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Human Papillomavirus and the *Gardasil* Vaccine: Medicalization and the Gendering of Bodies and Bodily Risk

Lauren Camara

Human Papillomavirus (HPV) is a sexually transmitted infection (STI) that has been at the centre of public health discussions over the past decade. It is one of the most common STI's in the world, and appears most frequently in adolescents and young adults. In fact, HPV is so common that one in every two sexually-active people will contract at least one HPV infection at some point during their lifetime (Abdelmutti and Hoffman-Goetz 422). With over one-hundred identified strains, most infections present either minimal or no risk to health in “immunologically-competent” individuals (Abdelmutti and Hoffman-Goetz 422). HPV infections are typically “asymptomatic and harmless; most people never know they are infected, and most infections typically resolve on their own” (Dailard 6). In Ontario, however, HPV is represented as a serious health risk that must be dealt with through mass inoculation. Both the provincial government of Ontario and Merck & Co., Inc. (the pharmaceutical company behind the preventative HPV vaccine *Gardasil*) have served to create a “blockbuster vaccine embedded in a discourse of individualized risk and pharmaceutical control centred on female bodies” (Mishra and Graham 57). As a result, hundreds of thousands of young Ontarian females have been pre-emptively protected against HPV through a “government-sponsored immunization cohort” (Mishra and Graham 59). The risk discourse surrounding HPV in Ontario reflects Conrad's claim that medical experts, patients, and biotechnological corporations “interact in complex ways that affect social norms in changing definitions of behaviours and interventions” (11).

Both the communication of HPV risk and the push for HPV immunization are part of the medicalization process, wherein disease-related risks become a marketing platform for pharmaceutical companies. HPV risks have been constructed in ways that disguise the moral implications of the infection as sexually-transmitted in order to soften the sensitive moral and political nature of HPV vaccines. Discussions of HPV and immunization offer an example of the ways in which gender segmentation in the medical realm acts as a strategy for exploiting and reinforcing gender boundaries (Conrad 11). Thus HPV risk communication exemplifies the “deeply gendered control and surveillance of bodies and bodily risk” (Mishra and Graham 58).

The risk communication of HPV infection, the risks associated with the STI, the appeal to individualized responsibility, and the appeal to decision autonomy to get immunized all fit within Ontario's broader medical context. This context concerns the way that:

neoliberal policies effect shifts in public health priorities such that increasing emphasis is placed on the individual citizens who are expected to minimize their exposure to risks for disease through increased medical and self-surveillance and the purchase of particular drugs and devices. (Polzer and Knabe 345)

This context can be understood as part of the medicalization process, in which the marketing efforts of Merck & Co., Inc. and The Government of Ontario suggest that corporate interests have become co-opted into public health policy (Mishra and Graham 58). In the 1980s, pharmaceutical companies promoted their products to physicians and the public, and patients came to be viewed primarily as consumers or potential markets (Conrad 4-5). This shift increased the pharmaceutical industry's "impact on the boundaries of the normal and the pathological", and the cultural influence of medical professionals (Conrad 11). In Ontario, female bodies have become objects marked for biotechnological intervention via *Gardasil* inoculation as a result of the "prevailing cultural attitude that women, specifically, are morally obligated to take responsibility for their health and the health of their children, or suffer the consequences" (Polzer and Knabe 346).

The risk that an HPV infection poses to the public is extremely low (Abdelmutti and Hoffman-Goetz 423). In fact, of the more than one-hundred strains, only four types have been associated with future complications, such as the onset of genital warts and different types of cancer (Abdelmutti and Hoffman-Goetz 423). These complications, however, only occur in the rarest of cases, and typically when HPV infection goes undetected and untreated (Polzer and Knabe 345). Despite this, HPV infections have been depicted by the medical community, government health agencies, and the makers of *Gardasil* as "a singular entity...conflated with cervical cancer" (Polzer and Knabe 345). HPV vaccines have been marketed towards girls and young women "primarily as a means to prevent cervical cancer, rather than to control the spread of STIs" through awareness campaigns which "purposely cultivated public awareness of the linkage between HPV and cervical cancer" (Polzer and Knabe 345). In 2005, Merck & Co., Inc. launched a campaign called 'Make the Connection', where print advertisements and brochures were distributed with beaded bracelet kits. The campaign was designed to bring awareness to the connection between an HPV in-

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fection and cervical cancer onset, and was sponsored by the Cancer Research and Prevention Foundation (CRPF) and the Step Up Women's Network (SUWN). The campaign used the tag line "make the connection between cervical cancer and Human Papillomavirus" ("Make the Connection", 2005). Arguably, the beaded bracelets symbolically formed the connection between HPV infection and cervical cancer.

The introduction of regular cervical cancer screening into Canada's public health care system in the 1970s has both successfully increased early detection of pre-cancerous lesions and decreased cervical cancer incidence and mortality (Polzer and Knabe 345). Additionally, cervical cancer accounts for only one percent of all cancer-related deaths among women in Canada (Polzer and Knabe 345). Nevertheless, *Gardasil* has been marketed as "the only cervical cancer vaccine that helps prevent against four types of HPV" (Robertson, 2008). Interestingly, *Gardasil* is not marketed as an HPV vaccine which can help prevent against cervical cancer, but is marked as the cervical cancer vaccine that helps protect against HPV. This trend appears again in the 'Tell Someone' campaign, which consisted of a series of print and television advertisements that employed the phrase "cervical cancer, caused by a virus. Now that you know, tell someone" (Vogels, 2009). The television advertisement features a series of women, ranging in ages from mid-teens to seniors, saying, "I want to tell someone I love [sister, granddaughter, younger cousin, friends back home] that I just found out cervical cancer is caused by certain types of a common virus, HPV" (UDirectNYC, 2008). Given that "knowledge that cervical cancer is associated with an STI may affect women's attitudes toward the disease including perceptions of cancer risk" (Marlow, Waller, and Wardle 373), it is unsurprising that Merck & Co. Inc. utilized the risk for future diseases, such as cervical cancer, as the primary marketing platform for its *Gardasil* advertising campaigns (Polzer and Knabe 345).

The risk communication of HPV has been infused with elements of medicalization for the purpose of constructing one's health as a goal that is achieved through individual effort (Polzer and Knabe 346). This strategy is "symptomatic of neoliberal policies that aim to stimulate the biotechnology sector and transform health from a public good into a commodity and resource for economic growth" (Polzer and Knabe 346). Furthermore:

the current emphasis on risk identification, assessment and management in health promotion and public health expands the scope of medicalization by linking everyday life behaviours (e.g. sexual activity) with the potential for negative health outcomes in the future. Even when well-intended, these risk-based approaches multiply opportunities for surveillance and pre-emptive intervention, and are,

thus, implicated in the regulation of healthy populations. (Polzer and Knabe 346)

Gardasil has been successfully marketed as an urgent and severe risk because it has framed all girls to be at risk “as a result of their being on the cusp of passing through a normal life stage from childhood to adulthood” (Polzer and Knabe 346).

The suggestion that pre-adolescent girls should receive a preventative vaccine for a sexually-transmitted infection initially received mixed feelings from parents. As a result, Merck & Co. Inc. promoted *Gardasil* by framing it as a cancer control strategy (Polzer and Knabe 345). In their efforts to promote *Gardasil*, Merck & Co. Inc.’s was supported by the Canadian Cancer Society, the Ontario Ministry of Health and Long Term Care, the Society of Obstetricians and Gynaecologists of Canada, and numerous local public health authorities (Polzer and Knabe 344). Upon its approval by Health Canada in July of 2006, *Gardasil* was seen as a major advance in public health, particularly public health for women, by these organizations (Abdelmutti and Hoffman-Goetz 423). Moreover, in March 2007, The Government of Canada allocated \$300 million to support provincial and territorial HPV vaccine programs over the following three years (“The budget plan, No. F1-23/2007-3E”, 2007). By September 2007, Ontario had introduced the *Gardasil* vaccine into its school-based and publicly-funded immunization programme. Along with publically administered vaccinations against viruses such as Diphtheria, Tetanus and Acellular Pertussis, Meningococcal, Poliovirus, Measles, Mumps and Rubella (“Publicly Funded Immunization Schedules...”, 2009), *Gardasil* has become depicted as a normal and necessary public health procedure. As a result, *Gardasil* has since been administered to nearly 700,000 Ontario female students aged eleven to thirteen (“Ontario’s HPV Vaccination Program”, 2008).

The rapid implementation of *Gardasil* as a public health strategy into the school-based immunization programme precluded wide consultation and agreement between stakeholders (Mishra and Graham 57). Given that risk, risk messages, and risk prevention manifest at a number of different levels (Maule 17), there is the potential for conflict between consumers’ interests in their own health and manufacturer’s economic and political interests. In a culture of increasingly market-driven medicine, medical and biotechnological fields “are driven more by commercial and market interests than by professional claim-makers” (Conrad 10).

There is also an increasing emphasis on citizens to mitigate risk through individual initiatives. Public health campaigns often appeal to personal responsibility by explicating “what it means to be a responsible spouse, parent or friend” (Guttman and Ressler 118). For instance, in the “Tell Someone” campaign, there is an emphasis

on the responsibility of a parent, sibling, cousin or friend to ensure that others are aware of HPV health-related risks. One television advertisement ended with a woman saying “I want to tell someone... you should too” (UDirectNYC, 2008). Moreover, the Ontario Ministry of Health and Long Term Care website on HPV urges parents to protect their daughters “from this deadly disease” (“Ontario’s HPV Vaccination Program”, 2008). In public health campaigns, the notion of personal responsibility is often employed for persuasive appeal because, while “the biomedical language of risk is linked to probabilities, its definition depends on social values and cultural norms” (Guttman and Ressler 118).

Given that risk is both ideologically and culturally constructed, what is considered irresponsible depends largely on a particular society’s designation of risky behaviours. Guttman and Ressler suggest that contemporary risk factors have emerged to replace ancient sins, such as gluttony, sloth, and lust (118). Accordingly, they propose that risky health-related behaviours are often associated with sin or moral weakness. In response, the HPV awareness and *Gardasil* promotional campaigns, specifically the ‘Make the Connection’ and ‘Tell Someone’ campaigns, strategically omit the provocative sexual themes by “neglecting the clinical and sexual facts of the spread and prevalence of HPV” (Mishra and Graham 57). The failure to mention that HPV is sexually transmitted obscures the provocative nature of STI’s. This allows discussions of the disease to avoid the argument that sexually-transmitted infections “are a result of promiscuity, and therefore, do not pose a significant risk to so-called moral sexual persons” (Vogels, 2009). In avoiding the morally-questionable aspects of sexually-transmitted infections, Merck & Co., Inc. ‘simply’ explicates the links between girlhood, risk of future disease, and preventative vaccination (Polzer and Knabe 347).

The emphasis on personal responsibility and moral behaviour coincides “with social and political climates in which the individual is viewed as the appropriate focus for interventions to control health risk factors” (Guttman and Ressler 118). The ‘One Less’ and ‘I Chose’ campaigns exemplify such a view, whereby healthiness is deemed “a moral responsibility and goal, that is achieved through individual effort and enterprise” (Polzer and Knabe 346). In the ‘One Less’ campaign, a series of adolescent females state that because they chose to vaccinate against HPV, there will be “one less woman whose life will be affected by cervical cancer”, and if you vaccinate with *Gardasil*, “you could be one less” too (Modelinthecity, 2006). Similarly, the ‘I Chose’ campaign presents a selection of women who explain why they chose to vaccinate with *Gardasil*. One woman stated, “I will do everything I can to protect myself against cervical cancer”, while another said, “I chose to get vaccinated because my dreams don’t include cervical cancer” (Robertson, 2008). Through these messages, vaccinating is articulated as an act of responsibility and self-protection, whereas

non-vaccination is lack of action and irresponsible. In short, one has the choice to either ‘protect with *Gardasil*’ or ‘suffer the consequences’.

The idea of individual responsibility, the effort towards ensuring one’s health, and the acceptance that individuals “are culpable for adverse consequences when they do not adopt preventive measures” is “enshrined in a utilitarian philosophy according to which responsible people will choose to behave rationally and avoid health risks” (Guttman and Ressler 118-119). To do otherwise would not only “evoke an unpleasant state among receivers about the negative consequences of their behaviour” (Visschers et al. 260), but it would also indicate that one is imprudent and irresponsible (Guttman and Ressler 118). Therefore, being at risk is “a disease state that frames the individual as responsible for ensuring that risk does not become reality” (Batt and Lipman 50).

In Ontario, there is a prevailing cultural attitude that women are morally obligated to take responsibility for their health and the health of others. The risk communication of HPV is “symptomatic of the ways in which women’s bodies and lives have been subjected to and transformed by processes of medicalization” (Polzer and Knabe 345). On the one side, Elder women are placed in positions of responsibility to ensure that those they love and care about are adequately informed about the risks they face. On the other, young women who choose to get vaccinated are depicted as “practicing ‘decision autonomy’ by acquiring the ‘facts’ about HPV and cancer” in order to protect their bodies (Mishra and Graham 57). Thus the act of immunizing against HPV becomes an act of empowerment (Mishra and Graham 58).

The gender segmentation in the marketing of *Gardasil* is a “propitious strategy for defining problems and promoting medical solutions” that serves to exploit and reinforce gender boundaries (Conrad 11). HPV is a virus that affects males as often as it does females, and poses similar risks, such as anal cancer and genital warts (“HPV Vaccines”, n.d.) The Canadian National Advisory Committee on Immunization recommends HPV vaccination for males ages nine to 26 years (Canadian Cancer Society, n.d.). Nevertheless, the “possession of an innately female biological body part is the clinically endorsed criterion for inclusion into a government-sponsored immunization cohort” (Mishra and Graham 59). As such, the HPV vaccine is marketed for females only. The framing of HPV as a women’s issue “obscures evidence that HPV is carried by both males and females” (Polzer and Knabe 345) and reiterates how women’s bodies have become objects of medical control (Conrad 11). Additionally, the responsibility to get immunized, and encourage the immunization against HPV “burdens women with a commitment to good prophylactic behaviour” (Mishra and Graham 59).

The case of HPV and *Gardasil* in Ontario demonstrates the way in which cor-

porations, organizations, institutions, and pathogens come together in discourses of clinical risk. More specifically, “the reception of a new vaccine is the product of a complex interplay of science, marketing, healthcare politics and practices, media representations and social perceptions” (Mishra and Graham 64). These actors interact in intricate ways that affect social norms in “changing definitions of behaviours and intervention” (Conrad 11). Since the first announcement by Merck & Co. Inc. for their HPV vaccine, there have been a range of conflicting views about *Gardasil*, yet the vaccine still remains a prominent aspect of public health policy in Ontario. In addition, the HPV infection discourse, the risks associated with it, and the push for individualized responsibility to mitigate risk by inoculation demonstrate how processes of medicalization operate as a mode of social control. The risk discourse surrounding the case of HPV is grounded in the ideas of ‘patients as consumers’ and ‘individuals as responsible citizens.’ Furthermore, the moral implications of inoculating pre-teenage girls against STI’s for the purpose of achieving public acceptance are neglected. These factors serve to exploit and reinforce the prevailing cultural attitude that women bear the responsibility for preventing illness.

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