

Overdiagnosis and the construction of “at-risk” girls: HPV vaccination campaigns as rescue missions

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Thanks to the
**Canadian Institutes
of Health Research**
for funding our
research program

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Our Study

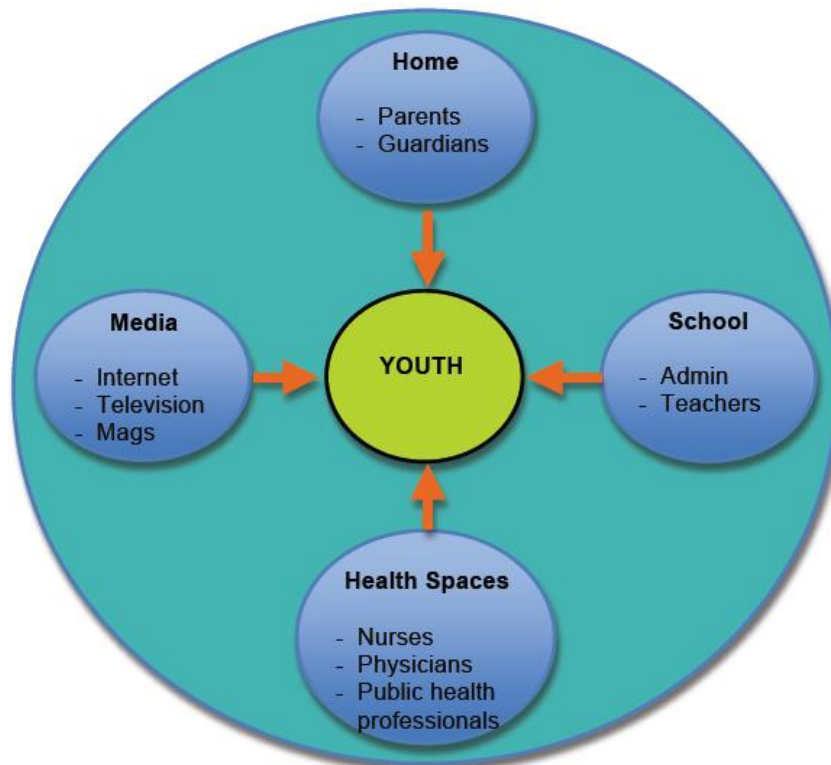


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Objectives

1. To document the deployment of HPV vaccination discourses
2. To interrogate the impact of such discourses on girls, parents and health professionals

Overview



- Discourses in media
- Institutional documents
- Interviews with girls, parents, teachers, doctors, nurses, public health officials

4 provinces

47 youth participants

92 adult participants

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Results: Discourses in the media



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Ce que je fais pour protéger ma fille?

Tout ce que je peux.

Ma fille est ce que j'ai de plus précieux.
Je fais tout ce que je peux pour la protéger
comme m'assurer qu'elle porte son casque de
vélo ou savoir qui sont ses amis. Le vaccin
GARDASIL® est une autre façon de prendre
soin d'elle. Après tout, c'est mon rôle de mère.

Renseignez-vous.

Faites tout ce que vous pouvez.

Parlez-en avec un professionnel de la santé.

**Faites vacciner votre fille
dès maintenant.**


GARDASIL®
VACCIN

Pour les filles et jeunes femmes de 9 à 26 ans.

®Marque déposée de Merck & Co., Inc. utilisée sous licence.
09-CDN-643-104576-JR-F

Parents

YOUR DAUGHTER CAN'T POSSIBLY KNOW THE IMPORTANCE OF A CERVICAL CANCER VACCINE. BUT THANKFULLY, SHE HAS HER MOTHER.

A vaccine has been created for your daughter that may protect her from 4 types of human papillomavirus. These types may cause 93% of cervical cancer and 90% of genital warts. GARDASIL[®] will not prevent cervical cancer and genital warts. GARDASIL works by teaching your daughter before she may be sexually active.

GARDASIL is for girls and young women ages 9 to 26. The vaccine is part of your daughter's recommended vaccination schedule, but only for certain age groups. GARDASIL is right for her. Ask your daughter's doctor or healthcare professional about getting her vaccinated with GARDASIL. The world became one less place affected by cervical cancer.

SELECT SAFETY INFORMATION

GARDASIL may not fully protect everyone and does not prevent all types of cervical cancer, so future cervical cancer screenings will be required for your daughter. Anemia which is caused by the ingredients of GARDASIL, should not exceed the critical, and GARDASIL is not for women who are pregnant. GARDASIL is given in 3 injections over 6 months and may cause pain, fatigue, swelling and redness at the injection site, fever, nausea, and dizziness.

Please see Patient Information on the next page.

1-800-234-4746 | GARDASIL.com


GARDASIL
Quadrivalent Recombinant Papillomavirus
Vaccine (4, 16, 18, 31/33-component) [Indicated]



If there was a
**vaccine against
cancer**, wouldn't
you get it for
your kids?



If there were a vaccine
to protect against
cancer, wouldn't you
get it for your kids?

**HPV vaccine is
cancer prevention.**

Talk to your health
care provider about
vaccinating your 11-12
year old sons and
daughters against HPV.

HPV vaccination campaigns:

- Gardasil as **only** weapon in « war » against CC
- Morally laden, gendered, heteronormative
- Invention of crisis: use of fear, guilt, bullying
- Parents (mothers) targeted in “saving” girls
- Mothers as “responsible”/“irresponsible” citizens
- Gloss over health inequalities, real CC risks, potential vax risks

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Results:
Discourses in
public health
documents



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Free Vaccination programs in elementary school Grade 4

» » » This brochure contains a [vaccination consent form](#) which you should complete whether or not you agree to have your child vaccinated.





INFORMATION FOR PARENTS



HPV Vaccine is Safe – (Gardasil)

04/08/2016 CS256663A

What are HPV Vaccines?

HPV vaccines protect against certain cancers caused by human papillomavirus (HPV) infection. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, throat

Understand and Monitor

It is important
HPV vaccine s;

Findings

Documents repeat industry discourses and are designed to manufacture consent:

1. Present HPV as very serious (# CC, # CC deaths, fear)
2. Instill a sense of urgency: pathological adult female sexual activity + economic imperative to act immediately
3. Minimize adverse reactions (trivialize parental anxieties) or omit them altogether



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Results: Participants' Narratives



HPV Vax Benefits

Narratives	Girls	Parents	HPs
Not sure / Don't know	•	•	
Protection/Prevention from gyneco. cancers	•	★	★
Protection from HPV strains	•	•	•
Health protection and prevention			★
Protection against warts		•	★

HPV Vax Harms

Narratives	Girls	Parents	HPs
Not sure / Don't know	★	★	
Potential minimal side effects (pain at injection site, dizziness)	★	★	★
Never heard about harms from health institutions/documents	.	★	

Narratives

- **Girls** lament the lack of information but are impacted by the gendered discourse on HPV vaccination. They position themselves as at-risk for cancer and as responsible for not transmitting “bugs” to eventual male partners.
- **Parents’** narratives clearly reflect the uncertainty, anxiety and fear that emerges alongside the vaccine and its consequence of encouraging them to act upon their daughter’s risk, an action that is given significance in terms of a cancer-free future. In doing so, they take at heart their social responsibility and construct themselves as biocitizens.
- **HPs** lament independent info, appropriate dominant (industry) discourses, act as “biopolitical agents” by redistributing risk management from the state to parents and manufacturing consent.

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Results Participants' discourses



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Participants' Discourses

Dominant Discourses	Girls	Parents	HPs
Discourse of risk/protection	★	★	★
(Bio)medical discourse	★	★	★
Vaccination discourse	★	★	•
Discourse of medicalization/ trust in institutions	★	•	•
Discourse of responsibility for sexual health (self/partner/child)	•	•	★

Resistance to Discourses

Signs	Girls	Parents	HPs
Believing in equality, alluding to sexism	•	★	★
Having doubts or negative views of drugs/vaccine/pharma ethics	•	★	•
Believing that vaccination in schools is problematic		★	•
Resisting interventionist medicine / Liking holistic medicine		•	•

Resisters

(mostly parents, some girls, some nurses)

- Question the need to vaccinate
- Insufficient info on consent form
- Bad to test new vaccine on young girls
- Bad to stigmatize those questioning HPV vaccine
- Should not be a public health priority
- Should raise awareness about ADR
- ADR reporting system is bad
- Bad that HPs do not link vaccine to ADR
- Lack of GVT responsibility for ADR
- Lack of support when ADR

HPs and ADRs: Rejection, Threat

Les médecins ne sont pas là... Qu'ils essaient de s'en laver les mains, bien, ils ne veulent surtout pas parler contre le vaccin. Surtout pas. Donc c'est tout de suite balayé : « Non, madame ». Puis, les mères qui ont insisté, là, elles se sont fait revirer : « Vous pouvez aussi vous trouver un autre médecin ».

Inadequate Vaccinovigilance

Tu n'es pas reconnu, personne ne reconnaît, personne déclare, personne ne fait rien... Santé Canada, sais-tu combien de cas ils ont de répertoriés en six ans ? C'est ridicule: 54 cas. 54 cas. J'en connais 100, personnellement. Ça n'a même pas de bon sens. Fait que les infirmières ne rapportent pas. Les médecins ne rapportent pas.

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Conclusion



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Over-Vaccination

Educational: opportunities for broader dialogue about girls' sexual health are foreclosed, as are important discussions about health inequalities, CC risk, vaccine risk, efficacy, alternative

Ethical: invention of public health crisis; false claims in marketing; no informed assent/consent; COI of those who train HPs

Social: health policies/priorities need reassessment; costly public health strategy (99.7%); ill-designed rescue mission

Medical: giant experiment; ADRs/ injured girls are dismissed

Epistemological: need more research where the voices of girls and mothers are heard, their realities acknowledged



EXTRAS

HPV Vaccine VAERS Reports (USA)

Summer 2017

DESCRIPTION	TOTAL
Cervical Cancer/ Dysplasia/ Ab. Pap	1,026
Deaths	324
Life Threatening	825
Disabled	1,974
Hospitalized/Extended H stay	5,116
Serious	6,836
Did Not Recover	9,686
Emergency Room	14,518
Total Serious Adverse Events	51,522

+ over 40,000 from VigiBase (Europe)

Counter Postcard

- Studies focus on whether vaccine prevents HPV infection or **potential** precursors of CC (e.g., CIN or cervical intraepithelial neoplasia), not cancer
- Most HPV infections (90%) clear on their own
- Most people in developing countries (99.85%) exposed to HPV oncogenic types will never develop CC (WHO)
- CIN1 (99%), CIN2 (98.5%) or CIN3 (88%) abnormal cells revert to normal cells without medical intervention (WHO)

Counter Postcard

- Worldwide, breast, colorectal and cervical cancers are **not** on the top 10 causes of death -- diseases and infections are (WHO, 2008)
- Canada/West: few CC deaths, 16 cancer types are more deadly for women in Canada (StatsCan 2016)
- Canadian women more likely to die from lightning than from CC (StatsCan 2016)