

Selling the Fear of Cervical Cancer: The New Gardasil Vaccine: Is It Right for Your Daughter?

By [Dr. Kelly Brogan, M.D.](#)

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Theme: [Media Disinformation](#), [Science and Medicine](#)

Big Pharma sells Gardasil based on fear of cervical cancer. But do the benefits outweigh the costs? Inform yourself, find your compass, so that you can be one less woman, wishing she had only known more.

The New Gardasil

I believe in living life with no regrets. When we make decisions from a place of authenticity, when we listen to our inner compass for guidance, check our fear, then we have done the best that we could have done. If it ends up being a mistake, then look at that as an opportunity, and own it. Move on. In fact, many times, our most tragic life events lead us somewhere expansively grand.

This untethered existence is challenged by a simple fact, these days: the [Pharmaceutical industry](#) has co-opted our [maternal inner compass](#). They, in partnership with media, have grabbed onto our natural tendency to worry about the welfare of our children, and they have tempted us with a shiny apple. Visiting again and again until we relent.

And here we create fertile soil for *regret*. Every day, in my office, I have women expressing poignant remorse, shame, and rage because they trusted their Pharma-pushing doctor instead of trusting themselves, trusting in the inherent potential of the body to be well, to heal, to surmount seeming obstacles. No cohort of women are more lionized than those who have lost their daughters to a vaccine promoted to save them from a disease they were never going to get. The [HPV vaccine](#).

This issue activates my primal feminism, my perception that I am here on this earth to help guard what is sacred about women and their children. It pulls at my heartstrings. I had tears streaming down my face, watching [this 5 minute video](#).

But, we don't have to recruit emotion to sound a blaring alarm about what is going on here.

Let's just stick to the science, shall we?

The Fear They're Selling: Cervical Cancer

What is your likelihood of developing [cervical cancer](#)? And if you do develop it, is it a death sentence?

In the marketing and licensure of the HPV vaccine, changes to cervical cells have been equated with death. This is called using a "surrogate marker" and in vaccine research, this

is considered acceptable because we can't otherwise prove a non-event is attributable to an intervention. There are leaps in logic and in science inherent in this practice, that render conclusions nothing more than false marketing.

In fact, none of the HPV vaccines have ever been proven to prevent a single case of cervical cancer. Don't take my word for it, listen to what Diane Harper, one of the lead researchers for the vaccine, and a whistleblower, has to say:

"It is silly to mandate vaccination of 11- to 12-year-old girls There also is not enough evidence gathered on side effects to know that safety is not an issue. This vaccine has not been tested in little girls for efficacy. At 11, these girls don't get cervical cancer - they won't know for 25 years if they will get cervical cancer. ...To mandate now is simply to Merck's benefit, and only to Merck's benefit."

You can also consult her [subsequent research](#) that demonstrates *no* added protection above and beyond the Pap smear. Combined pap smear and HPV vaccination have not been demonstrated to improve outcomes above Pap screening alone, and a recent review states, **"Pap screening will still be required in vaccinated women hence HPV vaccination programs are not cost-effective, and may do more harm than good, in countries where regular Pap screening and surgery has already reduced the burden of this disease."**

We already have something, with no side effects, that works.

The cervical cancer diagnosis rate in the United States is 7.9/100,000. Given that only 5% of **HPV infections** progress to neoplasia (CIN) and that **91% of early stage cases resolve spontaneously within 36 months, with 70% of CIN 1 and 54% of CIN 2 cases doing the same within 12 months**, using these pathologies as surrogate markers for cancer incidence represents a scientific shortcoming.

Built on this house of cards, and defying pre-existing FDA criteria for **fast-tracked approval**, Gardasil was brought to market in 6 months and is now one of our great human experiments. Several countries including Japan, France, and India have banned and/or filed criminal lawsuits about Gardasil, but, as Americans, not only are the "one less" commercials still running, but the latest and greatest version of Gardasil is now available.



Why A New & Improved Model?

When we mess with nature, it fights back. We all know that antibiotics are responsible for increasingly virulent and deadly strains of bacteria. Well, it's a similar story when you force viruses to respond to vaccine-level perturbations. This is called **serotype replacement** or forced strain evolution. This means that when we trigger highly unnatural immune responses to specific strains, the other existing strains become stronger. This is why and how we went from 7 to 13 strains of Prevnar and from 4 to 9 strains of Gardasil.

In a study just out, entitled, **[Comparison of HPV prevalence between HPV-vaccinated and non-vaccinated young adult women \(20-26 years\)](#)**, the perils of vaccination are revealed. Is the vaccine-based effect a desirable long-term outcome? This study would argue otherwise, concluding:

“...vaccinated women had a higher prevalence of nonvaccine high-risk types than unvaccinated women (61.5% vs 39.7%, prevalence ratio 1.55, 95% CI 1.22-1.98).”

Here we have a vaccine creating the need for another vaccine, just as has happened with **[chicken pox and shingles vaccines](#)**. Employing the usual tactics of a vaccine “placebo” and distributing a small sample over many areas (600 participants per location), **[Gardasil 9](#)** is brought to us with a whopping dose of viral antigen, and a mind-

crushing dose of aluminum – 1,500mcg per 3 recommended doses. It is brought to us without even review by the Vaccines and Related Biological Products Advisory Committee. Slipped onto the market.

Who Cares About Aluminum?

I do. And I'm not talking about what you're wrapping your leftovers in. I am talking about bypassing intestinal barriers and securing 100% absorption through injection of this [known neurotoxin](#) into your daughter's body.

A [recent report](#) simply states:

“Aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences.”

Once thought to be efficiently cleared from the body, it has been known since 2001 that aluminum “biopersistent”. [Gherardi et al.](#) state:

“We previously showed that poorly biodegradable aluminum-coated particles injected into muscle are promptly phagocytosed in muscle and the draining lymph nodes, and can disseminate within phagocytic cells throughout the body and slowly accumulate in brain.”

One of my intellectual heroes, [Dr. Suzanne Humphries](#), explores [Dr. Kawahara's](#) research positing all of the ways that aluminum is a “death factor” for humans in a compelling video lecture. The list is long and growing.

What Could Happen?

Well, you could be one less. And not in the way that [Merck](#) means it. You could die in the prime of your young life, as [these women have](#). But, more likely you could develop a chronic and debilitating autoimmune condition, primary ovarian failure, or bizarre neurological impairments such as the now documented [POTS syndrome](#). I personally have seen patients with new onset mania and psychosis, as well as debilitating and treatment resistant depression.

Even the [package insert](#) itself declares a rate of 2.5% [serious adverse events](#), and that is only within the 15 day trial monitoring period. That's 2,500 life-altering events per 100,000 women.

Lucija Tomljenovic, PhD, poses this important question:

[**“Is it ethical to put young women at risk of death or a disabling autoimmune disease at a pre-adolescent age for a vaccine that has not yet prevented a single case of cervical cancer, a disease that may develop 20-30 years after exposure to HPV, when the same can be prevented with regular Pap screening which carries no risks.”**](#)

Given this, it is all the more harrowing that we are living in a legislative climate that puts

profits before our children's health. In many states across the nation, bills are hitting the floor that seek to eliminate the ethical principle of informed consent by allowing children as young as 12 to receive the HPV vaccine without parental oversight.

Inform yourself, find your compass, so that you can be *one less* woman, wishing she had only known more.



Dr. Brogan is boarded in Psychiatry/Psychosomatic Medicine/Reproductive Psychiatry and Integrative Holistic Medicine, and practices Functional Medicine, a root-cause approach to illness as a manifestation of multiple-interrelated systems. After studying Cognitive Neuroscience at M.I.T., and receiving her M.D. from Cornell University, she completed her residency and fellowship at Bellevue/NYU. She is one of the nation's only physicians with perinatal psychiatric training who takes a holistic evidence-based approach in the care of patients with a focus on environmental medicine and nutrition. She is also a mom of two, and an active supporter of women's birth experience. She is the Medical Director for Fearless Parent, and an advisory board member for GreenMedInfo.com. [Visit her website.](#)

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Articles by: **[Dr. Kelly Brogan, M.D.](#)**

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