

HPV from page. 1

can cause malignant changes.

An editorial in the New England Journal of Medicine drew several conclusions about the ongoing studies of the effectiveness of the HPV vaccine:

- The vaccine was most effective in women not previously exposed to HPV, so vaccinating before a woman becomes sexually active is probably best.

- The vaccine was not more effective overall because it only protects against two strains of HPV.

- Some evidence suggests that by eliminating HPV types 16 and 18, the vaccine might give other HPV strains the opportunity to flourish.

Preliminary evidence suggests protection from the vaccine may start to dwindle after five years. Vaccinating 11- and 12-year-old girls with a vaccine that only lasts five years would mean leaving them vulnerable to the viruses at 16 or 17 years of age. A vaccine being developed by GlaxoSmithKline, which targets only HPV-16 and HPV-18, contains an antibody-boosting “adjuvant” that may provide longer-lasting immunity.

Another question not addressed is the overall cost effectiveness of the vaccine versus the cost of cancer treatment for a very small segment of the population. Even with the vaccine women still need to get yearly Pap tests. Perhaps money would be better spent in insuring Pap smears for all women. The concept of screening is to cut the incidence of the disease to a low level. This is what has happened in the United States since the introduction of the Pap test. According to Dr. R. Daniel Braun, on obgyn.net, there were 26,000 deaths per year due to cervical cancer in 1941, a rate that had not changed for 25 years. Then in 1941, Papanicolaou and Traut introduced the Pap smear and deaths from cervical cancer dropped steadily. By 1996 there were only 4900 deaths from cervical cancer (most of them in women who had never had a Pap smear). Without the test one would expect 52,000 since the population had doubled. Overall the Pap test has produced a 90% reduction in the death rate due to cervical cancer.

Arguing for vaccination, Dr. Ralph Anderson, chairman of obstetrics and gynecology at the University of North Texas Health Center states, “It costs \$300 to get the vaccine. If you get cancer of the cervix, it will probably cost \$100,000 to treat it, and then a lot of those people die,” he said. “Show me that it’s more expensive to give the vaccine than not give the vaccine”.

Dr. Anderson’s argument is disingenuous

at best. Any cost analysis of the vaccine program would have to take into account that 129 women have to be vaccinated for every one cancer avoided, and that cervical cancer treated early has a 92% 5yr survival rate. (And that the cost is significantly more than \$300 per patient). The analysis would also have to include the costs of known and unknown complications of the treatment. Of the 11,000 women worldwide who have participated in HPV study many report side effects ranging from soreness of injection site to fainting, itching, swelling, nausea, fever, and dizziness, but more serious side effects have been reported. Some side effects were reported by approximately 15% of the women in the study.

Judicial Watch has released documents obtained from the U.S. Food and Drug Administration (FDA) under the provisions of the Freedom of Information Act. 1,637 patients reported adverse reactions to the HPV vaccination Gardasi as of May 11, 2007. This included 371 serious reactions (3.4%) including paralysis, Bells Palsy, Guillain-Barre Syndrome, seizures and 3 deaths. Of the 42 women who received the vaccine while pregnant, 18 experienced side effects ranging from spontaneous abortion to fetal abnormalities. When these costs are taken in to account it is not at all clear that the vaccination program is cost effective even in Dr. Anderson’s limited interpretation of the term.

A more thorough analysis would not only compare the cost of the vaccination program on it’s own terms, but would compare the cost of the vaccination program with the other potential uses of our limited public health resources.

For example; for a small fraction of the HPV program, vitamin D supplements could be made widely available. Studies have shown that Vitamin D supplementation can have a dramatic impact on cancer rates for far lower cost and with much less risk than the HPV vaccine.

An even more stark comparison would be to Hormone Replacement Therapy (HRT). A sharp reduction in the number of women taking HRT has caused the largest drop in breast cancer rates ever recorded (-7% in 2003). Breast cancer affects many more women than HPV related cancers and we have found a treatment (discontinuation of Hormone Replacements) that actually saves both money and lives.

It is clear that HPV vaccination is only on the national health care agenda because Merck put it there.



Commentary:

Politically Correct Patriot questions Vigilant Informed Citizen

or How to Help a Friend Unplug from the Matrix

By - Gary Via

Part One—The “Muslim terrorist” conspiracy theory

PCP: Isn’t America threatened by a worldwide conspiracy of suicidal Muslim terrorists who hate our freedom?

VIC: Throughout history there have always been groups of desperate people willing to do desperate things. However, since the end of WWII, the U.S. began picking up the pieces of the British Empire with the use of covert and direct interventions throughout the world, including installing “friendly” dictators, for example, the Shah of Iran, who are controlled with a cut of the profits from the American businesses invited to extract the country’s resources. We have also given billions in dollars and weapons to certain other countries, notably Israel, in similar adventures of occupation and plunder. Such adventures naturally invite terrorist acts from desperate people among the native populations who find themselves otherwise powerless to resist such rapacious interventions.

It takes only a moment’s reflection to realize that, rather than “hating our freedom,” perhaps what such people really hate is our preemption of their freedom to choose their own leaders and run their economies for their own benefit rather than ours.

As to the notion that there’s a vast conspiracy of suicidal Muslims, it may be helpful to consult the book *Dying to Win* by University of Chicago professor Robert A. Pape, who compiled a database of all 315 suicide terrorist attacks that occurred in the world from 1980 through 2003. He says in his book, “The data show that there is little connection between suicide terrorism and Islamic fundamentalism, or any one of the world’s religions. In fact, the leading instigators of suicide attacks are the Tamil Tigers in Sri Lanka, a Marxist-Leninist group whose members are from Hindu families but who are adamantly opposed to religion. This group committed 76 of the 315 incidents, more suicide attacks than Hamas.”

“Rather, what nearly all suicide terrorist attacks have in common is a specific secular

and strategic goal: to compel modern democracies to withdraw military forces from territory that the terrorists consider to be their homeland. Religion is rarely the root cause, although it is often used as a tool by terrorist organizations in recruiting and in other efforts in service of the broader strategic objective.”

PCP: If we don’t fight the Muslim terrorists in Iraq, won’t they pick off other non-Muslim countries one at a time? And won’t we eventually have to fight them on American soil?

VIC: Isn’t this the same old “domino theory” we’ve heard before? Somehow those “dominos” never fell when we left Vietnam, after most of us finally came to see the useless sacrifice made of 58,000 American dead plus hundreds of thousands mentally scarred and disabled plus 2 to 3 MILLION Vietnamese people killed. And, just as with Iraq, war was justified using LIES about the phony “threat” Vietnam posed (Google “Gulf of Tonkin” to discover how Johnson and McNamara knowingly manipulated a provoked attack on U.S. ships to gain Congressional approval for all-out war).

We had to “contain Communism” just as we now have to “contain terrorism.” Yeah, those dirty Communists were going to take over the world, and if we didn’t fight ‘em over there, we’d have to fight ‘em over here!

Now, Red China—the Communist menace we were trying to “contain” in Vietnam—is becoming our biggest trading partner and debt holder, making possible the profligate and depraved war-making that we’re expecting our children and their children to both die and pay for.

And speaking of “picking off” countries one at a time, let’s see: first it was Afghanistan, now Iraq, next Iran, then Syria, or perhaps Venezuela, or ...?

PCP: But look what happened to Spain—Muslim terrorists bombed their train, and they caved in to the Muslims and pulled out of Iraq.

VIC: Actually, the Spanish people rightly connected U.S. puppet Aznar with

the bombings and wised up to the real reason for the Iraq invasion, which had nothing to do with WMDs. A general strike of ONE THIRD of Spain’s population following the false-flag train attack prevented Aznar from invoking martial law and demonstrated the Spanish people’s awareness and courageous determination to resist elite domination which is, unfortunately, sorely lacking in this country.

PCP: As the last remaining superpower, we have a duty to help protect freedom throughout the world. If we don’t stop the Muslim terrorists in Iraq, what other country can?

VIC: Yes, we should be protecting freedom, but it seems that most other countries don’t think we’re doing a very good job of it. In fact, since we invaded Iraq, we’re now viewed the number one aggressor in the world. Last year a Pew Research survey of 17,000 people in 15 countries, including the U.S., found that the U.S. was considered “the biggest threat to global peace.” (Google “biggest global peace threat”)

PCP: But look how Muslim countries disrespect women and suppress freedom!

VIC: There are indeed Muslim countries, such as Saudi Arabia, Kuwait, Qatar, Bahrain and the UAE, in which the majority of the population, and women in particular, lack basic rights and social services while wealthy royal families roll in oil-soaked luxury. Is it mere coincidence that these are the very Muslim countries which remain under U.S. military and economic domination?

In Iran, however, now being demonized as a backward, feudalist regime determined to nuke America, women represent half of its 2.2 million college students, a third of all doctors, 60% of civil servants and 80% of teachers. Food, housing, education (through college) and energy are available to all Iranians, as well as a sophisticated health care system responsible for halving the infant mortality rate and increasing life expectancy by 10 years since 1990. These social gains, which are actually required under the 1979

see **Informed Citizen** page 6

Breast Cancer Rates Drop with Less Hormone Replacement Therapy

From NIH.gov

A sharp decline in the rate of new breast cancer cases in 2003 and a sustained decrease in 2004 may be related to a national decline in the use of hormone replacement therapy (HRT), according to a new report.

Led by Dr. Donald Berry of the University of Texas M.D. Anderson Cancer Center and Dr. Kathy Cronin of NIH’s National Cancer Institute (NCI), the research team used data from NCI’s ongoing Surveillance, Epidemiology and End Results (SEER) program.

In the April 19, 2007, issue of the *New England Journal of Medicine*, the team showed that age-adjusted breast cancer incidence rates in U.S. women fell 6.7% in 2003. During the same period, prescriptions for HRT declined rapidly, following highly publicized reports from the Women’s Health Initiative (WHI) study that showed an increased risk of breast cancer, heart disease, stroke, blood clots and urinary incontinence among postmenopausal women who were using hormone replacement therapy that included both estrogen and progestin.

The decrease in breast cancer incidence, the researchers found, began in mid-2002 and leveled off after 2003. From 2001 to 2004, the annual age-adjusted incidence of breast cancer dropped 8.6%. The decrease occurred only in women over the age of 50 and was more evident in women with cancers that were estrogen receptor (ER) positive—tumors that need estrogen in order to grow and multiply.

Understanding the relationship between cessation of HRT and breast cancer is difficult. Effects may vary depending on the type of HRT used and other factors specific to how the hormones affect the body. The researchers believe that withdrawing hormones may have slowed the growth of some small cancers and prevented their detection on mammograms. These cancers might eventually grow and be found later,

leading to higher incidence rates in the future. Therefore, continued monitoring of both the pattern of breast cancer incidence and the use of HRT will need to be done.

Because this analysis is based on population statistics, the study doesn’t prove a link between HRT and breast cancer incidence. Only a randomized clinical trial could prove causation. When the link between breast cancer and HRT was first confirmed in the WHI, which was a randomized clinical trial, women in the study were asked to discontinue their study medications (either placebo or hormones), and were encouraged to continue undergoing annual mammography. These women are still being followed, and the WHI researchers are expected to release a follow-up report later this year about the group who received estrogen and progestin HRT. Those results will likely provide a much higher level of evidence about the influence of HRT on breast cancer.

“The decision about use of HRT is complex,” says study researcher Dr. Christine Berg of NCI. “While HRT provides relief from the symptoms of menopause, it may also increase one’s risk of breast cancer. It is important that women meet with their doctor to discuss what decision is right for them, particularly if they are at high risk for breast cancer.”



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by Bill Sardi

Cancer is part of America... This week many Americans will be busy fighting cancer, holding bowling marathons and running races to raise money for cancer research. Americans receive advice on how to prevent cancer, to stop smoking, eat more vegetables and fruits, and stay out of the sun. May is skin cancer awareness month, so Americans will be reminded of the potentially harmful effects of the sun. These Americans are unaware of the bomb that is ready to drop on the cancer world... the first direct scientific evidence that cancer can be defeated in a major way.

A knife is ready to be thrust through the heart of this most dreaded disease. The heralded antidote will not be a pricey cancer drug, but rather a 10-cent cure. Here is how the *Globe & Mail* described the upcoming breakthrough:

But perhaps the biggest bombshell is about to go off. In June, U.S. researchers will announce the first direct link between cancer prevention. Their results are nothing short of astounding.

A four-year clinical trial involving 1,200 women found those taking vitamin D pills had about a 60-per-cent reduction in cancer incidence, compared with those who didn’t take it, a drop so large – twice the impact on cancer attributed to smoking – it almost looks like a typographical error.

And in an era of pricey medical advances, the reduction seems even more remarkable because it was achieved with an over-the-counter supplement costing pennies a day. [Martin Mittelstaedt, *Vitamin D casts cancer prevention in new light. Globe & Mail, April 28, 2007*]

Prior evidence that vitamin D prevents cancer has been gleaned from population studies which indirectly show sunny areas of the U.S. have lower cancer rates. Because there are so many factors involved in cancer, it has been difficult to identify vitamin D as the sole factor responsible for lower rates of cancer in certain geographical areas. That is, till now.

Sunshine in a bottle, vitamin D pills, are about to do more to defeat cancer than any pricey cancer drug or other measure to prevent cancer. Recognize the National Cancer Institute’s 5-A-Day program to encourage consumption of five servings of plant foods a day has been a failure in reducing cancer rates. So has the advice to say out of the sun.

Dropping ‘D’ Bomb On Cancer

Advice to avoid sun exposure has been misguided information “of just breathtaking proportions,” says Dr. John Cannell, head of the Vitamin D Council, a non-profit, California-based organization. “Fifteen hundred Americans die every year from skin cancers. Fifteen hundred Americans die every day from the serious cancers.”

Skin cancer mortality rates didn’t rise steeply till 1971 when Americans were advised to use sunscreen lotions that blocked the vitamin D-producing UV-B sun rays. This permitted the deep penetrating UV-A sun rays to attack the skin without the protection of vitamin D. Only recently have researchers conceded that UV-A rays cause skin cancer. [Oncogene 25(26): 3680–8. June 22, 2006]

As for the idea that environmental pollutants cause cancer, Reinhold Vieth, professor at the Department of Nutritional Sciences at the University of Toronto and one of the world’s top vitamin D experts, says those who try to brand contaminants as the key factor behind cancer in the West are “looking for a bogeyman that doesn’t exist.” Instead, he says, the critical factor “is more likely a lack of vitamin D.”

Dieticians, physicians and pharmacists have been inaccurately trained to warn the public away from higher-dose vitamin D pills for unfounded fears of side effects. The National Academy of Science says 2000 IU (international units) is the safe upper limit. But to show how ridiculous this limit is, an hour of total body summer sun exposure at a southern latitude produces about 10,000 IU of natural vitamin D in the skin without side effect. Somebody has been pulling the wool over the public’s eyes on this issue for a long time.

Dieticians will be quick to advise increased consumption of vitamin D-rich foods. But to achieve the vitamin D doses used for cancer prevention through foods, people would need to drink about three quarts of milk a day, which is impractical. Most multivitamins provide only 400 IU of vitamin D.

Researchers at the Sunlight, Nutrition and Health Research Center in San Francisco report that 1000 IU of vitamin D daily would significantly reduce cancer rates throughout Europe and North America. Provision of 1000 IU of vitamin D in fortified foods would cost about \$1 billion but produce cost savings of about \$16–25 billion. [Recent Results Cancer Research 174: 225–34, 2007]

The National Cancer Institute (NCI) is strangely silent on the growing body of scientific studies that now show vitamin D is a major weapon against cancer. Instead, the NCI continues to promote expensive and unproven technologies, like nanoparticles, to fight cancer. The most advanced cancer drugs cost up to \$50,000 a year and only add a few months of life to terminal cancer patients.

Will oncologists begin to prescribe vitamin D pills for their patients who face recurrence of tumors after conventional treatment? Will family doctors begin to suggest vitamin D pills for their patients with a family history of cancer? Will dermatologists “see the light” and begin to recommend vitamin D pills instead of continuing to spread misinformation to totally avoid the sun? This is unlikely. Doctors have been trained to treat rather than prevent. Insurance payments reward treatment, not prevention. Modern medicine is not a culture that is geared to rapid change, nor towards true preventive medicine. It took decades for doctors to be convinced that hand washing in hospitals would save lives.

With low levels of vitamin D now linked with a long list of diseases, including autoimmune disorders (rheumatoid arthritis, lupus, sarcoidosis, multiple sclerosis, Hashimoto’s thyroiditis, Crohn’s disease), high blood pressure, diabetes, infectious disease (tuberculosis, influenza, common cold), and obesity, it becomes difficult to predict the actual level of remaining chronic disease in a vitamin D-sufficient population. With food fortification of vitamin D would the medical industry be prepared for massive downsizing?

The natural form of vitamin D (vitamin D3, or cholecalciferol) is preferred over the synthetic form (vitamin D2, ergocalciferol). Researchers assert that vitamin D2 “should not be regarded as a nutrient suitable for supplementation or fortification.” [American Journal Clinical Nutrition 84 (4): 694–7, October 2006].

April 30, 2007



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