The Case Against HPV Vaccines

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Caroline Kennedy's recent attacks on her cousin, Robert F. Kennedy Jr., reflect a broader trend of political correctness

overtaking scientific inquiry within the Democratic Party. As a longtime party operative, Caroline has demonstrated a consistent pattern of protecting the establishment at the expense of truth, even when the evidence overwhelmingly supports her cousin's concerns. Her dismissal of Robert as a nutcase over his stance on vaccines, including the Gardasil HPV vaccine – an issue he has fought in court due to its severe adverse effects and Merck's questionable clinical trials – exemplifies this willful ignorance. Instead of engaging with the substantive scientific and legal challenges raised against Gardasil, she has chosen to belittle and mischaracterize Robert's position, ignoring the extensive body of medical literature and independent studies validating his concerns.

This article confirms Robert's concerns about the safety and efficacy of Gardasil and the vaccine's alarming flaws. This has been rigorously documented in peer-reviewed medical journals. The vaccine was fast-tracked by the FDA in 2006 despite incomplete and misleading trial data, including the exclusion of key participant groups and the use of aluminum-containing placebos that obscured safety signals. Robert would know far more about Gardasil than his cousin Caroline. His lawsuit charged Merck with misrepresenting Gardasil's efficacy while downplaying serious safety concerns, including autoimmune disorders, neurological damage, and even death. His legal team also accused Merck of making false claims about Gardasil's ability to prevent cervical cancer, arguing that no long-term studies have proven this assertion. Instead, the vaccine has been linked to increased risks of severe health conditions. Yet

these findings are conveniently ignored by mainstream political props like Caroline Kennedy. Her willingness to dismiss the science behind these claims in favor of party loyalty raises serious ethical concerns about the prioritization of political expediency over public health.

The scientific evidence against Gardasil continues to mount slowly. Research has linked the vaccine to severe autoimmune disorders, neurological damage, and even death – findings that Robert has consistently brought to light in his advocacy efforts.

The history of the Gardasil vaccine illustrates the lack of oversight on the part of our health authorities when it comes to reviewing the pharmaceutical industry's testing of vaccines for efficacy and safety. Before receiving FDA approval, the HPV vaccine Gardasil was tested on fewer than 1,200 girls. Subsequent trials included many more participants. However, during the early trials only 27% of enrolled girls were actually administered the complete three-vaccine series. Another remarkable misstep in the trials was that no girls under age 15 participated, despite the fact that the vast majority of girls given the vaccine today are under that age. Seventeen girls died before and after the trial; nevertheless without any compelling evidence the CDC states none of these deaths were due to the vaccine. Nevertheless, the vaccine was still fast tracked by the FDA in 2006. Rushing this vaccine through the regulatory hurdles was an example of gross negligence because there was no national emergency that necessitated an emergency use directive.

By 2014, approximately 60% of all American girls and 42% of American boys aged 13-17 received at least one HPV shot. Merck's shoddy methodology during Garadsil's pre- and post-licensure trials was analyzed in 2012 by scientists at the University of British Columbia and published in the journal Current Pharmaceutical Design. The research team didn't mince words in their assessment of the flawed trials:

"We carried out a systematic review of HPV vaccine pre- and post-licensure trials to assess the evidence of their effectiveness and safety. We found 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 vaccine's 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."

Early doubts about the FDA's approval of Gardasil came from an unlikely source, Dr. Diane Harper, a consultant for Merck and a chief scientist overseeing the drug maker's clinical trials to evaluate Gardasil's safety and efficacy. After receiving FDA approval, Dr. Harper publicly questioned Gardasil's efficacy and public health value by comparing it to other successful measures to monitor and control HPV infections with conventional PAP smears. Among her concerns was that no data showed that Gardasil' immunity remains effective after 5 years. A truly effective HPV vaccine, on the other hand, would need to be efficacious for 15 years in order to prevent cervical cancer. And that too is misleading. The median age for early diagnosis for cervical cancer is age 50 and cervical cancer's median mortality age is 58. Moreover, cervical cancer only represents less than 3% of all cancers and represents approximately one hundredth of the US population. Yet, Merck and the CDC intentionally targeted children who have negligible risk of cervical cancer. Today the vaccine is also administered to boys with zero risk of dying. After factoring for the profit Merck receives from Gardasil, approximately $6 billion in recent years, we believe the motive for the government forcing a vaccine that will have little efficacy in reducing cervical cancer rates has little to do with protecting public health.

In addition, Dr. Harper estimated that every American 11 year old girl would have to be vaccinated for the next 60 years in order to have any measurable effect on rates of cervical cancer. Gardasil's efficacy in protecting against HPV infection has also been criticized for targeting only four of the more than one hundred HPV strains in circulation. In 2014, the FDA approved Gardasil-9, which supposedly protects against nine strains. Scientists from the University of Texas presented research at the 2015 meeting of the American Association for Cancer Research revealing that vaccinated women were at a significantly higher risk to become infected with HPV strains not contained in the vaccine when compared to unvaccinated women. Another study published in the *Journal of the American Medical Association (JAMA)* demonstrated the ineffective nature of Gardasil in women with existing HPV infections. The authors concluded that Gardasil offers no benefit to women recovering from HPV during a 12-month period. The research team stated that they "see no reason to believe that there is therapeutic benefit of the vaccine elsewhere because the biological effect of vaccination among already infected women is not expected to vary by population." In fact, a paper out of the University of California at Berkeley and appearing in Molecular Cytogenetics provides some evidence that cervical cancer may not be caused by the human papilloma virus. If this theory is correct then the HPV vaccines do not prevent cervical cancer and are utterly useless except for Merck shareholders.

Given the high rate of recovery for people with HPV infections, the rationale for promoting Gardasil is suspect. Even the National Cancer Institute stated that "[m]ost high-risk HPV infections occur without any symptoms, go away within 1 to 2 years, and do not cause cancer." In fact, 90% of all cases of HPV disappear within 2 years. Cervical cancer is highly curable when detected early. The regular use of pap smears have helped decrease the incidence of cervical cancer in the United States by over 50% since the 1970s. Examining health data from Finland and the UK, Dr. Harper and her colleagues concluded that HPV vaccines give a false sense of security to many young women and girls who in turn opt out of regular pap smear tests. According to Dr. Harper, this trend has resulted in exponential increases in recent HPV rates.

Even more alarming, Gardasil has gained notoriety as one of the most dangerous vaccines for its serious life-threatening adverse effects. The National Vaccine Information Center, a watch-dog organization investigating vaccine injury trends and federal policies, reported that "After the original Gardasil vaccine was licensed for 11-12 year old girls and young women, thousands of adverse reaction reports were filed for: sudden collapse with unconsciousness within 24 hours, seizures, muscle pain and weakness, disabling fatigue, Guillain-Barré Syndrome (GBS), facial paralysis, brain inflammation, rheumatoid arthritis, lupus, blood clots, premature ovarian failure, optic neuritis, multiple sclerosis, strokes, heart and other serious health problems, including

death.[23] Similar reports have been filed for the Gardasil-9 vaccine…"

A large scale Australian surveillance study published in the prestigious journal *Vaccine* examined HPV vaccine adverse events over the course of 11 years. The researchers reported increased incidences in autoimmune disease, postural orthostatic tachycardia syndrome, primary ovarian insufficiency, Guillain-Barré syndrome, and venous thromboembolism.

As of May 2019, the federal Vaccine Adverse Event Reporting System (VAERS) has received over 62,000 cases of adverse reactions from the HPV vaccine, including 503 deaths, over 6,200 hospitalizations and over 3,000 disabling injuries. Forty-seven percent of these vaccine injuries occurred in children and teens between 12-17 years of age. Despite the large number of injury and death claims associated with Gardasil that have been filed to the federal vaccine injury compensation court, less than a third have been accepted with victims being compensated.

A 2024 study published in the *International Journal of Risk and Safety in Medicine*, critically analyzed Gardasil's placebo-controlled trials conducted in Denmark. Rather than employ a true, biologically inert placebo, the trials used a biologically reactive aluminum-based placebo. The study jointly conducted by California State University and RFK's Children's Health Defense concluded that using a

reactive placebo obscured the potential to discover “vaccine-related safety signals.”

Earlier, Robert Kennedy Jr. undertook a thorough investigation into the fraud found in the documentation of the Merck trials that led to the FDA’s approval of Gardasil. Based on his calculations, 2.3% of girls in Merck’s trials came down with autoimmune conditions within seven months from receiving the full vaccine regimen. This percentage was the same for those girls receiving the aluminum-containing adjuvant as well. In other words, “women are 100 times more likely to suffer serious adverse effects from the Gardasil vaccine than they are to be protected from cervical cancer.”

Dr. Stanley Plotkin, regarded as the “godfather of vaccination” and author of Plotkin’s Vaccines, the bible for the pro-vaccine industry and described by Bill Gates as an “indispensable guide to the enhancement of the well-being of our world,” has often given testimony in vaccine injury hearings to argue for vaccine safety and against the evidence that vaccines are associated with autism and a variety of autoimmune diseases. During a 2018 deposition hearing under oath Dr. Plotkin stated that the use of aluminum-containing placebos is a “recognized control” and there is no credible evidence to suggest the adjuvant was contributing to severe autoimmune illnesses. His argument against the need to conduct longer trials to monitor the long-term health of vaccine recipients – the Gardasil trials were only monitored for 14 days – was that, unlike pharmaceutical drugs, it is unnecessary. Plotkin’s

belief – and it is nothing more than an act of faith rather than empirical evidence – for why the CDC has not conducted any studies comparing vaccinated with unvaccinated populations is because “it would be considered malpractice not to vaccinate a child.” Despite the irrationality in Plotkin’s logic, given that there are hundreds of thousands of unvaccinated children in the US, a retrospective study is perfectly feasible and not costly.

In 2018, Italians took to the streets in a massive protest against a mandatory vaccination law. The independent Italian laboratory Corvelva studied the contents in seven vaccines, including Gardasil. The findings led to a national scandal that became known as “vaccinegate” as ingredients were discovered to be quite different from those being reported to Italian health officials. Gardasil-9 was loaded with foreign bacterial DNA: an enormous 54% of the vaccine’s total DNA, including human and mouse DNA. Out of 338 different contaminants found, only 22% could be identified. Although the vaccine is supposed to protect against 9 different HPV strains, only 7 antigen strains were found in the vaccines analyzed.

A 2020 study out of Monmouth Medical Center in New Jersey critically evaluated the probable harmful effects of certain ingredients found in Gardasil 4 and Gardasil 9. In particular was how Gardasil contributes to multisystem illnesses that fall into two main categories: autoimmune/auto-inflammatory diseases, and neuro-psychiatric disorders that also adversely affect cardiovascular

and metabolic (menstrual and endocrine) functions. Among the more disturbing chemicals found in Gardasil is organosiloxanes that can interfere with ion channels leading to immune system dysregulation. There are also present identifiable volatile organic compounds such as toluene and benzenes. The combination of these toxic molecules together interfering with sodium, calcium and potassium ion channels would explain why some of Gardasil's most life-threatening adverse effects are related to cardiac arrhythmias, seizures and autonomic dysfunction. The vaccine's capacity to dramatically increase acetylcholine levels in the nervous system would explain the frequent occurrences in uncontrollable tremors, dizziness, cognitive impairment and interference in the formation of memories.

In 2018, the *Journal of Toxicology and Environmental Health* published a study conducted by Baruch College professor Gayle DeLong that reviewed fertility rates in the National Health and Nutrition Examination Survey database of 8 million American women. DeLong observed that a statistically significant decrease in childlessness for women between 25-29 years of age since 2007, a year after Gardasil was launched until 2015. This was based upon a study in the *British Medical Journal* of a 16 year old girl who was diagnosed with premature ovarian failure following HPV vaccination. A later study published in the *BMJ* reviewing 12 Australian girls who came down with primary ovarian insufficiency, which leads to infertility, placed the blame on Polysorbate-80 as one of the vaccine ingredients. In 2016, the *American Academy of*

Pediatrics issued a warning on Polysorbate-80 and premature ovarian failure. Gardasil contains 50 mcg of the synthetic emulsifier commonly used in soaps and cosmetics. The VAERS database cites autoimmune injuries associated with ovarian damage due to Gardasil. Other reproductive failures reported in VAERS include spontaneous abortions, amenorrhea (i.e., the absence of menstruation periods) and irregular menstruation. Dr. DeLong's study concludes that 35% of vaccinated women could not get pregnant compared to 60% who did not receive Gardasil. Another study out of the Institute for Virology, Vaccines and Sera in Serbia, noted that the large amount of nanoaluminum adjuvant in the HPV vaccines (Gardasil-9 has 1500 micrograms!) contributes to "hyperimmunisation" that can lead to antiphospholipid syndrome and fertility impairment.

DeLong's study came under enormous attack from pro-vaccine networks with demands to the journal for retraction. The study was finally retracted in December 2019.

Today as some states remain determined to strengthen mandatory vaccination and compliance to the CDC's childhood vaccine schedule, Gardasil, as we have seen, one of the most poorly studied vaccines being administered to tens of millions of boys and girls, adolescents and young women across the nation. Prior to the mRNA Covid vaccines, Gardasil is another dangerous and scientifically unsound experiment launched upon American youth en masse. Given Gardasil's enormous health risks to children, it is

incumbent for parents and individuals to educate themselves about the heinous deceptions behind this vaccine and support efforts to have it removed from the market.

Given the significant health risks associated with Gardasil and the overwhelming evidence of Merck's misconduct, it is essential that more people question the mainstream narrative and demand accountability. The failure of political figures like Caroline Kennedy to acknowledge these concerns only reinforces the necessity of independent investigations and legal challenges to expose the truth. Vaccine safety should never be sacrificed for corporate interests or political loyalty.

Nobody can doubt that RFK Jr's advocacy has played a crucial role in bringing these issues to light, despite relentless opposition from those seeking to protect the status quo and trash his reputation. His efforts underscore the importance of scientific transparency and informed consent in public health policy, and the urgent national emergency to hold pharmaceutical companies and the federal health agencies accountable for the safety of the vaccines they promote.

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