** due to differences in age and restrictive trial inclusion criteria. The use of composite and distant surrogate outcomes makes it impossible to determine effects on clinically significant outcomes. **It is still uncertain whether human papillomavirus (HPV) vaccination prevents cervical cancer as trials were not designed to detect this outcome, which takes decades to develop....the trials may have overestimated the efficacy of the vaccine as some of the lesions would have regressed spontaneously.**

## WHAT IS IN THE HPV VACCINE?

▶ Human Papillomavirus (HPV) (Gardasil 9)

**Amorphous aluminum hydroxyphosphate sulfate**, sodium chloride, L-histidine, **polysorbate 80**, **sodium borate**, yeast protein

**Amorphous aluminum hydroxyphosphate sulfate** is an **adjuvant**, which is an ingredient in a vaccine that helps boost the immune response to the antigen and thus increase antibodies.

### Has aluminum been tested for safety when injected into children?

<https://childrenshealthdefense.org/news/a-lone-fda-scientist-could-end-the-autism-epidemic/>

CDC and FDA cite the 2011 study by Dr. Robert J. Mitkus for any concerns raised about injecting aluminum in children.

However, "...the only biological science Dr. Mitkus considered in making his safety assessment was a single study that infused (rather than injected) aluminum citrate (rather than aluminum hydroxide) into adults (rather than babies). At least Mitkus acknowledges this difference in the paper, noting 'The determinations of the kinetics of aluminum retention by Priest were based on experiments where human volunteers were given an intravenous injection of aluminum citrate. For vaccines, the injection is intramuscular, the aluminum is in an insoluble form (e.g., as the phosphate or hydroxide of alumi-

num), and muscle at the site of injection is considered to be a storage depot for aluminum.'

**"In no other drug on the planet (except for vaccines) would safety standards ever be determined without using the actual product (aluminum hydroxide) administered in the proper way (intramuscular injection), into the proper patient population (infants)."**

*Ingested aluminum - almost 100% eliminated from the body*

*Injected aluminum - almost 100% remaining in the body*

### Aluminum concerns of leading scientists around the world

<https://childrenshealthdefense.org/news/a-lone-fda-scientist-could-end-the-autism-epidemic/>

*"Experimental research has showed that alum adjuvants have a potential to induce serious immunological disorders in humans."*

– Dr. Yehuda Shoenfeld, Tel-Aviv University (Israel), 2013

*"I would now say that we have to think very carefully about who receives a vaccine that*

*includes an aluminum adjuvant...is this vaccine a life-saving vaccine or not?"* – Dr. Chris Exley, Keele University (England), 2017

*"In the context of massive development of vaccine-based strategies worldwide, the present study may suggest that aluminium adjuvant toxicokinetics and safety require reevaluation."* – Dr. Guillemette Crépeaux, Ecole Nationale Vétérinaire d'Alfort (France), 2016

*"...it is somewhat surprising to find that in spite of over 80 years of use, the safety of Al adjuvants continues to rest on assumptions rather than scientific evidence."* – Dr. Chris Shaw, University of British Columbia (Canada), 2012

*"...continuously escalating doses of this poorly biodegradable adjuvant in the population may become insidiously unsafe, especially in the case of overimmunization or immature/altered blood brain barrier."* – Dr. Romain Gherardi, Université Paris-Est Créteil (France), 2013

*"It is not really a matter of much debate that aluminum in various forms can be neurotoxic."* – Dr. Lucija Tomljenovic, University of British Columbia (Canada), 2013

## **ALUMINUM IN THE CENTRAL NERVOUS SYSTEM (CNS): TOXICITY IN**

## **HUMANS AND ANIMALS, VACCINE ADJUVANTS, AND AUTOIMMUNITY**

*Immunol Res.* July 2013

<https://www.ncbi.nlm.nih.gov/pubmed/?term=23609067>

**"The literature demonstrates clearly negative impacts of aluminum on the nervous system across the age span....**In young children, a highly significant correlation exists between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders. Many of the features of aluminum-induced neurotoxicity may arise, in part, from autoimmune reactions, as part of the ASIA syndrome."

## **ALUMINUM ADJUVANTS OF VACCINES INJECTED INTO THE MUSCLE: NORMAL FATE, PATHOLOGY AND ASSOCIATED DISEASE**

*Morphologie* June 2016

<https://www.ncbi.nlm.nih.gov/pubmed/26948677>

"It is the most commonly used adjuvant in human and veterinary vaccines but mechanisms by which it stimulates immune responses remain ill-defined. **Although generally well tolerated on the short term, it has been suspected to occasionally cause delayed neurologic problems in susceptible individuals.** In particular, the long-term persistence of aluminiic granuloma also termed macrophagic myofasciitis is associated with chronic arthromyalgias and fatigue and cognitive dysfunction. Safety concerns largely depend on the long biopersistence time inherent to this adjuvant,

which may be related to its quick withdrawal from the interstitial fluid by avid cellular uptake; and the capacity of adjuvant particles to migrate and slowly accumulate in lymphoid organs and the brain.... **These novel insights strongly suggest that serious re-evaluation of long-term aluminum adjuvant pharmacokinetics and safety should be carried out.**"

**AUTOIMMUNE/INFLAMMATORY SYNDROME INDUCED BY ADJUVANTS (ASIA) 2013: UNVEILING THE PATHOGENIC, CLINICAL AND DIAGNOSTIC ASPECTS**

*J Autoimmun* December. 2013

<https://www.ncbi.nlm.nih.gov/pubmed/24238833>

**"In 2011 a new syndrome termed 'ASIA Auto-immune/Inflammatory Syndrome Induced by Adjuvants' was defined pointing to summarize for the first time the spectrum of immune-mediated diseases triggered by an adjuvant stimulus such as...aluminum and other adjuvants ....All these environmental factors have been found to induce autoimmunity by themselves both in animal models and in humans: for instance, silicone was associated with siliconosis, aluminum hydroxide with post-vaccination phenomena and macrophagic myofasciitis syndrome."**

**SJÖGREN'S SYNDROME: ANOTHER FACET OF THE AUTOIMMUNE/INFLAMMATORY SYNDROME INDUCED BY ADJUVANTS (ASIA)**

*J Autoimmun* 2014

<https://www.ncbi.nlm.nih.gov/pubmed/24774584>

**"The adjuvant is a substance capable of boosting the immune response and of acting as a trigger in the development of autoimmune diseases. Post-vaccination autoimmune phenomena represent a major issue of ASIA. Indeed, despite vaccines representing a mainstay in the improvement of human health, several of these have been implicated as a potential trigger for autoimmune diseases."**

**IS IT POSSIBLE THAT THE RISE IN AUTO-IMMUNE DISORDERS AMONG CHILDREN TODAY MAY BE TRACED TO THE MANY ALUMINUM-CONTAINING VACCINES THEY RECEIVE? OTHER VACCINES THAT CONTAIN ALUMINUM INCLUDE: HIB (ONE BRAND), HEP B (GIVEN ON THE FIRST DAY OF LIFE), DTAP, PREVNAR, HEP A, PENTACEL AND PEDIARIX.**

## HOT OFF THE PRESS!

Recent study supports the possibility that autism may be an autoimmune disorder:

### **FIRST EVIDENCE OF IMMUNE RESPONSE TARGETING BRAIN CELLS IN AUTISM**, October 17, 2019

<https://neurosciencenews.com/immune-cells-autism-15086>

**“Summary:** Examining postmortem brains of ASD patients, researchers discover an accumulation of immune cells surrounding blood vessels in the brain. They also found blebs accumulating around blood vessels that contained astrocyte debris. **The findings suggest autism may be an autoimmune disorder.”**

**Polysorbate 80**, another ingredient, is used as a **stabilizer, surfactant, and emulsifier** to keep the components of the vaccine evenly distributed in the liquid.

It is used in many drug formulations to open up the blood brain barrier (for example, in chemotherapy drugs). Thus when a vaccine contains polysorbate 80, toxic ingredients (like aluminum) may pass from the blood into the brain.

### **SUPERPARAMAGNETIC IRON OXIDE NANOPARTICLES MODIFIED WITH TWEEN 80 PASS THROUGH THE INTACT BLOOD-BRAIN BARRIER IN RATS UNDER MAGNETIC FIELD**

*ACS Appl Mater Interfaces* May 11 2016

<https://www.ncbi.nlm.nih.gov/pubmed/27092793>

This study showed that a metal, iron oxide, was carried into the brain with the use of Polysorbate 80.

**Sodium Borate (Borax)**, another ingredient, is used as a **buffer** to maintain the pH of the vaccine.

The European Chemicals Agency hazard classification and labeling requires a **“DANGER!”** warning on borax and states that borax **“may damage fertility or the unborn child.”**

<https://echa.europa.eu/substance-information/-/substanceinfo/100.129.152>

**Borax is banned as a food additive in the United States.**

[fda.gov/food/food-additives-petitions/food-additive-status-list](https://www.fda.gov/food/food-additives-petitions/food-additive-status-list)

**NOTE: None of the HPV vaccine ingredients have been tested for toxicity when injected into children or adults.**



## HOW CAN CERVICAL CANCER BE PREVENTED?

### **AMERICAN CANCER SOCIETY**

A well-proven way to prevent cervical cancer is to have testing (screening) to find pre-cancers before they can turn into invasive cancer. The Pap test and the HPV (human papillomavirus) test are specific tests used during screenings for cervical cancer. If a pre-cancer is found, it can be treated, stopping cervical cancer before it really starts. Most invasive cervical cancers are found in women who have not had regular Pap tests.

<https://www.cancer.org/cancer/cervical-cancer/prevention-and-early-detection/cervical-cancer-screening-guidelines.html>

### **THE AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGISTS**

It usually takes 3–7 years for high-grade changes in cervical cells to become cancer. Cervical cancer screening may detect these changes be-

fore they become cancer. Women with low-grade changes can be tested more frequently to see if their cells go back to normal. Women with high-grade changes can get treatment to have the cells removed. Cervical cancer screening includes the Pap test and, for some women, an HPV test.

<https://www.acog.org/Patients/FAQs/Cervical-Cancer-Screening?IsMobileSet=false>

### **MAYO CLINIC**

A Pap smear is a safe way to screen for cervical cancer. However, a Pap smear isn't foolproof. Although it's possible for abnormal cells to go undetected, time is on your side. Cervical cancer takes several years to develop. And if one test doesn't detect the abnormal cells, the next test most likely will.

<https://www.mayoclinic.org/tests-procedures/pap-smear/about/pac-20394841>

**Summary: Pap tests and HPV tests are no-risk, proven ways to prevent cervical cancer.**



## Gardasil Vaccine on Trial (from Children's Health Defense)

A full day of furious arguments began at 9:30 am on Wednesday, January 9th, 2019, before Judge Maren Nelson in the Jennifer Robi vs. Merck and Kaiser Permanente case in Los Angeles Superior Court.

Due to the restrictions of the National Childhood Vaccine Injury Act, thousands of children who were injured by vaccines have never been able to have their injuries acknowledged in a court of law. But this time, justice was finally given a chance in the courtroom.

Jennifer Robi is a 24-year-old former athlete and scholar who has been confined to a wheelchair since receiving her third Gardasil vaccine at age sixteen. She suffers continual uncontrolled neuro/muscular contractions (jerking) and postural orthostatic tachycardia syndrome (POTS) and many other symptoms of systemic autoimmune dysregulation.

Jennifer's attorney, Sol Ajalat, initially brought her case in Vaccine Injury Compensation Program and then, following a judgment in the program, elected to proceed in civil court. Since VICA (the Vaccine Injury Compensation Act) forbids recoveries for product defect or negligence, Ajalat brought Jennifer's civil case under the theories that Merck committed fraud during its clinical trials and then failed to warn Jennifer (and, by implication, other injured girls) about the high risks and meager benefits of the vaccine. It became obvious that the science relied on by our federal agencies to ap-

prove the HPV vaccine was criminally inadequate and that Jennifer's injuries and those of the thousands of others like her could have been prevented. Jennifer's lawyers brilliantly laid bare Merck's anemic case for Gardasil, dissecting the science in withering presentations challenging both the efficacy and safety of the Gardasil vaccine, and then chronicling the horrifying agency and corporate corruption that led to its approval.

Plaintiffs began the day with a 2.5 hour presentation demonstrating how Gardasil's super-powered Amorphous Aluminum Hydroxyphosphate Sulfate (AAHS) adjuvant over-stimulated the immune systems of vaccine recipients tipping them into autoimmune conditions in which their declining immune defenses begin attacking their bodies' own organs. This "autoimmune process" causes a cascade of illnesses that, in Jennifer Robi's case, resulted in damage and deterioration in diverse organ systems throughout her body. Among vaccinologists, it's axiomatic that the duration of immunity correlates directly to the toxicity of the adjuvant; the more toxic the adjuvant, the longer the duration of immunity. Most vaccines provide immunity for only 5-10 years. Gardasil's promoters were promising lifelong protection, and needed a super toxic adjuvant that would provide this unprecedented level of protection. After all, Merck was promising regulators, pediatricians and the public that inoculations given to 9-12-year-old girls would provide immunity against a relatively rare cancer that typically doesn't kill until age 58! Merck has refused to disclose the contents of

AAHS or to provide samples to independent and university scientists for testing. AAHS, astonishingly, has never been safety tested by government regulators or by Merck. Studies on animals conducted by world renowned independent scientists like Dr. Chris Exley, Dr. Yehuda Shoenfeld, Dr. Chris Shaw and others have found that mice and sheep exposed to aluminum adjuvants, at concentrations comparable to those found in vaccines, develop strange behavioral patterns and illnesses resembling autoimmune diseases.

Robert F. Kennedy, Jr. next gave the court an explosive 50-minute presentation of 112 disturbing slides describing the parade of deceptive carnards that composed Merck's clinical trials. Kennedy described a series of fraudulent gimmicks employed by Merck to deceive regulators during the clinical trials including the use of a "spiked" extremely toxic AAHS placebo rather than a true inert placebo that is standard for control groups in blue ribbon safety studies for other pharmaceutical products. Using a poisonous placebo in the control group allowed Merck to mask the cascade of injuries suffered by girls in the Gardasil group during the clinical trials. Half the girls in the Gardasil group and half the girls in the spiked placebo group suffered serious injuries, including several deaths, in the first seven months of the clinical trials, yet Merck was able to claim that reactions in the study group "were similar to the reactions in the placebo group," and that, therefore, the vaccine was safe. Merck reported most of these serious injuries as "new medical conditions," not

adverse events, dismissing any connection to the vaccine. Information about this parade of grave injuries appears nowhere in the Gardasil package insert.

Merck committed its boldest fraud in its key clinical trial, Protocol 18. Merck told FDA that Protocol 18 was the single study in which its researchers gave the control group a true inert placebo. For this reason, FDA declared Protocol 18 "of special interest." However, in reality, Merck appears to have taken the precaution of removing half the aluminum from the vaccines administered to this study group. Plus, the Company laced the "placebo" with a witches' brew of other toxic chemicals. This study, the only "controlled" study that included children in the target cohort of 9-12-year olds, may not have in fact tested the vaccine that Merck went on to inject into millions of young children around the world. Kennedy told the judge that this is not just scientific malpractice, it is outright fraud!

Another tactic utilized by Merck was to purge the study group of anyone with the slightest vulnerabilities to the vaccine or its ingredients despite the fact that the vaccine would ultimately be marketed to girls with the very vulnerabilities excluded during the clinical trials. This precaution allowed the company to mask effects that occur only in vulnerable subgroups. Mr. Kennedy drew laughter from the large court room audience when he described how Merck had prescreened the study subjects to exclude people with aller-

gies, immunological or nervous disorders, genetic vulnerabilities to cancer or to any other medical condition, or with any hint of general infection, a history of alcohol or drug abuse, or a serious or chronic illnesses, and so forth. Finally, Merck told its researchers to exclude any individual with “any condition which in the opinion of the researchers might interfere with the study objective.” The remaining participants were an elite club of super healthy individuals. The problem, of course, is that none of the people receiving the vaccine under CDC’s mandate are screened for these vulnerabilities. In other words, Merck’s control groups did not reflect the target population for its drug.

Kennedy showed the court data from Merck’s own package insert showing that 2.3% of the girls receiving the vaccine complained of symptoms of autoimmune disease within 7 months. Since cervical cancer kills only 1.5 Americans in every 100,000, he noted, “Merck’s own data show that the chances of getting an autoimmune disease from this vaccine are 1,000 times the risk of dying from cervical cancer.”

Not only did a heartbreaking 50% of the subjects in both the study group and the spiked placebo group experience a serious adverse event within the seven months of the trial, death rates among girls in the study were double background rates. In fact, the rate for girls during the clinical trials (85/100,000) was 37 times the death rate from cervical cancer! Birth defects among children conceived during the study period were 5x those of

the control group and miscarriages were doubled over background rates. Reproductive problems among vaccinated girls were 10x background rates. Finally, Merck’s own data showed that administering the Gardasil vaccine to girls who had previous exposure to HPV actually raised their risk of developing precancerous lesions (or worse) by almost 45%.

Kennedy closed his powerful presentation by chronicling the parade of corrupt conflicts that caused HHS officials to turn a blind eye to the rife fraud that characterized the clinical trials. Merck loaded the two FDA and CDC panels that approved Gardasil, with paid toadies. He showed that the pharmaceutical industry actually pays 45% of FDA’s annual budget and that NIH and its officials own part of the patents to the Gardasil vaccine and collect royalties on every vaccine sold. NIH collects tens of millions of dollars annually from Gardasil sales. Finally, 45% of CDC’s budget goes to promoting and purchasing vaccines. Merck exerts control over the CDC with millions of dollars in contributions to the CDC foundation, which allows funding for pet projects. This level of support gives Merck the power to also punish the CDC by withholding funding if displeased by the agency.

The onset of Jennifer’s illness worsened with each stage of the three vaccine series and her symptoms were identical to the symptoms seen among hundreds of injured women during the clinical trials around the world, in places as diverse as Japan, Australia, Colombia, and Denmark (where

special clinics have been set up to treat Gardasil's victims), as well as among many girls here in the United States. These symptoms included menstrual irregularities, gastrointestinal dysfunction, musculoskeletal pain, neurological conditions and even death.

## THE REBUTTAL

The Defendants' three-hour rebuttal was mainly toothless. Sangiamo doggedly described six studies, which he claimed were relied upon by the plaintiff, that had been retracted. However, only one of those studies was even mentioned on the plaintiff's lengthy exhibit list (Plaintiff's attorneys never referred to it in their briefs) and that study was republished elsewhere after the original journal retracted it under pressure from its pharmaceutical advertisers.

Sangiamo argued that the plaintiff had relied on case studies rather than large scale epidemiological studies of the kind largely funded by industry or the NIH, which owns the Gardasil patent and profits on every injection sold. He cited five of those NIH and industry-authored epidemiological studies that found no causal relationship between Gardasil and autoimmune diseases. All are plagued by fatal defects such as only looking for a very limited number of potential injuries for a short period of time following exposure to the vaccine, despite the fact that autoimmune diseases can take months or years to manifest. The authors of these studies had financial ties to Merck.

Finally, Merck's Sally Bryan rose to the podium to explain to Judge Nelson that Merck's AAHS adjuvant was safe because of the small quantities of this known neurotoxin in each vaccine. She told the judge that "the dose makes the poison," and that even water in large enough doses can be toxic. She pointed out that there are only 225 micrograms of aluminum in each vaccine. To illustrate how small this is, she asked Judge Nelson to imagine a dollar bill – which weighs one gram – cut into 1 million tiny pieces. She pointed out that only 225 of these pieces would be in any Gardasil vaccine, far too little to cause any adverse outcome. So in one breath, Merck was telling Judge Nelson that the amount of aluminum in Gardasil was substantial enough to permanently alter a person's immune system to prevent cancer for the next half century and, at the same time, small enough to cause no harm. As this court case continues, the nation wonders: will this finally be the tipping point when the public will become aware of the widespread fraud committed by vaccine manufacturers? Or will vaccine manufacturers once again sliver out of another tight spot and magically gain approval for this vaccine to be mandated for all girls and boys across the country?

## COURT CASE HERE:

<http://rebrand.ly/RobiVsMerk>

## SERIOUS SAFETY CONCERNS

*Brief excerpts from medical studies:*

### **HUMAN PAPILLOMAVIRUS EPITOPE MIMICRY AND AUTOIMMUNITY: THE MOLECULAR TRUTH OF PEPTIDE SHARING**

*Pathobiology* October 2019

<https://www.ncbi.nlm.nih.gov/pubmed/31593963>

Specifically, the present data indicate that, via cross-reactivity, **the immune responses that follow HPV infections/active immunizations might lead to premature ovarian failure, oocyte DNA damage, lupus manifestations, susceptibility to breast/ovarian cancer, neuropsychiatric diseases, hypotension and dysregulation of blood pressure, cardiac disorders, and, even, sudden death.**

### **HUMAN PAPILLOMA VIRUS VACCINE AND PRIMARY OVARIAN FAILURE: ANOTHER FACET OF THE AUTOIMMUNE/INFLAMMATORY SYNDROME INDUCED BY ADJUVANTS**

*American Journal of Reproductive Immunology*  
July 2013

<https://onlinelibrary.wiley.com/doi/abs/10.1111/aji.12151>

Results. **All three patients developed secondary amenorrhea following HPV vaccinations, which did not resolve upon treatment with hormone replacement therapies....**According to these clinical features, a diagnosis of

primary ovarian failure (POF) was determined, which also fulfilled the required criteria for the ASIA syndrome.

### **A LINK BETWEEN HUMAN PAPILLOMA VIRUS VACCINATION AND PRIMARY OVARIAN INSUFFICIENCY (POI): CURRENT ANALYSIS.**

*Current Opinion in Obstetrics and Gynecology*  
August 2015

<https://www.ncbi.nlm.nih.gov/m/pubmed/26125978/>

An increasing number of cases of POI post-HPV4 are being reported....**The adjuvant in HPV4 contains aluminum. Animal models have shown aluminum exposure to inhibit expression of female reproductive hormones and to induce histologic changes in the ovaries.**

### **ADOLESCENT PREMATURE OVARIAN INSUFFICIENCY FOLLOWING HUMAN PAPILLOMAVIRUS VACCINATION: A CASE SERIES SEEN IN GENERAL PRACTICE.**

*Journal of Investigative Medicine High Impact Case Rep.* December 2014

<https://www.ncbi.nlm.nih.gov/m/pubmed/26425627/>

Enduring ovarian capacity and duration of function following vaccination is unresearched in preclinical studies, clinical and postlicensure studies....**The potential significance of a case series of adolescents with idiopathic**

**premature ovarian insufficiency following HPV vaccination presenting to a general practice warrants further research. Preservation of reproductive health is a primary concern in the recipient target group.**

***PREMATURE OVARIAN FAILURE 3 YEARS AFTER MENARCHE IN A 16-YEAR-OLD GIRL FOLLOWING HUMAN PAPILLOMAVIRUS VACCINATION.***

*BMJ Case Rep*

September 2012

<https://www.ncbi.nlm.nih.gov/pubmed/23035167>

This patient presented with amenorrhoea after identifying a change from her regular cycle to irregular and scant periods following vaccinations against human papillomavirus....Although the cause is unknown in 90% of cases, the remaining chief identifiable causes of this condition were excluded. **Premature ovarian failure was then notified as a possible adverse event following this vaccination.**

***SAFETY CONCERNS WITH HPV VACCINES CONTINUE TO LINGER: ARE CURRENT VACCINE PHARMACOVIGILANCE PRACTICES SUFFICIENT?***

*Drug Saf.* 2017

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5688196/>

Over the last several years, there has been **focus**

**on a number of safety signals for the human papillomavirus (HPV) vaccines**, including complex regional pain syndrome, postural orthostatic tachycardia syndrome, and chronic fatigue syndrome.

**...Seventy-two of the 163 patients met sufficient criteria to be considered as vaccine-related (“definite” or “probable”).** Major symptoms included prolonged fatigue, chronic headache, widespread pain, limb shaking, dysautonomia symptoms, motor and sensory impairment, sleep disturbances, and cognitive impairment.

**...Currently, we have a signal based on both spontaneous reports and published case series that is best characterized as a potential association between HPV vaccination and dysfunction of the autonomic nervous system.**

***CURRENT SAFETY CONCERNS WITH HUMAN PAPILLOMAVIRUS VACCINE: A CLUSTER ANALYSIS OF REPORTS IN VIGIBASE (MANY COUNTRIES)***

*Drug Safety* January 2017

<https://link.springer.com/article/10.1007/s40264-016-0456-3>

Cluster analysis reveals additional reports of Adverse Events following HPV vaccination, which are serious in nature and with overlap in signs and symptoms to recent safety signals for **POTS**

**(Postural orthostatic tachycardia syndrome), CRPS (Complex regional pain syndrome), and CFS (Chronic fatigue syndrome)...**given the medical seriousness of this safety concern, we believe that a more definitive study of the findings presented here is essential to ensure continued confidence in the HPV vaccine.

**ORTHOSTATIC INTOLERANCE AND POSTURAL TACHYCARDIA SYNDROME AS SUSPECTED ADVERSE EFFECTS OF VACCINATION AGAINST HUMAN PAPILLOMA VIRUS.**

*Vaccine* May 2015

<https://www.ncbi.nlm.nih.gov/pubmed/25882168>

**...we identified a 60% prevalence of POTS (postural orthostatic tachycardia). Further work is urgently needed to elucidate the potential for a causal link between the vaccine and circulatory abnormalities** and to establish targeted treatment options for the affected patients.

**HPV VACCINATION SYNDROME. A QUESTIONNAIRE-BASED STUDY (13 COUNTRIES)**

*Clinical Rheumatology* November 2015

<https://www.ncbi.nlm.nih.gov/pubmed/26354426>

**In conclusion, a disabling syndrome of chronic neuropathic pain, fatigue, and au-**

**tonomic dysfunction may appear after HPV vaccination.**

**HPV VACCINES: A CONTROVERSIAL ISSUE?**

*Braz J Med Biol Res.* April 2016

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4830027/>

In 2011, the Vaccine Adverse Event Reporting System committee confirmed a **strong temporal relationship between the HPV vaccine administration and the onset of anaphylactic reactions....**Additionally, a recent publication reported symptoms of **orthostatic intolerance (tachycardia syndrome) and other symptoms consistent with autonomic dysfunction** in a population that received the quadrivalent HPV vaccination....

Duration of efficacy is a key question when discussing the HPV vaccines. According to Dr. Harper, if the duration is at least 15 years, then vaccinating 11-year-old girls will protect them until they are 26 years old, which would prevent some pre-cancers, but primarily postpone most cancers. If duration of efficacy is less than 15 years, then most cancers are not prevented, only postponed....**Since the quadrivalent HPV vaccine was approved by the FDA in the USA in June 2006, it will take at least another 15-20 years before the long-term efficacy of these vaccines becomes evident.**

**SUSPECTED ADVERSE EFFECTS AFTER HUMAN PAPILLOMAVIRUS VACCINATION: A TEMPORAL RELATIONSHIP BETWEEN VACCINE ADMINISTRATION AND THE APPEARANCE OF SYMPTOMS IN JAPAN**

*Drug Safety* 2017

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5688202/>

The present study revealed that the age distribution patterns in female adolescent patients who received HPV vaccination and that in the female patients who experienced HPV vaccine-related symptoms are very similar. Moreover, the period of HPV vaccination in Japan overlapped with that of the development of HPV vaccine-related symptoms in the vaccinated patients. Moreover, 28 months have passed since the recommendation for HPV vaccination was withdrawn, and new HPV vaccine-related symptoms have not been observed during our 14-month follow-up period. **The sequence of these events suggests that HPV vaccination is temporally related to the development of these symptoms in Japanese adolescent girls.**

**NEUROLOGIC COMPLICATIONS IN HPV VACCINATION**

*Brain Nerve* 2015

<https://www.ncbi.nlm.nih.gov/m/pubmed/26160812/#ft>

**A relatively high incidence of chronic**

**limb pain, frequently complicated by violent, tremulous involuntary movements, has been noted in Japanese girls following human papillomavirus vaccination.**

**IS CHRONIC FATIGUE SYNDROME/MYALGIC ENCEPHALOMYELITIS A RELEVANT DIAGNOSIS IN PATIENTS WITH SUSPECTED SIDE EFFECTS TO HUMAN PAPILLOMA VIRUS VACCINE?**

*International Journal of Vaccines and Vaccination* 2015

<https://medcraveonline.com/IJVV/IJVV-01-00003.pdf>

We have demonstrated that the diagnosis **chronic fatigue syndrome/myalgic encephalomyelitis may be suitable in patients with suspected side effects to the Q-HPV vaccine**

**SEVERE SOMATOFORM AND DYSAUTONOMIC SYNDROMES AFTER HPV VACCINATION: CASE SERIES AND REVIEW OF LITERATURE.**

*Immunologic Research* 2017

<https://www.ncbi.nlm.nih.gov/pubmed/27503625>

Recently, a collection of symptoms, indicating nervous system dysfunction, has been described after HPV vaccination....**HPV vaccine, through its adjuvant component, is speculated to induce an abnormal activation of**

**the immune system, involving glia cells in the nervous system too.**

***HYPOTHESIS: HUMAN PAPILLOMAVIRUS VACCINATION SYNDROME—SMALL FIBER NEUROPATHY AND DYSAUTONOMIA COULD BE ITS UNDERLYING PATHOGENESIS.***

*Clinical Rheumatology* 2015

<https://www.ncbi.nlm.nih.gov/m/pubmed/25990003/>

**Adverse reactions appear to be more frequent after HPV vaccination when compared to other type of immunizations.**

Different isolated cases and small series have described the development of complex regional pain syndrome (CRPS), postural orthostatic tachycardia syndrome (POTS), and fibromyalgia after HPV vaccination....This article forwards the hypothesis that small fiber neuropathy and dysautonomia could be the common underlying pathogenesis to the group of rare, but severe reactions that follow HPV vaccination. **Clinicians should be aware of the possible association between HPV vaccination and the development of these difficult to diagnose painful dysautonomic syndromes.**

***DEMYELINATING DISEASE AND VACCINATION OF THE HUMAN PAPILLOMAVIRUS***

*Rev Neurol.* 2011

<https://www.ncbi.nlm.nih.gov/m/pubmed/21425100/>

We describe the cases of four young women that developed demyelinating disease after the vaccination of the HPV....**seizures, autoimmune disorders such as Guillain-Barre syndrome, transverse myelitis, or motor neuron disease....So we suggest that vaccine may trigger an immunological mechanism leading to demyelinating events, perhaps in predisposed young.**

***TWO CASES OF ACUTE DISSEMINATED ENCEPHALOMYELITIS (ADEM) FOLLOWING VACCINATION AGAINST HUMAN PAPILLOMA VIRUS***

*Internal Medicine* 2016

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5140871/>

We herein presented two cases of ADEM following vaccination against HPV. **Clinicians should keep in mind that neurological symptoms due to demyelination can occur after HPV vaccination.**



## MARKETING CONCERNS

### **PHARMACEUTICAL COMPANIES' ROLE IN STATE VACCINATION POLICYMAKING: THE CASE OF HUMAN PAPILLOMAVIRUS VACCINATION**

*American Journal of Public Health* May 2012

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483914/>

#### *Excerpts:*

**Objectives.** We sought to investigate roles that Merck & Co Inc played in state human papillomavirus (HPV) immunization policymaking, to elicit key stakeholders' perceptions of the appropriateness of these activities, and to explore implications for relationships between health policymakers and industry.

**Results.** Merck promoted school-entry mandate legislation by serving as an information resource, lobbying legislators, drafting legislation, mobilizing female legislators and physician organizations, conducting consumer marketing campaigns, and filling gaps in access to the vaccine. Legislators relied heavily on Merck for scientific information. Most stakeholders found lobbying by vaccine manufacturers acceptable in principle, but perceived that Merck had acted too aggressively and nontransparently in this case.

...One commented, "Just about every vaccine mandate that we have lately has been the result, at least partially, of the drug industry's efforts."

...One respondent characterized it as a "feeding frenzy" designed "to convince us that this was the best thing since sliced bread."

Merck mobilized legislators to introduce school-entry mandate and other legislation relating to the HPV vaccine, primarily through Women in Government (WIG), a national, non-profit group of female state legislators. WIG had identified cervical cancer as a priority issue as early as 2003. **Merck contributed unrestricted educational grants to WIG, which, among other things, covered the expenses of dozens of legislators to attend conferences on cervical cancer at appealing destinations convened by WIG and attended by Merck representatives.**

"At one point, the CDC rep for the state was being bombarded by pharmaceutical reps, so she asked if she could form an advisory committee around her." Merck also appears to have expanded its efforts to support interest groups financially. One organization that had long worked in the area of cancer prevention reported that both **Merck and GlaxoSmithKline, the manufacturer of a competing HPV vaccine, came forward with unrestricted donations for the first time after Gardasil was introduced.**

...Merck's strategy involved an end run around health departments. Although in some states, most notably New Hampshire, there was ex-

tensive communication between Merck and the state immunization program, in others, respondents complained that Merck took its message directly to the public or legislature without involving public health officials.

**A second concern was that the company was too aggressive in pushing for a school-entry mandate so soon after the product's licensure.** Moreover, many respondents thought that lobbying for Gardasil mandates presented a conflict of interest not as present in other lobbying efforts. **A sizeable group of respondents that cut across states and stakeholder groups did not see Merck's financial mission and the mission of public health as consistent.**

...Merck focused on mandating immunization, which brought the coercive power of the state to bear on children and parents. Some respondents found it unseemly that **Merck stood to profit from a "sweetheart deal" for a mandate or that legislators, in restricting individual liberty, would be influenced by a company with a financial interest in the legislation.**

...the case of HPV immunization suggests that there is a **sympiotic relationship between pharmaceutical manufacturers and state health policymakers.** Companies depend on policymakers to stimulate demand for their products and provide for the financing and distribution of

vaccines. State legislators, in turn, rely heavily on pharmaceutical companies for information, especially in states where legislators work part time with lean staff resources.

...It was striking that, in most states, even legislators who were leaders on health issues did not have close working relationships with their state's health department. Their failure to seek information from health department officials contributed to their dependence on industry...some expressed concern that this lack of communication could lead to legislation that was logistically difficult to implement or scientifically unfounded. Policymakers tended to be most disturbed by Merck's nontransparent roles, such as giving financial contributions to WIG and other interest groups that were not publicly disclosed. **Such tactics "gave credence to people's fears that they were trying to do things behind closed doors and push things down people's throats,"** a Virginia respondent commented.

...respondents' concern was that an organization whose primary interest was not promotion of the public good might influence policymakers to adopt a law that people found intrusive.

**VACCINATION MANDATES INVOLVE A BODILY INVASION.**

## **OPINION: HPV VACCINE INCENTIVE PAYMENTS NEED TO STOP**

November 2019

[www.eyeonannapolis.net/2019/11/opinion-hpv-vaccine-incentive-payments-need-to-stop/](http://www.eyeonannapolis.net/2019/11/opinion-hpv-vaccine-incentive-payments-need-to-stop/)

**“The Maryland Prevention and Health Promotion Agency (PHPA) has received millions – \$123 million just between 2012–2017 – as part of an effort to require public schools to force children to get the human papilloma virus (HPV) vaccination. Those funds came in the form of grants from the Centers for Disease Control and Prevention (CDC).**

**“The CDC maintains a nonprofit foundation that gets enormous amounts of money from Big Pharma – including Merck, the company that produces Gardasil, the HPV vaccine.**

**“...During a PHPA-hosted ‘HPV symposium’ attended by state pediatric practices and Maryland Department of Health staffers in March 2018 at**

Ten Oaks, Maryland, the featured speaker – Dr. Alix Casler – **encouraged attendees to offer free dinners, bottles of wine, and ‘Quality Doctor Incentives \$’ sales bonuses to get Maryland physicians on board with the HPV vaccine-pushing program. Dr. Casler offered a \$5,000 cash payment to pediatric practices that achieve targeted HPV vaccine sales goals.**

**“Dr. Casler is a paid spokesperson for Merck – to the tune of more than \$59,000 just between 2013 and 2016, according to data compiled by ProPublica.**

**“In 2016, the Maryland Partnership for Prevention – which lists the Maryland Department of Health as its top member – accepted \$70,000 from the Association of Immunization Managers (AIM). AIM’s top ‘Corporate Alliance Members’ are Merck, Pfizer, Sanofi Pasteur and Seqirus. That same year, legislation was introduced in Maryland to mandate the shot.”**



## LEGISLATION...BEWARE

**Massachusetts, New Jersey, and New York** have proposed bills to mandate the HPV vaccine for all school children. **Rhode Island, Virginia, Hawaii, and District of Columbia** already passed bills mandating this vaccine for all school children.

**Massachusetts, New York, and West Virginia** have proposed bills that would involve the government in medical exemptions.

**Florida, Maryland, New York, Ohio, Oklahoma, Pennsylvania, and South Carolina** have proposed bills that would allow pharmacists, podiatrists, and/or community paramedics to administer vaccines to children starting at different ages.

**District of Columbia, Georgia, Maryland, Missouri, New York, Virginia, and Vermont** have proposed bills that would allow for “minor consent” (without parental knowledge or consent) for vaccination.

### **WHAT IS “MINOR CONSENT”?**

“A minor may request and consent to preventive care when, in a provider’s best medical

judgment, the minor is mature and capable of providing informed consent or if performance of the preventive care would be in the minor’s best interest. A provider shall not be subject to regulatory disciplinary action or liable for civil damages or subject to a criminal penalty for a decision under this subsection. All information and records kept in connection with the medical care of a minor who consents to treatment pursuant to this section shall be confidential and shall not be released except upon the written consent of the minor or proper judicial order.”

**TO SEE OTHER PROPOSED BILLS RELATED TO VACCINES, PLEASE VISIT**  
<https://nvicadvocacy.org/members/Home.aspx>

The lobbying group for the pharmaceutical industry spent about \$27.5 million on lobbying activities in 2018, a record annual total for the Pharmaceutical Research & Manufacturers of America, which represents most of the nation’s largest drug and biopharmaceutical research companies including Pfizer, Sanofi, Merck, Johnson & Johnson, and Gilead Sciences.

**IF A BILL FAILS, THEY WILL TRY AGAIN.**

### **THE AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION RESOLUTION 4/8/2019**

“Whereas, There are 18 states (Alabama, Alaska, Arkansas, Delaware, Idaho, Illinois, Kansas, Louisiana, Maine, Massachusetts, Montana, Nevada, Oregon, Pennsylvania, South Carolina, Tennessee, Washington and West Virginia) that have made allowances for ‘mature minors’ (someone who is old enough to understand and appreciate the consequences of a medical procedure, as determined by their physician) as young as 12 years old to independently consent to vaccinations without parental approval; Whereas, A majority of adolescent health professionals surveyed reported that they would support minors having the ability to consent for their own vaccines; therefore be it **RESOLVED**, That our AMA support physicians in assessing whether a minor has met maturity and capacity requirements when providing consent for vaccinations and in developing protocols for appropriate documentation by physicians (Directive to Take Action); **and be it further RESOLVED**, That our AMA develop model legislation to aid states in developing their own policies to allow ‘mature minors’

(defined as someone who is old enough to understand and appreciate the consequences of a medical procedure, as determined by their physician) to self consent for vaccinations. **RESOLVED**, That this resolution be immediately forwarded for consideration at the 2019 Annual 38 Meeting of the AMA House of Delegates. (Directive to Take Action)”

<https://www.ama-assn.org/system/files/2019-05/a19-yyps-resolution-01.pdf>

(Many of the states listed above allow minors to also get birth control without their parent’s knowledge or consent.)

**If you do not want the government to usurp your rights, act now before it is too late!**

**Should the government condone behavior that is against our principles and mandate this HPV vaccine to our children as a preventive? Should we allow our 12 year olds to make their own medical decisions without our knowledge and consent?**

**“...the case of HPV immunization suggests that there is a symbiotic relationship between pharmaceutical manufacturers and state health policymakers.”**

## ***CALL TO ACTION:***

**PLEASE WRITE, EMAIL, OR CALL  
YOUR CONGRESSMEN  
TO OPPOSE THESE BILLS!**

**PLEASE REACH OUT TO YOUR  
RELIGIOUS LEADERS TO  
ADVOCATE FOR PARENTS' RIGHTS!**

## BIG BU\$INE\$\$ AND PHARMA FRAUD

**Vaccine manufacturers are not liable for any injuries or death from their vaccines** as a result of the 1986 National Childhood Vaccine Injury Act (created because vaccine manufacturers threatened to discontinue vaccine production due to too many lawsuits).

*“[The vaccine industry] is now a \$30 billion industry. If you can get a vaccine on the schedule it can be a billion dollar annual profit for your company. So the incentives to get it on there are enormous and then no liability forever. There’s no other pharmaceutical drug that can give you those returns with no liability.”* Robert F. Kennedy, Jr.

“Although the vaccine is 12 years old, Wolfe Research analysts said in a note that it is at a ‘major inflection point.’ The investment firm updated

its estimates for Gardasil and said it could reach roughly \$7 billion in sales by 2025. The consensus estimate has Gardasil under \$5 billion by 2025.”

<https://www.mmm-online.com/home/channel/sales/analysts-mercks-gardasil-undervalued-by-billions-of-dollars>

### WHAT YOU NEED TO KNOW ABOUT YOUR CHILD’S VACCINES’ MANUFACTURERS (RELATED TO PRODUCTS THAT THEY ARE LIABLE FOR)

#### **TWENTY-SEVEN YEARS OF PHARMACEUTICAL INDUSTRY CRIMINAL AND CIVIL PENALTIES: 1991 THROUGH 2017**

<https://www.citizen.org/wp-content/uploads/2408.pdf>

Merck paid more than \$1 billion in financial penalties from 1991 through 2017.

Company	Total Financial Penalties (\$ Millions)	Percent of Total	Number of Settlements
GlaxoSmithKline	\$7,901	20.4%	32
Pfizer	\$4,728	12.2%	34
Teva	\$1,990	5.1%	16
Merck & Co.	\$1,840	4.8%	22
Novartis	\$1,275	3.3%	21

Company	Total Penalty (\$ Millions)	Year	Violation(s)	Major Drug Products Involved	Laws Violated
GlaxoSmithKline	\$3,400	2006	Financial violations		
GlaxoSmithKline	\$3,000	2012	Unlawful promotion; Kickbacks; Concealing data; Overcharging govt. health programs	Paxil; Wellbutrin; Advair; Lamictal; Zofran; Imitrex; Lotronex; Flovent; Valtrex; Avandia	FCA; FDCA
Pfizer	\$2,300	2009	Unlawful promotion; Kickbacks	Bextra; Geodon; Zyxos; Lyrica	FCA; FDCA
Teva	\$1,200	2015	Monopoly practices		Federal Trade Commission Act
Merck	\$950	2011	Unlawful promotion	Vioxx	FCA; FDCA
GlaxoSmithKline	\$750	2010	Poor manufacturing practices	Kytril; Bactroban; Paxil CR; Avandamet	FCA; FDCA
Merck	\$650	2008	Overcharging govt. health programs; kickbacks	Zocor; Vioxx; Pepcid	FCA; Medicaid Rebate Statute

Type of Violation	Description
Unlawful Promotion	Off-label promotion of drug products or other deceptive marketing practices (e.g., downplaying health risks of a product)
Monopoly Practices	Unlawfully attempting to keep monopoly patent pricing privileges on products, or collusion with other companies undertaken with the purpose of increasing the market share of a particular product
Kickbacks	Kickbacks (e.g., monetary payments) to providers, hospitals, or other parties to influence prescribing patterns in favor of the company
Poor Manufacturing Practices	Selling drug products that fail to meet FDA standards or specifications (e.g., contaminated or adulterated products, or products that fail to meet size or dosage specifications)

[https://www.citizen.org/wp-content/uploads/2408\\_charts.pdf](https://www.citizen.org/wp-content/uploads/2408_charts.pdf)

## CALIFORNIA IN CRISIS – IS *YOUR* STATE NEXT?

**O**n September 9, 2019, **in one day, without any public hearings**, two bills that tamper with medical exemptions for vaccines, **SB276** (introduced by Senator Pan who chairs the Senate Committee on Health) and **SB714**, passed through the Assembly and the Senate, and was signed by the governor.

All medical exemptions will be submitted electronically into the California Immunization Registry using a standardized form. Medical exemptions will be reviewed by a California Department of Public Health (CDPH) physician or nurse when a school's immunization rate falls below 95%, when a doctor writes more than 5 medical exemptions, and when a school fails to provide reports of vaccination rates to the health department. "In addition, a medical exemption that does not meet the above criteria may be reviewed, on case by case basis, if CDPH determines it is necessary to protect public health." **The doctor/patient relationship has been compromised.**

Any physician who writes more than five medical exemptions in a year will be put under observation. **This is intimidation, and many parents whose child is vulnerable to vaccine injury may unfortunately pay the price with the health of their child.**

In addition to these two bills (SB276 and SB714), another bill (**AB262**) allows for "**martial law**"

should the government authorities declare an infectious outbreak emergency, with no specific parameters listed in the bill. "...the local health officer [can] issue orders to other governmental entities within the local health officer's jurisdiction to take any action the local health officer deems necessary to control the spread of the communicable disease."

Bill **AB283** removes cash and social services from needy families (through the CalWORKS program) if their children are not immunized. **Poor families will have to decide between possible vaccine damage to their child or food on the table.**

Senator Richard Pan would like to see all adults in California vaccinated as part of CDC's **Healthy People 2020** goals.

Bill **SR58** states: "...Although much attention has been paid to the importance of childhood vaccinations, there is a general lack of awareness of adult-recommended vaccines, and a misperception that immunizations are unnecessary for healthy adults." **Pan would like to see all adults get the shingles vaccine, the flu vaccine, and the pneumococcal vaccine.**

*(A previous California bill, **AB499**, allows children 12 and older to receive the HPV vaccine and the Hep B vaccine without parental consent or knowledge.)*



## BEHIND THE (VAX)\$CENES

### PAN-HANDLING IN CALIPHARMA

#### **HEALTHCARE INDUSTRY DONATES BIG BUCKS TO CALIFORNIA'S INFLU- ENTIAL LAWMAKERS**

December 17, 2018

<https://www.desertsun.com/story/news/health/2018/12/17/healthcare-big-donors-money-california-lawmakers/2338614002/>

“A California Healthline analysis of campaign data from California’s secretary of state office found that the chairmen of the Senate and Assembly health committees together raked in more than three-quarters of a million dollars from drug companies, health insurance plans, hospitals, doctors and other health-related donors from Jan. 1, 2017, through Thursday [December 13, 2018].

“Pan, a Sacramento pediatrician and chair of the Senate Health Committee, took in at least \$432,000 from health care interests during the 2017-18 election cycle. That amounts to 40 percent of the money in both his personal campaign account and a

ballot measure committee he formed called Californians Building a Healthy Future.

“Wood, a dentist and the Assembly Health Committee chairman, accepted at least \$365,000 from the health care sector and advocates, nearly 38 percent of the total money in his personal campaign account and his Committee to Improve the Quality of Life in California.

“The drug industry gave generously with \$97,800 to Pan and \$42,000 to Wood.

“Large contributions to prominent lawmakers are the norm in Sacramento, campaign finance experts say. Committee heads have the power to help shape policy, shepherd key measures through the legislative process or even block bills.

**“Pan and Wood said the contributions don’t influence their votes.”**

## IS THE UNITED STATES THE NEXT “ARGENTINA”?

In mid-December of 2018, Argentina unanimously passed its vaccine law without debate and political discussion.

The law indicates that vaccines are required for adults to get “passports, driver’s licenses and National Identity Documents (DNI).”

In the United States, in the wake of the 9/11 attacks, the REAL ID Act was passed by Congress in 2005 and enacted the 9/11 Commission’s recommendation that the Federal Government “set standards for the issuance of sources of identification, such as driver’s licenses.”

**Will vaccines be needed in order to get REAL ID in the United States? Only time will tell.**

### **CDC’S ADULT VACCINE SCHEDULE FOR AGES 19 AND OLDER:**

Flu vaccine (yearly)

Tdap and then Td booster every ten years

MMR if born after 1957

Chicken pox if born after 1980

Shingles vaccine

Pneumococcal vaccine

(and other vaccines depending on a person’s medical situation)

## **“IT’S YOUR CHOICE. CHOOSE WISELY.”**

The HPV vaccine was fraudulently tested for safety and aggressively marketed. Studies are pointing to possible permanent harm. The vaccine has not proven to prevent one case of cervical cancer, which usually does not occur until middle age.

When non-risk, proven alternatives are available to prevent cervical cancer (which still need to be done even with the vaccine),

**DO THE BENEFITS OF THE HPV VACCINE OUTWEIGH THE RISKS?**

**YOU DECIDE** — because your body and your child’s body belong to G-d, not to the government.

# VACCINES THEN AND NOW

## CHILDHOOD VACCINE SCHEDULE

1962 (5 DOSES)	1983 (24 DOSES)	2019 (72 DOSES)
Polio	DTP (2 months)	Flu (pregnancy)
Smallpox	Polio (2 months)	Tdap (pregnancy)
DTP	DTP (4 months)	Hep B (birth)
	Polio (4 months)	Hep B (2 months)
	DTP (6 months)	Rotavirus (2 months)
	MMR (15 months)	DTaP (2 months)
	DTP (18 months)	HIB (2 months)
	Polio (18 months)	PCV (2 months)
	DTP (4 years)	Polio (2 months)
	Polio (4 years)	Rotavirus (4 months)
	Td (15 years)	DTaP (4 months)
		HIB (4 months)
		PCV (4 months)
		Polio (4 months)
		Hep B (6 months)
		Rotavirus (6 months)
		DTaP (6 months)
		HIB (6 months)
		PCV (6 months)
		Polio (6 months)
		Flu (6 months)
		Flu (7 months)
		HIB (12 months)
		PCV (12 months)
		MMR (12 months)
		Varicella (12 months)
		Hep A (12 months)
		DTaP (18 months)
		Flu (18 months)
		Hep A (18 months)
		Flu (30 months)
		Flu (42 months)
		DTaP (4 years)
		Polio (4 years)
		MMR (4 years)
		Varicella (4 years)
		Flu (5 years)
		Flu (6 years)
		Flu (7 years)
		Flu (8 years)
		Flu (9 years)
		HPV (9 years)
		Flu (10 years)
		HPV (10 years)
		Flu (11 years)
		HPV (11 years)
		Tdap (12 years)
		Flu (12 years)
		Meningococcal (12 years)
		Flu (13 years)
		Flu (14 years)
		Flu (15 years)
		Flu (16 years)
		Meningococcal (16 years)
		Flu (17 years)
		Flu (18 years)

More vaccines (including for STDs gonorrhea and HIV) are being developed.

### DO MORE VACCINES = BETTER HEALTH?

According to a research paper published in *Academic Pediatrics* in 2011, at least 54% of American children have a diagnosed chronic condition.

<https://www.sciencedirect.com/science/article/pii/S1876285910002500>

**Asthma:** At least 1 in 8 children, and approximately 1 in 6 African American children

**Allergic Eczema:** 1 in 5 children

**Hay Fever** (seasonal allergies): 2 to 3 out of every 5 children

**Food Allergies:** 1 in 12 children has a “true” food allergy (IgE mediated). It is estimated that 1 in 3 children (or more) has food intolerances (are sensitive to particular foods) and 1 in 17 children has a life-threatening food allergy. Nearly 2.5% of U.S. children may have an allergy to peanuts.

**Celiac Disease:** 1 in 80 children

**Obesity/Overweight:** 1 in 5 children

*Millions of American children struggle with what were once termed “psychiatric” disorders: mood disorders, neurobehavioral disorders, developmental delays and learning disabilities:*

**Mental health disorder:** 1 in 6 children

**Autism:** 1 in 36 children

**ADHD:** At least 1 in 10 children

**Learning Disability:** 1 in 6 children

**Severe mood dysregulation** (e.g., bipolar disorder): 1 in 30 children

**Dyspraxia** (Impaired coordination and motor skills): 1 in 10 children

**Pediatric depression or anxiety:** 1 in 20 children

**Obsessive Compulsive Disorder:** 1 in 100 children

*For every child diagnosed with a chronic illness, there are many more undiagnosed children.*

**INSTITUTE OF MEDICINE 2013 COMMITTEE REPORT:**

“...the concept of the immunization ‘schedule’ is not well developed in the scientific literature. Most vaccine research focuses on the health outcomes associated with single immunizations or combinations of vaccines administered at a single visit.... **Key elements of the immunization schedule—for example, the number,**

**frequency, timing, order, and age at the time of administration of vaccines—have not been systematically examined in research studies....”**

The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies 2013

<https://www.nap.edu/read/13563/chapter/9#129>

**FOR MORE INFORMATION YOU MAY HAVE MISSED ON THE HPV VACCINE AND OTHER VACCINE ISSUES:**

**BOOKS**

*The Vaccine-Friendly Plan* (Dr. Paul Thomas)  
*The HPV Vaccine on Trial* (Mary Holland et al.)  
*Vaccines – A Reappraisal* (Dr. Richard Moskowitz)  
*Dissolving Illusions – Disease, Vaccines, and the Forgotten History*  
(Dr. Suzanne Humphries and Roman Bystrianyuk)

**WEBSITES**

[www.nvic.org](http://www.nvic.org)  
[www.ahrp.org](http://www.ahrp.org)  
[www.vactruth.com](http://www.vactruth.com)  
[www.vaxxed.com](http://www.vaxxed.com)  
[www.vaxxed2.com](http://www.vaxxed2.com)  
[www.learntherisk.org](http://www.learntherisk.org)  
[www.icandecide.org](http://www.icandecide.org)  
<https://thehighwire.com/> (WATCH)  
[www.childrenshealthdefense.org](http://www.childrenshealthdefense.org)  
<https://immunityeducationgroup.org/>  
[www.gardasil-and-unexplained-deaths.com](http://www.gardasil-and-unexplained-deaths.com)  
[www.vaccineprospectus.com/short-introduction](http://www.vaccineprospectus.com/short-introduction)

**DOCUMENTARIES** (videos online)

Trace Amounts: Ethyl Mercury | Educational Documentary  
Silent Epidemic: The Untold Story of Vaccines 2013 Documentary  
Vaxxed

**DO NOT CALL IT SCIENCE IF YOU AREN'T ALLOWED  
TO QUESTION IT.  
CALL IT A BELIEF SYSTEM.  
CALL IT A RELIGION.  
CALL IT A CULT.  
BUT STOP CALLING IT SCIENCE.**

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**If this car seat was  
made by a company  
who couldn't be sued  
for defect  
would you still  
trust it?**

**Vaccine manufacturers  
have been immune to  
such lawsuits  
since 1986.**