Corrections to the Information Provided by John Cunningham in the Vaccination Debate.

Here are the corrections to John Cunningham's opinions presented to members of the public about my research. John Cunningham is a medical professional and a leader of the Stop the Australian Vaccination Network (SAVN) lobby group. His comments were sent to members of the public in emails in February and March 2014. I have provided the corrected information below with Cunningham's statements in **bold**:

1. **John Cunningham (2 February 2014): '*You claim "the Australian media has stated they will not publish information on health if it is not presented by a "medical practitioner." A single journalist made this statement after an online conversation with you. An off-the-cuff remark made in this context hardly represents the views of the Australian media as a whole; in the same way Diane Harper's views don't reflect the position of the thousands of scientists and doctors involved in Gardasil development and research.***

   My Reply:
   The statement I made about the Australian media was with respect to the research I am presenting on health and it was not based on a comment from *a single* journalist. Several journalists have stated they will not publish the other side of the vaccination debate and this includes Jonathon Holmes (ABC Media Watch), Janet Albrechtsen (News Ltd and ABC editorial board), Caroline Marcus (News Ltd), and Sarrah Le Maurquand (News Ltd). Reasons journalists have given for refusing to publish the medical literature I am presenting include their belief that this is a 'conspiracy theory' or the claim that I am not a 'medico or scientist'. Other journalists such as Rick Morton (and more recently Emily Laurence and Kylar Loussikian), are presenting biased articles that give more credibility to comments from lobby group blogs than to the academic information I am providing. Further, journalists do not interview me for these biased stories and they provide their own interpretations of my research.

   In January 2013 I complained to the Australian Communication and Media Authority (ACMA) about the biased reporting of the medical literature in the Australian media and the ACMA upheld journalist's right to *not present* the medical literature on the risks of vaccines. The ACMA claimed that presenting this medical literature would provide 'false balance'. The argument of 'false balance' may be appropriate after there is a consensus by the stakeholders on the risks involved in a procedure but it should not be used to *suppress scientific information* from the debate. This is essential because the perception of risk in a procedure will vary according to a person's interest in the procedure. For example, an assessment of risk for a drug will vary between the manufacturer who produces and profits from the drug and the consumer whose health depends upon the drug. This is why 'false balance' shouldn't be used to justify the suppression of the risks of vaccines in the vaccination debate and doing so is contrary to an *evidence-based medical procedure or policy.* Policies or procedures based on science require *transparency and scrutiny* of the science. Without this scrutiny, vaccination is being accepted by the public as a 'belief' system and not an 'evidence-based' system. Good science will stand up to scrutiny from *all stakeholders* yet Australian journalists are being encouraged and protected by lobby

groups and the ACMA to suppress medical literature that is demonstrating the danger of Australia's national immunisation program (NIP).

John Cunningham's states (2 February 2014) '***An off-the-cuff remark made in this context hardly represents the views of the Australian media as a whole; in the same way Diane Harper's views don't reflect the position of the thousands of scientists and doctors involved in Gardasil development and research.***

My Reply:
The comment was not an off-the-cuff remark by a single journalist just as Diane Harper is not alone in her concerns about the HPV vaccine, Gardasil. There are many scientists and researchers supporting the concerns that I have presented in my articles on the HPV vaccine. This includes scientists such as Tomljenovic and Shaw, at the University of British Columbia (Canada), who have published many articles linking HPV vaccines to neurological damage and autoimmune diseases. Yehuda Shoenfeld and Nancy Agmon-Levin are two other prominent scientists providing evidence for this link. Several governments including India and Japan have removed HPV vaccines from the recommended national schedule of vaccines because of their concerns for the safety and efficacy of the vaccine, and class actions have been initiated in France and Spain. Many other countries are debating the use of these vaccines. Denial of the science against a vaccine does not represent a consensus on the science. It represents the 'selection' of the science. Diane Harper's views are also supported in the letter to the editor of the South Asia Journal of Cancer, by Sudeep Gupta (Vol 3 Iss 1, Jan-Mar 2014).
http://vaccinationdecisions.net/wp-content/uploads/2014/02/SouthAsianJCancer_2014_3-Reply-to-Palefsky-by-Gupta-et-al.pdf
This letter summarises the concerns about HPV vaccines that were also discussed in my own paper published in the *Infectious Agents and Cancer* Journal in June 2013. The letter by Gupta confirms the lack of safety and efficacy of HPV vaccines that was described in my article titled '***HPV vaccines have not been shown to be cost-effective in countries with comprehensive Pap screening and surgery***'. Gupta's letter to the editor, along with Tomljenovic and Shaw's research, confirms that governments globally are ignoring the safety signals that have been detected by the CDC's VAER's data base. It also provides evidence that HPV vaccines have not been proven to be safe or effective in preventing cervical cancer. There are also many case reports by Dr. Sin Hang Lee demonstrating the association of HPV vaccine with neurological damage in many women and these have been published on my website.
As government regulators do not actively follow up the health outcomes of *all women who receive the HPV vaccine,* they cannot determine the frequency or type of serious adverse events in the population. Government regulators use a passive (voluntary) reporting system that ***will never be able to make causal relationships to the vaccine*** (CDC VAERS). This is stated on the CDC website and it is the case for all vaccines, not just the HPV vaccine. This allows governments to claim 'serious adverse events to vaccines are rare' simply because they have not implemented an adequate post-licensure monitoring system to identify causal relationships. It is believed that the reported deaths and AE's from passive (voluntary) monitoring

systems represent only 10% of the actual harm being caused by vaccines (CDC VAERS). This is because many adverse health outcomes are delayed and occur weeks, months or years after receiving a vaccine. These events will never be linked to the vaccine and the government can continue to claim 'vaccines are safe' simply because they have not studied all vaccinated individuals to identify long-term adverse events caused by the vaccines.

2. **John Cunningham (2 February 2014) claims** '***Your thesis is situated in "the area of Science and Technology Studies which examines the politics and ethics of science in society." That being the case, one would expect your thesis to concentrate on politics and ethics, not the scientific facts to which they respond. It is, after all, not possible to prove or disprove a medical science assertion using the techniques and methodologies of the social sciences, any more than it is possible to prove or disprove an ethical assertion using medicine.***

   My Reply:
   My PhD thesis focuses on the science, politics and ethics that underpin the development of Australia's vaccination policies. As such it is a critique of the rationale for expanding Australia's national vaccination program and therefore, it is possible to use the techniques and methodologies of the Social Sciences, to demonstrate that the weight of evidence does or does not justify the expansion of the vaccination program by the Australian government.

3. **John Cunningham's claims (2 February 2014) '*Your statement that you were unable to undertake a PhD in the Faculty of Health and Behavioural Sciences at the University of Wollongong as it was "too political" is concerning. I would encourage you to make public how your attempts to undertake a science-based PhD were thwarted. It is likely that your PhD would have benefited from supervision by a content expert, either a scientist or a doctor, and it is unfortunate you have not had that opportunity.'***

   My reply:
   In 2007 I completed a Master of Science (Population Health) in the Faculty of Health and Behavioural Sciences at the University of Wollongong (UOW). This included a research project on the whooping cough vaccine for the partial completion of my degree. This project received a High Distinction. When I requested that I continue my research with a PhD in this faculty I was advised that this topic was too political and it should be completed in the area of Science and Technology Studies (STS). Supervisors were not provided in the Faculty of Health and Behavioural Sciences for my project and I was directed to contact Brian Martin in the humanities. The School of Humanities and Social Inquiry is now included in the Faculty of Law, Humanities and the Arts at UOW. Cunningham's claim that my PhD '***would have benefited from supervision from a content expert, either a scientist or a doctor, and it is unfortunate that you have not had one***' does not account for how the research was assessed. Several scientists who were experts in public health and vaccination

science were asked for their comments on the PhD *before* it was submitted for examination in humanities.

4. **John Cunningham claims (2 February 2014)** '***There is no well-documented observed link between autism and vaccination as far as the largest, best quality studies have been able to show.'***

   My Reply:
   In 2001 the Institute of Medicine (IOM) stated an association between mercury exposure and neurodevelopment disorders including autism, attention deficit hyperactivity disorder (ADHD) and speech or language delay was biologically plausible and many vaccines contained mercury at this time. The product information for the Tripedia DTaP (2005) vaccine lists autism as an adverse event and this is documented on the FDA website. Further, here is a link to hundreds of studies that document the possible causal link of vaccines with autism and other neurological damage.
   https://avscientificsupportarsenal.wordpress.com/2015/04/29/vaccines-do-cause-autism-undeniable-scientific-proof/
   https://www.scribd.com/doc/220807175/125-Research-Papers-Supporting-the-Vaccine-Autism-Link
   http://vaccinationdecisions.net/vaccines-and-autism/

   Hence, this plausible link to vaccines is well documented and in 2001 the IOM considered that further studies were needed to prove or disprove a causal link (FDA). Whilst the IOM favoured rejecting a causal relationship in 2004, this decision was based *only* on selected epidemiological studies. These were observational studies and not empirical evidence, and the outcomes of observational studies are dependent upon the parameters and criteria that are selected by the *researchers.* Evidence from animal studies, biological studies and clinical evidence is suggestive of a causal link yet public health authorities have not funded large scale animal or human studies to prove or disprove a causal link between vaccines and autism/or other neurodevelopment disorders. The testimonials given at the US Congressional hearing on autism in November 2012 (http://oversight.house.gov/hearing/1-in-88-children-a-look-into-the-federalresponse-to-rising-rates-of-autism/) also document the possible causal link between vaccines and autism as does the correlation between the rise in autism in children and the increased use of vaccines in the 1990's. Whilst correlation is not causation this safety signal needs to be investigated.
   Mercury was not removed from most vaccines until 1999 and a *causal link* for autism has not been disproven for any ingredient or combination of ingredients in vaccines. Here is a link to the physicians who are describing 'evidence-based medicine' as a fraud because of the way in which epidemiological studies can be manipulated by researchers to support desired outcomes for their studies.
   https://anticorruptionsociety.com/2016/03/12/honest-physicians-prove-that-evidence-based-medicine-is-a-fraud/

5. **John Cunningham claims (2 February 2014): '*Even when you do confine yourself to issues of policy rather than improperly disputing the science, however, we find serious problems. Take for example your criticism of the***

Accreditation Council of Continuing Medical Education (ACCME). Whilst your thesis, this newsletter and even the introductory sentence of the paragraph uses the word "Australia," ACCME is, in fact, an organisation based in the USA which accredits courses for medical practitioners in the USA. ACCME has previously cooperated with the European Accreditation Council for Continuing Medical Education as well as organisations in Canada, China, France, India, Ireland, Italy, Japan, Jordan, Korea, New Zealand, Singapore, South Africa, Spain, the Sudan, and the United Arab Emirates, but at no time have they had any business, as far as I can determine, in Australia.[3] Hence, the paragraph and your criticisms are wholly irrelevant in terms of any discussion involving Australia.'

My Reply:
The fact that ACCME is based in the US is not irrelevant to the Australian situation. Medical education globally is now largely influenced by the pharmaceutical industry. Here is a link to an article that demonstrates that all medical research is now influenced at every stage by industry http://vaccinationdecisions.net/wp-content/uploads/2014/02/Stamatakis-13-1-industry-influence.pdf
Clinical trials for vaccines are funded by the pharmaceutical companies and many of the researchers have financial ties to industry. Conflicts of Interest are not necessarily a problem but it is the duty of the government to ensure all COI are declared to the public. Currently science that demonstrates the risks of vaccines is being suppressed from public debates and the science that is produced with pharmaceutical sponsorship for public policy is not being assessed by independent scientists or researchers, and this is not in the public interest.

6. **John Cunningham claims (2 February 2014) '*Further in your newsletter you discuss conflicts of interest (COI), which is a topic openly discussed amongst medical practitioners. Several of the Board members of the International Medical Council on Vaccination, prominently promoted on your website, also have undeclared COI [4]. Mayer Eisenstein[5] and Sherri Tenpenny[6] both run websites and online stores that turn over many millions of dollars, yet nowhere on your website do you discuss their COI.'***

My Reply:
This issue is about population health and all the risks need to be addressed in weighing up the benefits of using an increasing number of vaccines in healthy children/adults. Pharmaceutical companies and doctors stand to gain financial rewards and status from this policy hence it is important that governments reveal any COI in the decisions that are made about vaccines in public health policy. The public has a right to know that many of the representatives of vaccine advisory boards, who are advising Australia's health minister about the addition of new vaccines to the national program, are receiving funds from pharmaceutical companies. Here are the potential COI of the members of Australia's vaccine advisory boards from 2005-2014 that were not published on the Australian government's website prior to January 2015. http://vaccinationdecisions.net/wp-content/uploads/2011/09/Conflicts-of-Interest-of-Members-of-the-Australian-Technical-and-Advisory-Group-on-Immunisation-280116.pdf

Many new vaccines have been to the national program during this decade and no evidence has been provided to demonstrate that the vaccines can create herd immunity (as natural herd immunity had already reduced the deaths and illnesses from these diseases (Fiona Stanley 2001)) yet 'vaccine-created herd immunity' is the reason given by the Australian Social Services Department for mandating these vaccines in social welfare policies.

7. **John Cunningham's opinion (12 March 2014): 'Of course, they fail to acknowledge that you're not discussing the science of vaccination in your thesis, but only the philosophical considerations behind it, but I wouldn't get too angry with them - easy enough mistake to make? In fact, reading your website I've sometimes thought that you were trying to sound like a scientist, but fortunately for me I'm aware that science isn't your area of study.**

   My Reply:
   My thesis does discuss the science of vaccination policies and this is clearly stated in the aims and purpose of my study (Chapter 1). Prior to my PhD thesis my qualifications included a Bachelor of Science and a Master of Science (Population Health) which is clearly stated on my website.