

# Gardasil and Cervical Cancer: A Hoax in the Making?

Exploring Big Pharma's Unproven Assertion that Gardasil Will Prevent Cervical Cancer

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*According to a recent Minnesota Department of Health (MDH) report, cancer of the cervix was the 14<sup>th</sup> most common malignancy among Minnesota women. Cervical cancer was also listed as the 17<sup>th</sup> most common cause of cancer death in Minnesota.*

In Minnesota, according to the statistical information provided by the MDH (published [here](#)), the incidence of cancer of the cervix among Minnesotan females of all races is a miniscule 6.8/100,000 population (ie, 6.8 newly diagnosed cases per 100,000 women per year). (**Incidence** is the term for the number of new cases of a disease diagnosed during a specified period of time, usually a year.)

The age-related peak incidence for a diagnosis of cancer of the cervix is 44 years of age. In the 40 - 44 year age group, the MDH says that in any given year there are only 14 newly diagnosed cervical cancers per 100,000 population, which means that 99,986 out of every 100,000 44 year-old Minnesotan women will not be diagnosed with cervical cancer.

By the age of 50, the Centers for Disease Control and Prevention (CDC) reports that more than 80% of American women will have been infected at one time or another with human papillomavirus (HPV). And yet, amazingly, well over 99,000 out of every 100,000 women will never be diagnosed with cervical cancer. (It is useful to point out that deaths from cervical cancer are an even more miniscule 1.5 cases per 100,000 females per year.) Those statistics should make obvious that girls who don't go along with the crowd - by refusing the CDC's recommendations - have a close to zero chance that they will ever get cervical cancer.

The question that should come to everybody's mind is this: "Why vaccinate millions of young girls when the entirely theoretical chance of any of them ever getting cervical cancer

approaches zero?" (See supporting data below.)

Not only that, but skeptical parents will save a ton of money (an outrageous \$140 per shot, plus office call charge) as well avoiding the distinct possibility of seeing their children become chronically ill with one or more serious autoimmune disorders that are becoming increasingly common among fully vaccinated children.

## **Some Statistics That Merck and Glaxo Don't Want Doctors - or Their Patients - to Understand**

The American Cancer Society estimates that 12,000 out of the 170,000,000 females in the US are diagnosed with invasive cervical cancer annually in the United States. That represents only 0.0061% of the female population (12,000 divided by 170,000,000 X 100% = 0.0061%) - an infinitesimally small percentage. But that means that 99.9939% of Minnesotan females will not get cervical cancer next year whether they were vaccinated with Gardasil or not or whether they were among the 80 % that had contracted an HPV infection during their lifetimes. That is a chance many will logically choose to take, especially because the costs (both financial and health-related) can be so high.

Those statistics represent pretty good odds that Gardasil has been way over-hyped, especially considering the fact that 60,000,000 American females are under the age of 30 (an age group within which cancer of the cervix is essentially non-existent) For the over 30 group the number of women who will never get cervical cancer still amounts to 99.989% (12,000 divided by 110,000,000 X 100% = 0.011 % and 100% - 0.011% = 99.989 %), even though 80% of them had already been infected - and then spontaneously cured - with one of the 100+ strains of HPV almost all of them not feared as being cancer-causing.

## **The Number Needed to Treat (NNT)**

To make those statistics more meaningful, it is necessary to understand the concept of Number Needed to Treat (NNT) and Number Needed to Vaccinate (NNV), which is a quick figure that tells physicians how many patients have to be treated (or vaccinated) before one patient can be said to have benefitted from the treatment. Here is an excerpt from a Duluth News-Tribune Commentary article that I recently submitted. It was titled "[Gardasil Has Not Been Proven to Prevent Cancer of the Cervix!](#)". It is scheduled to be published soon.

"So how bogus is the vaccine industry's claims that Gardasil can prevent cancer? The irrefutable fact is that there have been zero cases of cancer prevention proven. Patients will have to wait another generation or two to find out about cancer prevention, the major reason that parents are pushing their daughters to get the shots. 20 - 50 years is the amount of time for cancer of the cervix to develop.

"One useful statistical measure that some medical investigators use is the Number Needed to Treat (NNT), which is one way to quickly state the effectiveness of a treatment...For instance, the NNT for a course of penicillin for a penicillin-sensitive streptococcal pharyngitis is 1 (meaning that one cure [or effective treatment or vaccination] occurs for every one course of treatment. If a treatment results in only half of patients benefitting, the NNT is 2 (the inverse of the fraction 1/2). The smaller the NNT or NNV, the more beneficial the treatment or vaccination is.

“An article published in the Canadian Medical Association Journal (co-authored by four investigators, three of whom were either employees of one of Merck’s Canadian subsidiaries or had received money, honoraria or grants from vaccine companies) that stated that for Gardasil, the NNV to prevent 4 or 5 cases of cervical cancer for a typical 12 year old girl would be 9,080, meaning that 9075 girls would be unnecessarily risking the financial costs and/or serious adverse health consequences of Gardasil.

“Physicians are never informed of NNT or NNV statistics but patients deserve to know about it before embarking on any recommended treatment program. What Merck has done to promote Gardasil in the deceptive “Not One More” campaign (that makes parents – and obviously physicians – truly believe the bogus claim that Gardasil will prevent cancer, when in actuality the risks and costs come nowhere near outweighing the miniscule, alleged benefit.”

Many of the serious health risks related to aluminum-adjuvanted vaccines like Gardasil are only now coming to light, including the autoimmune diseases mentioned in the recently described new syndrome, ASIA (Autoimmune/inflammatory Syndrome Induced by Adjuvants). See Dr Yehuda Shoenfeld’s ground-breaking article in the Journal of Autoimmunity that describes the syndrome [here](#) and insist that your daughter’s pediatrician study it as well.

And then, read the following information from [www.mercola.com](http://www.mercola.com) before trusting the vaccine industry’s claim that Gardasil prevents all so-called pre-cancerous lesions of the cervix (which admittedly it can in a small minority of cases [but usually in cigarette smokers]).

“Cervical cancer usually starts to develop in the late 20s to mid-30s. The peak incidence is 45 years of age. The protection period of Gardasil is estimated to be 5 years. That means, if you receive your first set of shots when you’re 10 years old, you’d need at least 2 to 4 additional booster shots to make it through to your 30s. And THAT means you’ll have to expose yourself to the potential side effects of Gardasil over and over and over again, with aluminum adjuvants accumulating in your body and brain with each injection.

“U.S. statistics show there are 30 to 40 cervical cancer cases per year per one million women between the ages of 9 and 26, which is the age bracket that Gardasil was tested on.

“According to Merck, Gardasil was shown to (very modestly!) reduce (not eliminate) **pre-cancers** by 12.2% to 16.5% in the general population. **So, instead of ending up with 30 to 40 cases of cancer per million, per year in that age bracket, Gardasil can potentially bring it down to 26 to 35 cases of cervical cancer per million women.**

“What that means is that **you would have to vaccinate one million girls to prevent cervical cancer in 4 to 5 girls.** (Ed note: Therefore the NNV for that age group would be an astronomical 1,000,000!)

“Further, about 37 percent of women who develop cervical cancer actually die from the disease, so vaccinating ONE MILLION girls would prevent 1 to 2 DEATHS per year, at the ‘bargain-basement’ price of \$360 million per year, plus potentially lifelong suffering for an untold number of women, which has no price tag.”

## Correlation Does Not Mean Causation

The CDC, which is usually careful to use the term “associated with” rather than the term “causative” when it comes to HPV-associated cervical cancers, says: **“Not all cancers termed ‘HPV-associated’ reflect actual HPV infections, and the numbers judged to be HPV-attributable are only estimates.”**

Astonishingly, but not surprisingly, ever since America’s over-vaccination program began in the 1990s (soon after President Ronald Reagan signed the 1986 federal law outlawing lawsuits against vaccine manufacturers when children died or were disabled or otherwise sickened because of vaccine injuries), up to 30% of fully vaccinated American children are now seriously and chronically ill, whereas in 1983 only 1.5% of American children were considered seriously chronically ill. See [this](#).

Cause and effect? The answer is probably yes, because the basic neuroscience research that is done by un-conflicted researchers is quietly debunking the claims about the safety and efficacy of aluminum-adjuvanted vaccines. But such research almost never gets published in the popular medical journals that take pharmaceutical industry money (grants or advertising) or whose board members have (often undisclosed) professional or monetary pro-vaccine conflicts of interest.

Most physicians will never read the important research findings from such researchers. Sadly, if any published research that counters the “conventional wisdom from Big Pharma or the CDC” the article is likely to be withdrawn from publication or redacted from past publications. Witness the experiences of Doctors Andrew Wakefield and Chris Shaw and Lucija Tomljenovic when their well-done, peer-reviewed research articles questioning the alleged safety or efficacy of vaccines were unceremoniously withdrawn from publication **after** the articles had passed the peer review process – and had already been published.

## More Disturbing Information About the HPV Bandwagon

Merck’s Gardasil and GlaxoSmithKline’s Cervarix both contain genetically-engineered subunit protein antigens (not actual viral particles) that are capable of generating immune complexes with the essential help of the neurotoxic aluminum adjuvant that attaches to the protein antigen. The aluminum is added to the vaccine so that the antigen persists in the muscle tissue and in the macrophages for a long time. (Macrophagic ingestion of aluminum-coated antigens is how the aluminum passes through the blood-brain barrier and into the vaccinee’s brain.)

The synthesized HPV protein antigens (virus-like particles [aka VLPs] that are in both HPV vaccines) are produced in cultured yeast cells.

**Q:** What could possibly go wrong (with this extremely complex, nearly incomprehensible manufacturing process)?

**A:** Only the super-secret pharmaceutical industry factories and their “mad” (or just mercenary) scientists know the answers, but un-conflicted, altruistic and very skeptical basic neuroscience researchers have their suspicions, and they are trying to warn vulnerable people.

## Health Journalists Tend to Use as Their Primary Source Material Propaganda From Big Pharma and the Medical Establishment

There is another aspect about the wide-spread disinformation surrounding the promotion of prescription drugs and vaccines, which always starts with cunningly well-designed multi-billion dollar propaganda campaigns from Big Pharma. Medical journalists rely a lot on biased information easily gleaned from popular medical journal articles (that are sometimes ghost-written by someone other than the listed authors) or from corporate press releases. In either case the information always benefits the for-profit pharmaceutical corporations and the private "research" companies who perform the studies for large sums of money.

The majority of the medical establishment, including some in the nursing profession, relies on the same corporate-generated information, and they have succumbed to the multi-billion dollar ad campaigns that urge parents and guardians to force their dependent pre-teen and young teenage girls to submit - often against their better instincts - to the series of three intramuscular injections, each of which, as mentioned above, contains an aluminum adjuvant that is known to be neurotoxic and fully capable of producing hyper-immunity and chronic autoimmune disorders.

### Contrary to Merck's Multibillion Ad Campaign, No Proof Exists That Gardasil Prevents Cancer

But the most serious criticism that I have concerning the intense push for adolescent girls to receive the shot is that there is no proof (only theory) that the shots will actually prevent cervical cancer among any of the females that are presumed to be at risk. Proof of Merck's unfounded claim will have to wait for a generation or two, and by that time nobody will care if the vaccines worked or not. What parents are told is not enough to make an informed decision. All they are given is 1) a plausible theory couched as fact, 2) unrelenting pressure from a previously honorable medical profession, 3) weak lab evidence that temporary immune complexes do form after three shots and 4) a cunning billion-dollar Gardasil ad campaign.

Alarmingly, the Big Pharma-influenced FDA approved both Gardasil and Cervarix without requiring either Merck or Glaxo to prove their claims of cervical cancer prevention! Both corporations say that vaccine recipients must continue getting regular Pap smears for the rest of their lives, a certain sign of no confidence in their immensely profitable products.

That reality should make everybody, especially us physicians, re-think our belief systems.

And perhaps the Department of Justice needs to investigate Merck for fraudulent advertising in this, the most recent in a long string of cases of deceptive corporate pseudoscience.

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**Dr Kohls** is a retired family physician from Duluth, MN, USA. Since his retirement from his holistic mental health practice he has been writing his weekly *Duty to Warn* column for the *Duluth Reader*, northeast Minnesota's alternative newsweekly magazine. His columns, which are re-published around the world, deal with the dangers of American fascism, corporatism,

*conscienceless industrialization, militarization, racism, xenophobia, malnutrition, sea level rise, global warming, geo-engineering, solar radiation management, electromagnetic radiation, Big Copper Mining's conscienceless exploitation of northeast Minnesota's water-rich environment, Big Medicine's over-screening, over-diagnosing, over-treating, Big Pharma's over-drugging and Big Vaccine's over-vaccination agendas (particularly of tiny infants), as well as other movements that threaten human health, the environment, democracy, civility and the sustainability of life on earth. Many of his columns have been archived at a number of websites, including these four:*

[http://duluthreader.com/search?search\\_term=Duty+to+Warn&p=2;](http://duluthreader.com/search?search_term=Duty+to+Warn&p=2)

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