

The Truth about Puerto Rico's Draconian Vaccination Laws

Fieles a la Verdad

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*The most terrifying words in the English language are: I'm from the government
and I'm here to help.* –Ronald Reagan

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1 Introduction

A plethora of recent Puerto Rico legislative proposals seeks to impose an ever wider regimen of mandatory vaccination on the population. Senate bill PS 390 [24] pre-conditions school and college entry on having received the controversial Gardasil vaccine for the sexually transmitted HPV virus. The even more totalitarian measures PC 412 and PC 1303 will cede draconian powers to the Secretary of Health. For example, PC 1303:

“Ampliaría los poderes del Departamento de Salud, a expensas de los derechos y prerrogativas de padres y estudiantes. El Secretario del Departamento publicaría anualmente las enfermedades contra las cuales los estudiantes y menores de edad deben ser vacunados, según lo determine tomando como referencia las recomendaciones del Comité Asesor de Prácticas de Inmunización (ACIP) del Centro para el Control y la Prevención de Enfermedades (CDC) del Departamento de Salud

Federal (pág. 24). Tendría autoridad para imponer sanciones por incumplimiento, multas entre \$500 hasta \$5000, según el caso. También el Secretario de Educación o el Secretario de la Familia impondría sanciones administrativas, según proceda (pág. 18).” [20]

Already approved are measures PC 672 and PS 270 which, by petition of the “non governmental” organization VOCES¹, declare January as “*Cervical Cancer Prevention Month* in Puerto Rico.

This document examines the mistaken and dangerous misconceptions behind universal mandatory vaccination, with special reference to the recent case of the HPV vaccine Gardasil.

2 On the Totalitarian Nature of Compulsory Vaccination

When reasonable alternative treatment options exist, the idea that a regimen of universal mandatory vaccination against all conceivable diseases be compulsory, is totalitarian in nature, antiscientific and dangerous in its implications. The notion of obligatory vaccination is predicated on the false notion that the science of disease is settled whereas, in reality, scientific ideas and paradigms are constantly changing.

History warns us that doctors and health providers and governments are not always benevolent agents. Already, some health insurance companies in the US promote euthanasia as a “treatment” to reduce medical costs [31]. In the tradition of Mengele [29], doctors in Holland frequently euthanize patients, sometimes without consent, and for the most trivial excuses [30]. It is of little comfort to learn that Merck, the maker of the Gardasil vaccines to be imposed by measure PS 390, and to be made compulsory by executive order, was also the manufacturer of Vioxx. This arthritis medicine was estimated by some to have caused 60,000 deaths and uncountable heart attacks [25], for which Merck agreed to pay almost \$5 billion in compensation. More recently, former Merck virologists Stephen A. Krahling and Joan A. Wlochowski have alleged in an ongoing major federal lawsuit that the efficacy tests for the measles, mumps, and rubella vaccine (MMR) were faked [38].

The recent case of baby Charlie Gard in the UK is illustrative of the consequences of excessive interference by the state in matters of individual health. The state arbitrarily decided that this child cannot remain on a ventilator but must die, and in the hospital, rather than at home, as is the wish of the parents; that, despite the possibility of a medical treatment for this condition being available in the US. The government-appointed lawyer who supposedly speaks for Charlie Gard and his parents in court is, in reality, Chairman of *Compassion in Dying*, an “end-of-life” advocacy group with a sister organization that supports assisted

¹VOCES is a Puerto Rican nonprofit pro vaccination coalition, sponsored by health related entities including pharmaceutical manufacturers. Its revenue flow, which exceeds \$500,000 annually, enables it to engage in substantial lobbying in favor of vaccination. Its top officers include ex employees of Merck, maker of Gardasil. It is member of the National Network of Immunization Coalitions, itself a project of Immunization Action Coalition.[22]

suicide (i.e., euthanasia). In this way, the state decides who should live, who should die, where they should die, and how they should die. [21]

Mandatory vaccination is clearly contradictory to established medical ethics. It is an important principle that patients should have freedom in their choice of treatment. For this reason, most states have laws protecting the rights of medical providers to choose not to prescribe medications and many grant philosophical exemptions from immunization requirements (in addition to the customary medical and religious exemptions). Measures such as PC 1303 actually violate articles in the Nuremberg Code. According to Rogers [36]

“There are no independent scientific studies clearing vaccine adjuvants such as aluminum, mercury (thimerasol) and others to be safe to use in the human body, this is tantamount to human experimentation and runs contrary to ‘informed consent’, the Hippocratic Oath and Nuremberg Code. There are many studies showing the opposite, the dangers of these adjuvants. There are no US studies comparing the vaccinated to the unvaccinated. There is over 3.5 billion dollars paid out in vaccine injury/death claims so far, the Supreme Court has also explicitly stated that vaccines are ‘Unavoidably Unsafe’ products.”

When the side effects of a treatment outweigh its benefits, and there are alternatives available, it is both antiscientific and unethical to force a patient to undergo that medical intervention. History reveals many cases of serious diseases which have been eliminated without any recourse to vaccination. It was once widely believed that halting yellow fever was ‘impossible’. Yet, this was achieved by the U. S. Military Government in a matter of weeks in Havana without any modern chemicals or vaccines. According to Finley [28],

“Even Smallpox, the extinction of which had been the foremost preoccupation of the U. S. Military Government since January, 1899, had been finally stamped out completely under Major W. C. Gorgas’ sanitary administration in 1900.”

Malaria was also destroyed in NE Brazil, without vaccination, in less than a year, something that was, at one time, thought to be “impossible” [5]. More recently, Ebola in Liberia was stopped by stringent public hygiene. The number of cervical cancer deaths in advanced nations was reduced to around 2/100,000² by pap testing - not by compulsory vaccination for the HPV virus as suggested in Puerto Rico.

Mere changes of lifestyle can totally prevent many diseases and failure to adopt such changes can be catastrophic, even in those who are vaccinated. That some choose unhealthy lifestyles should not be an excuse to vaccinate the entire population. Vaccination becomes a fetish when it is mandated as the only solution to common illnesses.

It should be stressed that no one is claiming that vaccines should not be available. If a vaccine is effective, a person who understands the risks is perfectly free to vaccinate himself and his children. Since these children are now “protected”, obsession about what one’s neighbors decide for their children is irrational and antiscientific. They should also be free to decide whether to vaccinate or not.

²Undoubtedly, this number would be closer to zero with more consistent and universal testing.

3 Crossing the Threshold of Lethality

The following vaccinations are currently required to enter school or college in Puerto Rico ³.

Vaccination Requirements for School Year 2017-2018

Vaccine	Doses
DTAP, DTP, DT (diphtheria and tetanus)	4
IPV (Polio)	3
Hib (Haemophilus influenzae type B)	1
Hepatitis B	3
MMR (German Measles, Mumps)	2
VAR (Varicella)	2
PCV (Pneumococcal conjugate)	2
Tdap (booster)	1
MCV4 (Meningococcal conjugate)	1
HPV (Starting 2018)	3
Total Shots	22

Eventually, hundreds of different vaccines will be discovered⁴. Individual vaccines taken on their own may be beneficial, but many taken together may well kill. There is a point at which further vaccination (like any good thing) becomes unproductive or even harmful. Even water when over-consumed can cause a potentially fatal disturbance in brain functions.

Vaccine promoters reject this argument and assume that the body is capable of handling very large numbers of antigens. This is not supported by animal experiments. According to Tsumiyama et al. [4]

“Systemic autoimmunity appears to be the inevitable consequence of over-stimulating the host’s immune system by repeated immunization with antigen, to the levels that surpass system’s self-organized criticality.”

Moreover, even if the human body were able to tolerate a very large number of antigens, this claim totally ignores the adverse reactions produced by an ever increasing list of adjuvants, additives, and other vaccine ingredients. For example, in the case of the HPV vaccines, which are discussed below, the safety of the aluminum adjuvant is a major source of controversy. Indeed, reports of death and paralysis associated with HPV vaccination indicate that, in some people, the threshold of lethality may have been reached after a single vaccination.

Thus the very idea of mandating what is likely to be an ever growing list of vaccines is dangerous in its naiveté. That a government should advocate such a draconian measure leads

³University students under 21 years of age will be required at least: Three doses of Polio vaccine (OPV / IPV), if the last one was administered on or after four (4) years of age.

⁴Vaccines for Zika, chikungunya, chlamydia are already in the pipeline.

one to question whether or not pecuniary interests are involved. It is likely no coincidence that Puerto Rico stands to receive \$295 million dollars from the Federal Children’s Health Insurance Program (CHIP). According to the program regulations [26]:

“States must ensure coverage for childhood vaccinations under CHIP. Section 2102(a)(7) of the Children’s Health Insurance Program requires States to ‘assure the quality and appropriateness of care, particularly with respect to ... immunizations’ provided under the State child health plan.” “The Department expects that children will be immunized with vaccines purchased using funds provided through their Title XXI plans.”

Entrusting to a political appointee **all power to impose all vaccines on all people** is both autocratic and dangerous. Since it is impossible to study the cumulative effects of an ever increasing list of vaccines, some yet to be discovered, current law and measures such as PC 1303 will inevitably lead to the death and permanent injury of healthy individuals who are coerced by legal sanctions into vaccination for questionable reasons. Indeed, given the conflicts of interests involved and the corruptible nature of humanity, no one individual should ever hold such power. Indeed, it should come as no surprise to find that more than a few of the promoters of current vaccine legislation in Puerto Rico are either ex-employees of the various vaccine manufacturers or are awardees of grants related to research into or promotion of vaccines and associated diseases [35].

4 The Gardasil Vaccines

The Gardasil and Gardasil 9 vaccines “prevent” some, but not all, strains of the sexually transmitted HPV virus. In most cases this virus is cleared naturally by the body’s immune system. Some of the HPV virus strains have been associated with the production of the *E6* and *E7* proteins which turn off certain tumor suppressor genes, allowing excessive growth of the cervical lining cells and, in some cases, leading to precancerous lesions which may or may not develop into cervical cancer [39]. As will be discussed below, cofactors such as smoking, HIV infection, the contraceptive pill, promiscuity, prior or concurrent chlamydia infection, inadequate diet, and genetic predisposition, increase the probability of cervical cancer. It should be stressed that most women with HPV do **NOT** get cervical cancer. In developed regions, the death rate for this cancer has been reduced to as low as 2/100,000 by regular Pap testing.

4.1 Evidence that the Risk/Benefit Ratio is High

The ratio of benefits to side effects of the HPV vaccines has been exaggerated [3].

It has been incorrectly claimed by the Puerto Rico vaccination advocacy coalition VOCES that compulsory vaccination against HPV will greatly reduce the alleged “epidemic” level of cervical cancer in Puerto Rico. This is a dangerous half-truth whose empirical verification lies decades in the future [2]. Also serious is the fact that in numerous press articles, VOCES

spokesmen, medical doctors, and government officials have stated incorrectly that the rate of cervical cancer in Puerto Rico is 11.4%. This is wrong by a factor of a thousand. The true rate is approximately 11.4/100,000 (i.e., 0.011%). This untruth is regularly repeated in most of the local newspaper articles and editorials. A recent editorial in the Puerto Rico daily paper El Nuevo Día [15] states:

“Making the Human Papillomavirus vaccine compulsory in students is an appropriate step in the face of cervical cancer. In fact, international health authorities rightly warn of the dangerous stagnation of immunization to prevent deadly diseases in children.” [Our translation]

The position of El Nuevo Día on this issue is clearly not neutral as evidenced by the fact that it regularly runs scientifically inaccurate and blatantly false opinion pieces on this issue.

In reality, the massive reduction in cervical cancer rates, which has already occurred in advanced countries has been achieved, not by expensive vaccination, but rather by the less profitable method of increased Pap testing. Even if the entire population were vaccinated, the relatively rare cervical cancer would not disappear for a variety of reasons:

1. There exist HPV-negative carcinomas of the cervix for which the prognosis is particularly poor [12].
2. GARDASIL does not prevent all of the HPV strains which may lead to lesions. [33]
3. Cervical cancer itself is one of the reported adverse reactions to the vaccine. An evaluation [1] of Gardasil showed a NEGATIVE efficacy of 44.6% (with respect to cervical intraepithelial neoplasia) in subjects who had evidence of persistent infection with vaccine-relevant HPV.
4. The protection (against the HPV virus) provided by the vaccine is from five to eight years and only against some strains. [10]
5. Whether women exposed to HPV develop precancerous lesions is influenced by multiple other factors:
 - Smoking (doubles the risk).
 - HIV infection.
 - The contraceptive pill.
 - Promiscuity.
 - Prior or concurrent chlamydia infection.
 - Inadequate diet.
 - Genetic factors (Mother with cancer doubles risk).
 - Cervical cancer has been reported as an adverse reaction to the Gardasil vaccine.

In the case of HIV, a cervical pre-cancer might develop into an invasive cancer faster than it normally would. On the other hand, women without the above risk factors rarely develop cervical cancer.

According to a CDC document [23] published online by the Puerto Rico Department of Health,

“The two HPV vaccines have been studied in tens of thousands of people around the world. More than 57 million doses have been distributed to date and there have been no serious safety concerns.” [Our Translation]

This information, which completely contradicts the many serious warnings of side effects put out by the manufacturer, is simply not in accord with reality and should be removed from the Puerto Rico Department of Health website. Evidence suggests that the HPV vaccine is far from safe [16], [19], [18]. Indeed, the US government’s Vaccine Adverse Event Reporting System (VAERS) [40], [37] reports the following adverse reactions to the HPV vaccine:

HPV Vaccine VAERS Reports

Events to April 2017	Frequency	Events to May 2017	Frequency
Disabled	1,830	Disabled	1,974
Deaths	318	Deaths	324
Did not Recover	9,452	Did not Recover	9,686
Abnormal Pap Smear	618	Abnormal Pap Smear	618
Cervical Dysplasia	276	Cervical Dysplasia	279
Cervical Cancer	127	Cervical Cancer	129
Life Threatening	813	Life Threatening	825
Emergency Room	14,376	Emergency Room	14,518
Hospitalized	4,668	Hospitalized	4,795
Extended Hosp. Stay	308	Extended Hosp. Stay	321
Serious	6,596	Serious	6,836
Total Adverse Events	50,941	Total Adverse Events	51,522

Since it is estimated that only 10% of cases are reported, the above numbers are, at best, lower bounds. Also not included in the above list are reported cases of premature menopause and consequent infertility.

GARDASIL is not a vaccination against cervical cancer but rather prevents some -but not all- of the strains of HPV which, in some cases, precede the development (usually many years later) of precancerous lesions. HPV infection has not been proven to be the principal cause of cervical cancer. In fact, precancerous lesions of the cervix can occur even when HPV is not present. The severity and frequency of side effects, including paralysis and death, might well outweigh the minor benefits of a reduction in HPV - which often vanishes spontaneously anyway and from which the sexually monogamous are already largely protected.

4.2 On the Danger of Risk Homeostasis

GARDASIL has not been sufficiently evaluated with respect to the phenomenon of risk compensation (risk homeostasis). When the real or subjective risk of an activity is reduced, there is a tendency for individuals to increase engagement in that activity. This has been well established in the case of HIV where it has generally been found that distribution and promotion of condoms has led to an increase, not a decrease, in rates of HIV infection [27].

In the case of HPV vaccines, studies such as [6] claim to have found no association between HPV vaccination and risky sexual behavior. This conclusion is flawed since it is based on the fact that those who received the HPV vaccine were more likely to always wear a condom. I.e., the study implicitly assumes that promiscuous behavior coupled with condom use is not in itself risky behavior, completely contradicting the aforementioned risk compensation studies on HIV and ignoring the massive increase in the rates of nearly all venereal diseases that has occurred concurrently with massive promotion and distribution of condoms. Moreover, the study does not examine whether vaccinating for HPV leads to a false sense of security and consequent failure to undergo regular Pap tests - the most effective weapon against cervical cancer. Since rigorous methodological designs for risk compensation studies tend to be ethically problematical and hence difficult to implement, common sense suggests treating the HIV/condom result as an indicator that a similar problem of homeostasis might occur when the benefits of HPV vaccine are exaggerated and over promoted.

4.3 The Aluminum Adjuvant Controversy

An *adjuvant* is a substance added to a vaccine to boost the immune response and, in conjunction with the antigens, boost the number of antibodies.

Concerns have been raised regarding whether adjuvants can cause autoimmune diseases. In autoimmunity, the patient's immune system is activated against the body's own proteins. Autoimmunity after immunization has been observed in animals [4]. In humans, an increased number of narcolepsy (a chronic sleep disorder) cases in children and adolescents was observed in Scandinavian and other European countries after vaccinations in 2009 to address the H1N1 swine flu "pandemic" [7].

Adjuvants that contain aluminum are currently widely used. Although they were first discovered in 1926, their mechanism of action is still not fully understood and their safety has been questioned [13], [14], [9]. The aluminum adjuvant used in the Gardasil vaccine was also present in the placebo used to test Gardasil making it impossible to detect adverse reactions caused by the adjuvant itself. In effect, the adjuvant was merely assumed to be safe. More troublesome is the fact that the new Gardasil 9 has twice the amount of the aluminum adjuvant of Gardasil [18].

4.4 Fallacious Arguments in Favor of HPV Vaccination

The following are examples of the fallacious and easily refutable arguments that are frequently used to justify mandatory inoculation with HPV vaccine. For each argument the nature of the fallacy is indicated in bold font.

1. This vaccine is safe because it is not made with mercury.

This is a straw man. The issues of vaccine safety and mandatory inoculation are separate issues. That a vaccine is safe is not sufficient grounds to make it compulsory. In addition, that a vaccine be safe because it is not made with mercury is a lie. There are many possible reasons why a vaccine may have side effects. For example, Gardasil contains an aluminum adjuvant which may be associated with neurotoxicity.

2. Vaccines have not been shown to cause autism.

A variant of the previous straw man argument. The autism controversy is a separate issue. That a vaccine does not cause autism is hardly an indicator of safety. It may be objectionable for a host of other reasons.

3. This vaccine is safe because it is not made with aborted fetal cell lines.

This is an appeal to the religious sensibility of Christians and others who oppose murder by abortion. The fact that a vaccine is not made with aborted fetal cell lines does not necessarily mean that it is free from serious side effects.

4. The rate of cervical cancer in Puerto Rico is 11.4% [17], [15].

This percentage is wrong by a factor of a thousand. The true rate is approximately 11.4/100,000 (i.e., 0.011%). Moreover, Gardasil does not work directly against cancer but against some strains of the HPV virus. The precise relationship between the virus and cervical cancer has not yet been causally established. Indeed, in some cases Gardasil can cause cervical cancer.

5. This vaccine is not opposed by “the Vatican”.

A primitive appeal to authority. It is not within the Vatican’s purview to issue vaccine recommendations/prohibitions on the effectiveness or side effects of vaccines. In fact, the Church supports the principle of subsidiarity, by which matters ought to be handled by the smallest, lowest, or least centralized authority. In particular, choice of medical treatment should generally be decided by the individual (or, in the case of minors, their parents) and not the government.

6. One day your daughter might be raped.

Medical treatment should not be predicated on life’s misfortunes. It is the prerogative of the informed individual, not the government, to evaluate the relative risks of paralysis due to vaccination versus the extremely low probability of the compound event “being raped and dying of cervical cancer”.

7. Your daughter will blame you if she suffers from cervical cancer.

This is an appeal to emotion. Your responsibility to your daughter is to warn her of the moral and physical dangers of promiscuity. You are not responsible for the failure of your daughter to follow your advice. Neither are you responsible for your daughter's failure to have regular Pap tests. Indeed, if your daughter engages in promiscuous sex, HPV virus will probably be the least of her problems. There are forty or more venereal diseases which this vaccine will not prevent. Indeed, your daughter will likely blame you if she is paralyzed by an adverse reaction to the vaccine. Again, this argument is a distraction away from the main issue of patient free and informed consent.

8. This is the only vaccine against cancer.

This is, at best, a scientifically imprecise half-truth. The vaccine "prevents" only certain strains of a virus which in a small number of cases may result in precancerous lesions of the cervix. Since cervical cancer is a relatively rare and slowly developing cancer, the vaccine will not change the probability of dying of one of the many more common cancers. Nor will it completely eliminate the risk of cervical cancer which in some cases is even an adverse reaction to the vaccine. Pap testing is still necessary after vaccination.

9. Anti-vaccinationists are conspiracy theorists and quacks.

Some of them undoubtedly are –just as some doctors are vaccine fetishists. However, universal declarations of this type are nearly always false. In addition to unjustified generalization, this argument is pure ad hominem.

10. The side effects of the vaccine are due to mass hysteria.

Another ad hominem. There are no serious studies proving this. Mass hysteria is hardly credible as a cause of adverse reactions such as permanent paralysis [32] and ovarian failure [8], [11].

11. Serious side effects are rare.

This is not even a scientific statement since the word "rare" is relative. The serious side effects listed by the Vaccine Adverse Event Reporting System are an underestimate. Most people, and certainly the dead, do not report side effects. In reality, reported adverse reactions to Gardasil are more frequent than with many other vaccines.

12. Each and every vaccine added to the list of recommended immunizations will save the lives and/or reduce the number of disabilities of children in the United States.

This is not a scientific statement, but, rather, wishful thinking. Every vaccine added to the list will add to the probability of serious adverse reactions. The statement also contains the lie that the vaccines will be recommended, when in Puerto Rico they will be enforced by fines of up to \$5000 or denial of entry into school and college or examination centers for home schoolers (PC 412, PC 1303).

13. Children are exposed to fewer antigens in vaccines today than in the past. There is no chance that multiple vaccines will overwhelm the immune system.

Vaccines contain more than antigens. It is quite within the realm of possibility that the aluminum adjuvant or some other ingredient can damage the immune system. Moreover, damage to the immune system is not the only possible adverse reaction. In addition, even if safe, a vaccine may be ineffective or unnecessary.

14. This vaccine is recommended for “patients” who are sexually active especially with multiple partners.

This advice is deadly in its consequences and completely wrong ethically. Similar promotion of condoms led to increased HIV and rates. A promiscuous person with multiple partners is probably infected with HPV already, in which case, Gardasil will be ineffective and probably increase the likelihood of cervical cancer. Such a person has a probability of becoming pregnant and aborting the child, thereby increasing their chances of breast cancer. They also risk HIV or other serious diseases. Such a person should be advised to change their lifestyle –not vaccinate against HPV.

15. All vaccines are subjected in conjunction with existing ones to ensure there are no negative interactions.

Despite testing, all vaccines have some risk of side effects –yet some are riskier than others. As in the case of Russian roulette, repetitions of an activity with small risk eventually results in a significant probability of catastrophe.

16. This vaccine (Gardasil) will reduce medical costs.

Ethical considerations are far more important than money. Reducing medical costs is not an excuse to cede draconian powers to the state concerning choice of medical treatment. Already, insurance companies and governments are encouraging euthanasia in order to reduce medical costs. Ethical concerns have been swept aside and the harvesting of organs from the so called “brain” dead and aborted babies is now a lucrative business. The inconvenient truth that there is no universally accepted and scientifically valid [34] criteria for “brain death” and that abortion is the slaughter of a human is totally ignored.

17. HPV vaccine will reduce Puerto Rico medical costs.

A cost benefit argument put forth by the Puerto Rico vaccination coalition VOCES simultaneously exaggerates the cancer rate and ignores the cost of side effects and the legal and logistic costs of enforcing compulsory vaccination. Neither does it analyze the opportunity costs. HPV vaccines are among the most expensive vaccines available, and current prices in high-income countries are not affordable for low and middle-income countries. The opportunity cost of supplying this vaccine will lead to a distortion in

the health care systems of poor nations

18. The rate of cervical cancer is very high in the Caribbean. Therefore all Puerto Ricans should be vaccinated against HPV.

The rate in Puerto Rico (11.4 cases for every 100,000 women) is much lower than in the rest of the Caribbean. The correct solution to this medical situation is Pap testing in the rest of the Caribbean –not compulsory immunization in Puerto Rico.

19. Coincidence is not the same as causality.

This is a veiled ad hominem against the critics of the vaccine. It attempts to portray them as ignorant of the scientific method. Critics of vaccines are generally well aware that temporal association is not the same as causality. This is precisely why their arguments are backed up by biochemical reasoning and statistical analysis. However, temporal association is a necessary condition for causality.

20. VAERS (Vaccine Adverse Event Reporting System) cannot distinguish between temporal and causative associations because it does not receive reports from those who had no reaction.

This statement is debatable. First of all, a non report is in itself information which allows the computation of percentages, provided the total number of vaccinations is known –which it is. These percentages provide comparisons between different vaccines. If one vaccine has a consistently higher rate of certain side effects than all others, this may well suggest causality which can then be verified by other methods. In reality, criticism of HPV vaccines is not based solely on VAERS data. Biochemical tests and analysis have also been carried out.

21. In Puerto Rico, it is rumored that PAP testing is not always accurate.

This is a universal generalization. Such generalizations are invariably false. If there is a problem in some laboratories, it is criminal neglect not to make this fact public and rectify this situation. It does not suggest adopting mandatory vaccination.

5 Conclusion and Recommendations

There is nothing so foolish that some philosopher has not said it, and there is nothing so evil that some bioethicist has not proposed it. –Anthony Daniels

Mandatory vaccination contradicts medical ethics. It is a well established principle that patients should have free and informed consent in their choice of treatment.

Current legislation, to be made even more invasive if PC 1303 and PS 390 are approved, places Puerto Rico in a unique position among all US states in virtue of its lack of exemptions

for philosophical objections. The Secretary of Health has been accorded draconian power to declare just about **any condition** an “*epidemic*” and, thus, override **all** medical and religious objections. Not even the possibility of severe side effects is considered a reason for refusal.

The requirement that young children be vaccinated with the HPV vaccine Gardasil is particularly egregious. This vaccine has been falsely portrayed as “*safe and effective*,” against the so called “*epidemic*” of cervical cancer in Puerto Rico. In a “properly run” school, there is virtually no chance of acquiring the HPV virus, which is mainly sexually transmitted. Yet, legislative proposal PS 390, as well as the announced executive order, will force sexually inactive children to involuntarily undergo the unnecessary risk of serious side effects, including paralysis and death, for reasons predicated on the unproven and unprovable assumption that they lack the free will and prudence not to engage in future promiscuous behavior. Such behavior, in itself, is far more dangerous than the relatively harmless HPV. Since Gardasil vaccines have a negative rate of effectiveness and may actually lead to cancer in patients who already have the dangerous strains of the virus, this legislation will subject those with existing HPV infections to a totally useless, dangerous, and costly medical intervention in order to gain access to school or college.

The idea that universal vaccination be compulsory is totalitarian in nature, antiscientific, and dangerous in its implications. The notion of mandatory vaccination is predicated on the false notion that the science of disease is settled, when in reality scientific ideas and paradigms are constantly changing. Control by the state of prudential medical judgments will likely accelerate the current push towards euthanasia as a “treatment” to reduce medical costs. Imposition of mandatory vaccination will lead to an erosion of confidence in the health system and concomitant damage to public health.

For the above reasons we ask the government to

1. Amend all current legislation to allow for philosophical, besides medical and religious objections to medical treatment as required by democratic tradition. Simplify the current requirements for such exemptions as already exist.
2. Reverse the decision to make HPV vaccine compulsory for entry into schools and colleges.
3. Make it mandatory to obtain the consent of parents, and provide proper information concerning vaccine side effects, contraindications and efficacy, before immunizing children.
4. Correct the imprecise information concerning both the level of effectiveness and the side effects of vaccines on the Department of Health website.

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