

Women and Capitalism: The Case of the Vaccine against the Human Papilloma Virus

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Abstract

The article analyses the public policy of vaccination against the human papilloma virus (HPV) according to the three classical criteria of need, efficacy and safety as an exemplary case of how the big transnational corporations operate and how the governments serve their interests. It discusses the changes in policy in Japan and the recent developments in France and the grass-roots movements in Spain that are organizing to change this policy. The four Lacanian discourses are applied to the analysis of the rhetoric of public health authorities.

Keywords

HPV vaccine, immune system, women, safety, Lacanian discourse, capitalism

The Fallacy of Capitalist Freedom

It is commonplace to talk about capitalism assuming that it is the socioeconomic system that most cherishes and guarantees the fundamental human value of freedom. The argument goes as follows: the two fundamental human values relevant for political discussion are ‘freedom’ and ‘equality’; an ideal socioeconomic system would allow the fostering of both to their highest degree; unfortunately this is not possible. It is (supposedly) not possible to champion simultaneously freedom and equality. There is a need to choose which one of the two will need to be partially sacrificed. This basic approach leads to the following dichotomy:

- “capitalism” is conceived as a socioeconomic system that, given the impossibility to have simultaneously a maximum of freedom and a maximum of equality, chooses to preserve the maximum of freedom and partially sacrifice equality

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– “socialism” or “communism” is conceived as a socioeconomic system that, given the impossibility to have simultaneously a maximum of freedom and a maximum of equality, chooses to preserve the maximum of equality and partially sacrifice freedom

I consider the separation of freedom and equality a false construct. Freedom (for all) is impossible without equality and equality is impossible without freedom (for all). If capitalism were the defender of freedom (for all), I would be capitalist because for me freedom is a fundamental value that cannot be bargained with. I want a system that brings freedom to the maximum, but freedom for all, not for a few. Capitalism doesn't do this. This is why my ethical critique to capitalism begins with ‘the fallacy of capitalist freedom’. I will develop this in two sections: the first is more theoretical, the second is practical, with concrete examples.

First, the theory: A well-known definition of freedom that all might have occasionally used and has an air of great reasonability is this: ‘*my freedom ends where yours begins*’. It is clear that this definition highlights the need to respect the other person's boundaries, but such a simple assertion is far from innocent and it is of great consequence: if ‘my freedom ends where yours begins’, the widening of my boundaries necessarily implies the narrowing – or at least the displacement – of yours. We are confronted with a territorial, competitive vision of freedom that turns people into rivals. Is there an alternative? The Christian tradition speaks of freedom in a different way (e.g. the gospel of John links freedom to truth¹ and Augustine of Hippo links freedom to love),² but so does another tradition that doesn't want anything to do with religion: anarchism. According to the famous dictum of anarchism: ‘*I will not be free until all are free*’. This vision of freedom is completely different from the territorial/competitive vision fostered by capitalism. According to the anarchist tradition, my freedom and yours, far from competing with each other, reinforce each other so that I cannot conceive my freedom without yours. Instead of competition, it fosters synergy and cooperation.

There is still another vision of freedom that I would like to highlight. Rosa Luxemburg, founder of the communist party in Germany, defined freedom as follows: ‘*Freedom is always freedom of the one who thinks differently*’.³ That is to say: the measure of my freedom is my capacity to interact in a constructive way with the one who doesn't think like I do. The world, the society and the mode of living together arising from these three definitions of freedom are quite different.

1. John 8:32.

2. St. Augustin, Homilies on the Gospel of John; Homilies on the First Epistle of John; Soliloquies. In: Schaff P (ed.) (2009) *Nicene and Post-Nicene Fathers, Series 1, Volume 7*. New York: Christian Literature Publishing Co., 657. Available at: <http://www.ccel.org/ccel/schaff/npnf107.html> [Patrologia Latina 34: 1977–2062].

3. ‘Freedom only for the supporters of the government, only for the members of a party – however numerous they may be – is no freedom at all. Freedom is always the freedom of the dissenter. Not because of the fanaticism of “justice”, but rather because all that is instructive, wholesome, and purifying in political freedom depends on this essential characteristic, and its effects cease to work when “freedom” becomes a privilege’. Luxemburg R (1983) *The Russian Revolution. A Critical Appraisal. Collected Works Volume 4*. S. 109. East Berlin: Dietz Verlag, 359, note 3.

I move now to the practical examples. From the beginning of industrialization, the real existing capitalist system has not been characterized by love of freedom (for all) and dislike of state regulation, but instead by the fostering of a very particular kind of state regulation: state laws and norms that privilege the economic interest of a few against the needs of the majority. Real existing capitalism, as we know it, has developed and sustains itself on the collusion between the economic power and the political power. At the beginning of industrialization the subservient role of politics allowed the ‘protectionist phase’ of capitalism to develop. In this phase, laws were passed with the explicit goal of fostering certain companies (e.g. the carbon or the cotton industry) and taxes were instituted to avoid the free entry of products that could compete with the products of these companies. The political power was used to protect the interests of a few businessmen under the premise that the interest of the country as a whole (the national interest) was to be identified with the interests of these particular businessmen. What happened in the meantime with the workers, who were – and still are – the majority of the population? How many hours a day did they work? Did they have paid vacation? How was the safety at the work place? Did they have medical insurance? What happened when they had an accident? Was there maternal leave? Did children work? How many hours did children work and under what conditions?

Why did the *protectionist* political power ignore the workers, who were the majority of the population, and did not pass laws to *protect* them? Why was the well-being of the workers and their children not considered a matter of ‘national interest’ and the private benefit of a few businessmen was? Why was the state police used to repress the workers who claimed their most basic rights and those of their children? The historical development and the present sustainability of capitalism is dependent on state laws and norms that punish certain acts and people while protecting or even subsidizing others. It is not true that capitalism does not regulate. It does regulate and it does so in a most severe manner. The goal of its regulations is to foster the economic interests of a few against the needs of the majority.

I have given an example from the beginning of capitalism. I turn now to an example from today. In 2009, the World Health Organization (WHO) declared a pandemic with the highest alertness level (level 6) due to the swine flu.⁴ Health authorities all over the world stated that the situation was one of extreme danger with the possibility of millions of deaths and that it was of fundamental importance that all world populations be vaccinated. As a specialist in Public Health, I was not in agreement with the declaration of a pandemic of level 6 because after studying the available data, I concluded that there was no scientific basis for declaring a pandemic: the swine flu was milder than the regular flu. In this article, however, I don’t wish to dwell on the scientific analysis of the pandemic, but to focus on its political implications. I want to place myself in the position of the politicians and health authorities that were convinced that the alarm was serious and the danger of a world tragedy was real. On that supposition, the burning

4. Chan M (2009) World now at the start of 2009 influenza pandemic. Statement to the press by WHO Director-General, 11 June 11. Available at: http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html

question is: Why did these governments⁵ and these regulatory agencies allow four pharmaceutical companies to claim and hold the exclusive patents of the pandemic flu vaccine? In the midst of such a severe health crisis as they announced, why didn't they rule that all suitable laboratories worldwide be requested to produce the vaccine right away at the highest speed in order to be as efficient as possible in the attempt to save millions of lives? In the month of October 2009, news channels around the globe announced a shortage in the vaccine supplies.⁶ In the midst of a health emergency of the highest degree and having a medical intervention that supposedly could successfully confront it (the vaccine), health authorities at the local and at the international level put at risk the lives of millions of people in order not to damage the economic interests of four of the most affluent private companies in the world.⁷

What kind of political power is this? Which interests does it serve?

These four pharmaceutical companies, taking advantage from having the exclusive patent rights, increased the price of the pandemic flu vaccine. The governments allowed this and outlawed the production of generic versions of the vaccine. Some countries had to cut their social budgets in order to buy enough vaccine for their entire population, especially because early in the flu season the same pharmaceutical companies that benefited from selling the vaccine announced that, contrary to what is the case for the seasonal flu vaccine, the pandemic flu vaccine would probably need to be administered in two doses. This announcement, together with the alarm about the shortage of the vaccine, prompted governments worldwide to rush into signing contracts with the pharmaceutical companies in order to secure a double dose for each of their citizens. Later, when the health authorities announced that only one dose would be required, the governments had to honour the contracts they had signed and purchased millions of useless doses of the pandemic flu vaccine, most of which ended up being destroyed a couple of years later.

The four pharmaceutical companies that held world patents for the pandemic flu vaccine after realizing that they could not cope with the demand, decided to change the composition of the vaccine in order to speed up its production: the amount of antigen was decreased (this is the component that takes longer to produce) and the adjuvant was increased. Because the effects on the human body of such a change were unknown, these companies requested that the governments sign a deal with them in order to free them from all responsibility in case people became severely sick or died from the

5. To my knowledge, only one government in the world denounced the political contradictions of the pandemic management and refused to buy the expensive vaccines. This government was Poland, whose health minister at that time was a committed woman doctor (Dr. Ewa Kopacz). See <http://www.globalresearch.ca/video-h1n1-influenza-polish-minister-of-health-rejects-who-sponsored-vaccine/16102>

6. Shear M, Stein R (2009) Why such a shortage of swine flu vaccine? *The Washington Post*, 27 October.

7. Herper M (2013) The most productive drug companies of the past 10 years, 15 April. Available at: <http://www.forbes.com/sites/matthewherper/2013/04/15/the-most-productive-drug-companies-of-the-past-10-years/>; Japsen J (2013) Obama care will bring drug industry \$35 billion in profits, 25 May. Available at: <http://www.forbes.com/sites/brucejapsen/2013/05/25/obamacare-will-bring-drug-industry-35-billion-in-profits/>

vaccine. The WHO supported their claim and all governments, with the sole exception of Poland, signed the agreement.⁸ What does it mean, then, at the practical level, that capitalism does not regulate? The so-called capitalist freedom is nowhere to be seen. Where is the risk of the capitalist businessman? Where is his accountability? Benefits are privatized while risks are socialized. Capitalism relies on governmental action to protect certain private interests and prevent the majority of the population from defending their rights.⁹

This is what I mean when talking of the ‘fallacy’ of capitalist freedom: there is market regulation under capitalism and there has always been. Capitalism does not stand for freedom, but for privilege.

I will turn now to another particularly poignant example of capitalist abuse: the case of the vaccine against the human papilloma virus.

The Case of the Vaccine against the Human Papilloma Virus

Epidemiology of Human Papilloma Viruses (HPV)

- There are more than 100 HPV-types normally found in skin and mucosae that can be transmitted sexually, but also by other means (e.g. skin contact between parents and children), so not having had sexual intercourse is no guarantee that one is not infected with HPV.
- There are more than 12 HPV-types identified as *high risk* because they are associated with cancer, but even when someone is infected by one of these high-risk variants, the most likely outcome is healing: cervical cancer occurs in less than 1% of all cases of HPV-infection.¹⁰
- The two HPV-types most frequently associated with cancer are HPV-16 and HPV-18; HPV-16 and HPV-18 combined are associated with 70% of all cervical cancers. In Spain the epidemiological weight of these two types is lower: HPV-16 is associated with 51% of cases and HPV-18 only with 5%; in Spain there are at least 8 more HPV-types associated with cancer.¹¹
- Pap-smears performed every 2–3 years are able to identify at a very early stage cervical cancer *associated to all HPV-types*, thus allowing for a curative laser

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8. Stobbe M (2009) Legal immunity set for swine flu vaccine makers. Associated Press, 17 July.
 9. Bernard M (2013) We the people vs. the pharmaceutical industry, 29 April 29th. Available at: <http://www.forbes.com/sites/bernardmunos/2013/04/29/the-pharmaceutical-industry-vs-society/>
 10. Harper DM, Vierthaler SL (2011) Next generation cancer protection: the bivalent HPV vaccine for females. *ISRN Obstetrics & Gynecology* doi: 10.5402/2011/457204
 11. WHO/ICO HPV Information Center (2010) Human papillomavirus and related cancers. Summary report update. 15 November. Information on Spain. Available at: http://apps.who.int/hpvcentre/statistics/dynamic/ico/country_pdf/ESP_FS.pdf?CFID=6953469&CFTOKEN=42986681

intervention to be performed; there is no doubt that the Pap-smear is the best preventive measure against cervical cancer and it is an excellent one.¹²

– Mortality from cervical cancer in Spain is 3.2 cases per 100,000 women; 712 women die each year in Spain due to cervical cancer; the majority of these deaths could be prevented – in Spain and elsewhere – by reaching out to the women who currently don't have access to Pap-smear testing.

– Given that HPV-vaccines do not contain proteins of all HPV-types associated with cervical cancer, but only of HPV-16 and HPV-18, the theoretical highest efficacy rate of these vaccines would be 70%; in reality, however, the available vaccines have yet to prove its efficacy in preventing cancer and have been associated to death and permanent disability in previously healthy young women.¹³

Information on the Efficacy and the Security of HPV Vaccines

–HPVs have a double DNA helix protected by an envelope (capsid) with two proteins: protein L1 and protein L2; in order to make the vaccine, the DNA-fragment that codifies the L1- protein is introduced in the DNA of yeast; when this genetically-modified yeast replicates, the L1-protein of the HPV is also replicated along with the normal yeast-proteins; the resulting L1-proteins spontaneously assemble with each other to form greater units that mimic the HPV-envelope and are called VLP-L1 (virus-like particles that contain the L1-protein); these particles are not real viruses: they resemble the envelope (capsid) of the HPV, but contain no genetic material; VLP-L1 thus formed are embedded in an 'adjuvant' made up of aluminum-salts designed to irritate the immune system, so that it creates more antibodies against protein L1 and in order that the L1-antibodies are stronger and last longer.

– Currently there are two HPV-vaccines available: *Gardasil* (Merck, 2006) and *Cervarix* (Glaxo-Smith-Klein, 2009); *Gardasil* is quadrivalent (it contains L1-protein from four different HPV-types: 6/11/16/18); *Cervarix* is bivalent (it contains L1-protein from two different HPV-types: 16/18).

– Given that cervical cancer takes between 20–40 years to develop, today we cannot know whether the HPV-vaccines are successful in preventing it; to determine this, we have to wait until 2026–46.¹⁴

12. Harper DM, Williams KB (2010) Prophylactic HPV vaccines: current knowledge of impact on gynecologic premalignancies. *Discovery Medicine* 10(50): 7–17.

13. Tomljenovic L, Shaw CA (2012) Death after quadrivalent human papillomavirus (HPV) vaccination: causal or coincidental? *Pharmaceutical Regulatory Affairs* S12:001, doi: 10.4172/2167-7689.S12-001.

14. Gerhardus A, Razum O (2010) A long story made too short: surrogate variables and the communication of HPV vaccine trial results. *Journal of Epidemiology & Community Health* 64 (5): 377–78.

- While waiting, a ‘surrogate variable’ is used: instead of measuring the cases of cancer, we measure the cases of dysplasia (that is, the cases in which the HPV-infection has caused the cervical cells to look abnormal); HPV-vaccines have proven up to now an efficacy below 41% in preventing moderate or severe dysplasia (CIN 2/3+) and if the girl/woman has an ongoing infection with HPV-16/18 at the time of vaccination, the vaccine can even *increase* the likelihood of dysplasia or cervical cancer.¹⁵
- In terms of safety: according to the VAERS registry in the US, HPV-vaccines are responsible for 60% of all severe side-effects caused by vaccines: this includes 82% of permanent disability and 64% of deaths; in absolute numbers (2012): 464 permanent disability and 37 deaths of previously healthy girls/women between 16 and 29 years of age.¹⁶
- Canadian researchers Tomljenovic and Shaw found VLP-16L1 from the vaccine *Gardasil* in the brains of two previously healthy girls (14 and 19 years old) who died after being given the vaccine; the cause of their deaths could have been an *autoimmune cerebral vasculitis* caused by the aluminium adjuvant included in *Gardasil*; this adjuvant is able to irritate the immune system in such a powerful way that the production of antibodies against the HPV-16 rises ten-fold above normal; these antibodies so boosted by the aluminum seem to be the cause of the autoimmune vasculitis that killed the girls.¹⁷

Seven Irregularities that Need to be Explained

–Aluminium adjuvants have been used for more than 90 years in vaccines, but there is an extremely serious irregularity in the studies done up to now on its safety; this irregularity makes it possible that the vaccines that contain aluminium may indeed have serious and even mortal neurotoxic and immunogenic effects without them having been found in the studies; the irregularity is: the studies on the safety of vaccines adjuvanted with aluminium should have compared the vaccinated people to people being injected an inert substance; instead, the vaccinated people were compared to people being injected aluminium without the vaccine; the vaccinated people had aluminium because the aluminium was included in the vaccine and the non-vaccinated people also had aluminium; with such a study design it is impossible to detect the toxicity of aluminium: the neurotoxic effects, the incidence of autoimmunity and the number of deaths in the vaccinated group and in the control group were the same; but this was not because the vaccine had no toxic

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15. Tomljenovic L, Shaw CA, and Spinoza JP (2013) Human papillomavirus (HPV) vaccines as an option for preventing cervical malignancies: (how) effective and safe? *Current Pharmaceutical Design* 19 (8): 1466–87.
 16. US Centers for Disease Control and Prevention (CDC). WONDER VAERS Request. Available at: <http://wonder.cdc.gov/vaers.html>
 17. Tomljenovic L, Shaw CA (2012) Death after quadrivalent human papillomavirus (HPV) vaccination: causal or coincidental? *Pharmaceutical Regulatory Affairs*, S12:001, doi: 10.4172/2167-7689.S12-001.

side-effects, but because both groups were being injected aluminium;¹⁸ this study-design was chosen because the aluminium was assumed to be safe: the studies were not being done to determine the toxicity of aluminium but the toxicity of the other components of the vaccine.

– Another irregularity that needs to be explained is that the HPV vaccine has been presented by the health authorities as if its effects were long-lasting; this is not the case; it has been proven that more than one third of girls vaccinated with *Gardasil* lose their antibodies to HPV-18 five years after vaccination.¹⁹

– A third irregularity: the first studies of efficacy did not offer enough statistical information; they gave the confidence interval but not the value of ‘p’.²⁰

– A fourth irregularity: the frequency of side-effects has been measured as a percentage of the total of *distributed* vaccines instead of a percentage of the total of *administered* vaccines; this strategy gives rise to a falsely lowered incidence of side-effects because the total of vaccines distributed is always much more elevated than the total of vaccines actually administered.²¹

– A fifth irregularity that should have legal consequences for health authorities: parents have not been appropriately informed; they have been told that the HPV vaccines have proven efficacy in preventing cervical cancer and this is not true and they have been told that the vaccine is safe when in fact it can cause permanent disability and death.

– The sixth irregularity is the manner in which girls with side-effects and their families are treated by medical staff: despite the fact that thousands of girls worldwide have experienced neurological symptoms associated to this particular vaccine, affected girls who seek medical attention are told that their symptoms are psychological in origin; the girls themselves and/or their parents are held responsible for the ordeal they are enduring.²²

– The seventh and last irregularity is that this vaccine of uncertain efficacy associated to serious side-effects has been included in the girls’ vaccination calendar in more than 100 countries and that in many of these countries, the vaccine is being administered in schools, so that teachers and not medical staff are those giving the parents the information on the vaccine and obtaining from them the written consent.

18. Tomljenovic L, Shaw CA (2011) Aluminum vaccine adjuvants: are they safe? *Current Medicinal Chemistry* 18(17): 2630–37.

19. Harper DM, Williams KB (2010) Prophylactic HPV vaccines: current knowledge of impact on gynecologic premalignancies. *Discovery Medicine* 10(50): 7–17.

20. Tomljenovic L, Shaw CA (2011) Human papillomavirus (HPV) vaccine policy and evidence-based medicine: are they at odds? *Annals of Medicine*, doi: 10.3109/07853890.2011.645353.

21. Tomljenovic L, Shaw CA, and Spinosa JP (2013) Human papillomavirus (HPV) vaccines as an option for preventing cervical malignancies: (how) effective and safe? *Current Pharmaceutical Design* 19(8): 1466–87.

22. Asociación de afectadas por la vacuna del papiloma, see <http://www.aavp.es>

Critical Thinking on the HPV Vaccine

On 8 September 2012, a 13 year-old girl died in Asturias (Spain) after having received the second dose of the HPV-vaccine.²³ The risk of dying from the HPV-vaccine is worldwide lower than the risk of dying from cervical cancer, but there is a fundamental difference: those who die or end up permanently disabled as a consequence of the HPV-vaccination are young and usually healthy girls whose ordeal is a consequence of a public health policy being reinforced by health authorities; those who die because of cervical cancer are adult women whose deaths could have been prevented in most cases by regular Pap-smears, followed when indicated by a laser or a surgical intervention. It makes no sense to expose healthy girls to the risk of permanent disability or death in order to prevent a cancer that can be prevented by a harmless test.

It is important to remember that in 2007 the same pharmaceutical company that manufactures *Gardasil* (Merck), pleaded guilty in a US criminal court for having hidden vital information regarding the safety of its anti-inflammatory blockbuster drug *Vioxx* (rofecoxib); *Vioxx* caused death by heart attack or stroke to more than 30,000 people before being taken off the market (it was approved in 1999 and it was withdrawn in 2004); Merck was found guilty of hiding vital information and was ordered by a criminal court to pay millions of dollars; despite being extremely high, the amount Merck was ordered to pay fell below the total benefits Merck had obtained ... selling *Vioxx*! None of the people responsible for this crime that took the lives of thousands went to jail and Merck was allowed to continue business as usual.^{24, 25}

My proposal is clear:

- The HPV vaccine should be immediately withdrawn from all pediatric vaccination calendars; the health authorities, the pharmaceutical companies and the doctors responsible should be made accountable.

While working for the above goal:

- All those involved in consenting or administering the vaccine should inform the parents of the uncertainty of the results and of the proven dangers of the HPV-vaccine; my recommendation is that no parent gives her/his consent to have her/his daughter vaccinated against HPV; if the girl has already received the first dose, don't consent to the second; if she has already received the second, don't consent to the third.

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23. Europa Press (2012) Muere una menor con asma en Gijón tras administrarle la vacuna del virus del papiloma. [A girl died from asthma in Gijón after being administered the hpv vaccine] 14 September. Available at: <http://www.europapress.es/sociedad/sucesos-00649/noticia-muere-menor-asma-gijon-administrarle-vacuna-virus-papiloma-20120914224259.html>
 24. The FDA exposed: an interview with Dr. David Graham, the vioxx whistleblower. *Life Extension Magazine*. October 2012. Available at: <http://www.lef.org/Magazine/2012/10/The-FDA-Exposed-An-Interview-With-Dr-David-Graham/Page-01>
 25. Voreacos D, Johnson A (2010) Merck paid 3,468 Death Claims to resolve Vioxx Suits. Bloomberg, 27 July.

In cases where a girl has already been vaccinated:

- Parents should know that autoimmune side-effects can manifest themselves months after the third dose of the HPV vaccine; they should react immediately if neurological symptoms appear because there is treatment: neurological damage or death can be avoided by chelating (eliminating) the aluminium from the body.

In cases where some parents, despite being appropriately informed about the dangers of the HPV-vaccine, do want to have their daughter vaccinated:

- before they have her vaccinated, they should determine whether their daughter is already infected with HPV-16/18 or not; in case she is, the HPV vaccine might *increase* her risk of developing cervical cancer (it is important to remember that being infected with the HPV does not mean that a girl has been sexually active because the virus can also be acquired by other means).

Applying the Lacanian Theory of Discourse to the Case of the HPV Vaccine

Lacan formulated his theory about the four different discursive positions in the context of the social phenomenon known as ‘May of 1968’, particularly as he experienced it in Paris.²⁶ His goal was to deepen the complexity of the analysis of power relations so that alongside the social effects and the external determinants, those aspects that conform and reveal the individual subjectivities at play can be brought to the fore, made visible and analysed.²⁷

The four modes of discourse according to Lacan are as follows:

1. *Master discourse*: the discourse of a patronizing authority figure that tells others what to do or makes decisions on their behalf (e.g. in the case of HPV, politicians speaking to teachers, teachers speaking to parents, parents speaking to children, older siblings speaking to younger ... etc.)
2. *University discourse*: a human discourse that presents itself as being based exclusively on ‘objectivity’ and ‘rationality’ (it is the worst form of dogmatic discourse because it doesn’t acknowledge its subjective components).
3. *Hysterical discourse*: unsettled and unsettling discourse that exposes the fake character of a particular patronizing authority figure while feeling deeply and personally betrayed by it.
4. *Analytical discourse*: the discourse of a free subject ready to take responsibility for the uncertainty of life and for her own decisions.

26. Lacan J (1991) Miller J-A (ed.) *Le Séminaire de Jacques Lacan XVII: L’envers de la psychanalyse, 1969–70*. Paris: Editions Seuil.

27. Žižek S (1999) *The Ticklish Subject: the Absent Centre of Political Ontology*. London: Verso, 162–67.

The dynamic of each of these four discourses depends on which of the four structural elements identified by Lacan as constitutive of human subjectivity takes the role of the speaker. Lacan names these four elements $S1 / S2 / a / \$$; they can be briefly described as follows:

S1 (master signifier): the frame that is not questioned and in relationship to which all particularities acquire meaning

S2 (knowledge): each of the particularities being known that have no meaning by themselves, but only in the context of the frame provided by the master signifier (S1)

a (object petit a): constituted by those particularities that the frame of the master signifier cannot account for, by all that doesn't fit

\$ (castrated or barred subject): subjectivity experienced as a split between the need to find an objective frame to explain oneself and the impossibility of doing so because of the particularities that do not fit (*a*).

Lacan takes as starting point of his analysis the master discourse and he characterizes it thus:

<u>S1</u>	→	<u>S2</u>	speaker	→	<u>listener</u>
\$		a	what is ignored		what is reinforced

While uttering a *master discourse* the speaker places herself in the authority position as law-giver and decision-maker, as master signifier beyond questioning (S1) that gives meaning to the listener. The listener becomes a secondary signifier (S2), an alienated subject with no self-determination relegated to a subservient position. The position under the speaker corresponds in each mode of discourse to the structural element constitutive of human subjectivity that the speaker of that particular discourse fails to recognize: what the master speaker fails to recognize is the split character (\$) of her own subjectivity, because only by ignoring that her subjective limitation is like everybody's else's can a speaker place herself in the position of lawgiver and decision-maker for another subject. The position under the listener corresponds in each mode of discourse to the structural element constitutive of human subjectivity which that particular discourse inevitably fosters without intending it: what the master discourse fosters is 'what it doesn't fit' (*a*); arbitrarily elevating one's subjectivity above others and fixating one's interpretative frame as the reference for the others, increases the likelihood of being crossed by people and events that do not fit, that unsettle the frame, that escape control (these people and events are then viewed as an absurdity or as a threat and awaken desire). The master discourse increases the prevalence and the strength of unsettling events (*a*) in the society and also in the inner psychic world of the individuals subject to it (be they speakers or listeners).

The other three Lacanian modes of discourse distinguish themselves by changing the structural element at the speaker's position while keeping the order of their sequence: *S1* is always followed by *S2* followed by *a* followed by \$.

The university discourse places the element *S2* in the speaker's position:

S2 → a speaker → listener

S1 \$ *what is ignored* *what is reinforced*

While uttering a *university discourse* the speaker does not consider herself as the source of authority (*my will is the law*) but as the representative of the universal law, of objective truth. This mode of discourse fails to recognize that some things are beyond cognitive apprehension by nature and not by lack of information. It presupposes a reduction of reality to rational categories. The subjectivity of the speaker disappears while uttering the university discourse and so does the subjectivity of her listener. The frame of 'general objectivity' is not questioned and from the provisionality of a partial knowledge (*S2*) aware of its partiality but reassured about the general order and rationality of things, the speaker (*S2*) addresses fragments of reality that are as yet not explained (a) with the reassurance that sooner or later they will be *normalized*. This is the mode of discourse that most readily and efficiently ignores the suffering of the other by retreating behind a supposedly objective and impartial framework. The speaker of the master discourse knows that there are no unquestionable truths and that is why there has to be a *person* who holds the absolute authority and can do what she wants; doing 'what she wants' can include to be compassionate, to grant mercy, relief or favours. The speaker of the university discourse excludes the very possibility of mercy or compassion: it makes no sense to try to go against what is perceived as 'universal law'. The position under the speaker corresponds to what the speaker of each mode of discourse fails to recognize: what the university speaker fails to recognize is the contingency of her own framework (*S1*). The position under the listener corresponds to what each mode of discourse necessarily fosters without intending it: what the university discourse fosters is the split subjectivity (\$) of the speaker and the listener because treating people and personal realities (e.g. disease) as if they were 'objects of study' increases their alienation. The university discourse increases the strength of the subjective split (\$) in the inner psychic world of the individuals subject to it (be they speakers or listeners).

These two discourses, the master discourse and the university discourse, are discourses with hegemonic pretense, exclusive discourses that seek to impose themselves by eliminating or displacing the alternative views. In this sense, they are totalitarian discourses. The master discourse corresponds to the hegemonic discourse of power and the university discourse corresponds to the hegemonic discourse of knowledge (discipline discourse according to Foucault). In the ongoing dynamics of a relationship, in a society or in the inner life of an individual, the master discourse and the university discourse can reinforce each other or oppose each other. In the case of the public discourses on the HPV vaccine, both discourses reinforce each other: health authorities, politicians, medical staff and teachers threaten the parents from their different positions of authority while appealing to common sense, scientific data and objective truth. Power (master discourse) and knowledge (university discourse) are used to conceal the impossibility of total control (\$) and to hide particular interests (*S1*).

The two discourses that follow are in reality counter-discourses, discourses that denounce the hegemonic pretense of the preceding discourses and disown them.

The hysterical discourse rebels against the master discourse; it is schematized as follows:

$\$ \rightarrow S1$ speaker \rightarrow listener
a S2 *what is ignored* *what is reinforced*

While uttering a hysterical discourse the speaker presents herself as a split subject, a subject in conflict that feels powerless (\$) and confronts a listener (S1) who she considers has failed or betrayed her; the hysterical speaker thought for a while that she had found an unfailing framework in which to entrust herself (an S1). The hysterical speaker denounces the master who presented herself as an authority figure. The hysterical discourse is in this sense secondary to the master discourse because it places in the listener position the speaker of the master discourse: it resents the authority, it questions it, it exposes it as a fake, it disowns it. The speaker of the hysterical discourse is acutely and painfully aware of her own split and seeks unsuccessfully once and again a trustworthy authority in which to rest her anxiety. The hysterical needs the master. Her listener is an S1 whom she resents and disowns for not having kept her comforting promises. The position under the speaker corresponds to what the speaker of each mode of discourse fails to recognize: what the hysterical speaker fails to recognize is that a human subject (\$) has to take responsibility for herself; in other words: there will always be elements in the world and in one self that do not fit, that escape control (*a*), and it is a futile enterprise to seek for a master who will do away with them (S1). No person, no institution and no God can occupy the S1 position for a human subject. The position under the listener corresponds to what each mode of discourse fosters without intending it: what the hysterical discourse fosters without intending it is the contingent character not of a given master, but of knowledge itself (S2).

Finally, we arrive to the analytical discourse, the discourse of the free subject that places herself in the position of not-knowing and rebels against the hegemonic discourse of the disciplining university:

$a \rightarrow \$$ speaker \rightarrow listener
 S2 S1 *what is ignored* *what is reinforced*

While uttering an analytical discourse the speaker presents herself as somebody that does not fit and will never fit any particular framework, regardless of how sophisticated and nuanced it might be; the speaker of the analytical discourse sees herself as a reality of irreducible originality (*a*) and recognizes all other subjects as such. By refusing to frame and to be framed, this speaker addresses the split subjectivity of her listener (\$) and invites her to take responsibility for herself, to accept the risk of living subjectively, to abandon the hysterical position in order to find a free and responsible authority in herself. The position under the speaker corresponds to what the speaker of each mode of discourse fails to recognize: what the analytical speaker fails to recognize is the derived or secondary knowledge (S2) because she is only interested in original knowledge, in viewing all things and all experiences, and most particularly all people, in its uniqueness

and not as a part of any system. The position under the listener corresponds to what each mode of discourse fosters without intending it: what the analytical discourse fosters without intending it is the ‘authority’ (S1), but it is a very particular type of authority: it is the personal reassurance available to the subject that refuses power and knowledge and speaks from a position of vulnerability and openness, to the subject that allows herself to be constantly surprised by the people and the events that cross her path.

The discursive analysis of Lacan applied to the case of the HPV-vaccine reveals some of the psychic mechanisms that allow the abuses of capitalism to take place.

Master Discourse on HPV Vaccination

Trust the health authorities, do not question them, they know better and will protect you. Vaccinate your daughter at age 11 (in some countries at age 9) and you will be doing your very best to help her avoid having cervical cancer in the future. Be a responsible parent and vaccinate your daughter.

This discourse is deceiving because it appeals to the responsibility of the parent while placing them in a dependent position. The information given to parents is insufficient and – as we have seen – in some cases is false. Parents are not expected to think for themselves but to trust blindly in the political and health authorities and to teach their daughters to do likewise.

University Discourse on HPV Vaccination

Question everything, ask the expert, come to the meetings and discuss with us all aspects ... but within a framework that is arbitrary but we are presenting to you as fact, as objective truth, that is: do not dare to question that cervical cancer is caused by the HPV.

Here is the reasoning for questioning the ‘objective truth’ (S1) of the university discourse on HPV-induced cervical cancer: 99% of the HPV infected women do not develop cancer. This is a well-known fact, but its implication is usually not taken into consideration. The implication is that cervical cancer is a *multifactorial* disease and that the virus might be a necessary but it is clearly not a sufficient factor. What else is needed to develop cervical cancer? The most important factor seems to be the weakening of the immune system. Researching in this direction would lead us in a very different path. Instead, we develop vaccines that unbalance the immune system and insist in giving them to *all* healthy girls in the context of not knowing whether they work and knowing that some of these girls will die or be permanently disabled as a result of the vaccination.

Hysterical Discourse on HPV Vaccination

The health authorities have misled us. We cannot trust in them, we cannot trust the experts. They have lied to us. This should never happen again. We should organize to avoid this happening in the future, to avoid it happening to more girls.

This is the generic frame of the discourse. In each country and in each case of denunciation, it takes a different form. In Spain, the mother of one of the first girls severely affected by the HPV vaccine has started an association to stop the vaccination campaign in the

schools, seek compensation, denounce the health authorities and bring the responsible people to court.²⁸ A well-known French oncologist has started a campaign against the HPV vaccine.²⁹ Japan has already withdrawn the HPV vaccination from its vaccination calendar for children and is being discredited for having done so.³⁰ Poland had also been discredited in 2009 when it refused to buy the pandemic flu vaccine; we know today that the mortality and morbidity caused by the pandemic flu in 2009 was the same in Poland as in the other European countries that distributed the vaccine, with the advantage that Poland spared its population the severe side-effects that have been associated with it.³¹

Analytical Discourse on HPV Vaccination

The analytical position assumes personal responsibility for the uncertainties of life, this is why I cannot describe a *common* position for all those who speak from an analytical standpoint. Each one will act according to her own life experiences and according to her own values. Some will focus on exploring options of treatment and prevention of cervical cancer that the current power-knowledge system discredits (like sodium chlorite/MMS or colloidal silver). Others will chose to completely ignore the HPV-hype and go on with their lives as usual. Still others might seize the opportunity to try exposing the underlying dynamics of capitalism and the threat that this economical system represents for the well-being of the most vulnerable among us. The latter has been my option in this article.

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28. Asociación de afectadas por la vacuna del papiloma (AAVP): aavp.es.

29. Dr. Joyeux, see <http://tinyurl.com/k98kuap>

30. Gilmour et al. (2013) HPV vaccination program in Japan. *The Lancet* (382):768. Available at: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)61831-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61831-0/fulltext)

31. Kelland K (2013) Insight: Evidence grows for narcolepsy link to GSK swine flu shot. Health and Science correspondent. Reuters, Stockholm. The article describes the case of 800 people who have been affected and explains that the vaccine Pandemrix (patented and marketed as a vaccine for pandemic flu alarm) has been banned for children and young people under age 20 years.