



PROJECT MUSE®

Not Quite a Cancer Vaccine: Selling HPV and Cervical Cancer
by S. D. Gottlieb (review)

Lundy Braun

Bulletin of the History of Medicine, Volume 93, Number 2, Summer
2019, pp. 296-297 (Review)

Published by Johns Hopkins University Press
DOI: <https://doi.org/10.1353/bhm.2019.0036>



➔ For additional information about this article
<https://muse.jhu.edu/article/729247>

S. D. Gottlieb. *Not Quite a Cancer Vaccine: Selling HPV and Cervical Cancer*. New Brunswick, N.J.: Rutgers University Press, 2018. x + 200 pp. Ill. \$34.95 (978-0-8135-8777-6).

Vaccine policy is an increasingly fraught domain as the number of mandated childhood vaccines in the United States increases and antivaxxer activists step up efforts to eschew or delay many of these life-saving vaccines. Consequently, in certain primarily affluent enclaves of the United States a significant proportion of children are not adequately vaccinated. Enter yet another new vaccine, Gardasil, developed and marketed by Merck. Promoted as a preventive strategy for cervical cancer, Gardasil is an expensive vaccine directed at HPVs that can give rise to genital tract cancers or genital warts. S. D. Gottlieb's *Not Quite a Cancer Vaccine* spans the decade from Merck's 2006 "Tell Someone" advertisements to the 2016 "Know HPV" campaign. Drawing on participant observation, media accounts, company advertisements, document analysis, and public health data, her thoughtful anthropological account of the Merck marketing campaign explores the controversial, slick, and in many ways deceptive campaigns, by which Gardasil became a cancer vaccine. While Pap smears have successfully kept the rates of cervical cancer rates low in populations with decent health care in the United States, this is not the case for some urban and rural populations in underresourced regions of the United States and many regions in the Global South. Thus, Gottlieb writes that many were concerned that corporate interests would leave those most in need without access to this expensive vaccine.

Gottlieb tells an engaging story as she examines Merck's campaign, which cast women as objects of "medicalization" and consumers of pharma fare. Using the lens of "anticipatory regimes" (p. 7) to capture the simultaneity of past, present, and future in the Merck campaigns and the ways in which the company promoted Gardasil as a panacea against uncertainty, Gottlieb's analysis is insightful and theoretically informed. Beyond the tired attacks on religious objections to the vaccine whose proponents have received extensive media coverage, as Gottlieb shows, the reception to Gardasil's "tone of implied universality, risk, and the power of choice in health outcomes" (p. 26) by parents, patient groups, and clinicians has been ambivalent at best. (As of 2017, the CDC reported that approximately half of adolescents had received full vaccine coverage.) But the reasons for this ambivalence varied. For instance, in her opening chapters, she explores in detail the enthusiastic response of the largely internet-based Cervical Cancer Group (CCG) to this gendered vaccine. Insisting that they were not a political organization, the CCG centered its programming on combatting stigma and promoting a narrow individual awareness of the purported dangers of cervical cancer consistent with the Gardasil ads, rather than societal collective action.

Other groups were more skeptical, viewing the cost of the vaccine as yet another grab by the pharmaceutical industry, which would leave the underresourced without access to the vaccine. The skepticism of the Black Women's Health Group (BWHG), a small grassroots organization dedicated to health education for black women, reflected a broader mistrust of the medical establishment based

on their experience with providers. Still others questioned the gendered focus of the initial vaccine when the real target of the vaccine was an STI that infected people of all genders.

While beyond the scope of a book focused primarily on the context within which parents and activist groups reacted to Gardasil, Gottlieb's story opens up yet another key question: why was the institution of public health not more critical of the marketing campaigns of Merck? Public health could have generated more complex discussions about transmission and management of HPVs—discussions that remain important since even the new Gardasil vaccine does not contain all the possible HPV types that infect the genital tract. Such an approach might have led to more widespread uptake of the vaccine.

Gottlieb's well-written and balanced book contains many lessons for interpreting future pharma-driven public health campaigns. Merck's advertising campaign for Gardasil was seductive and undoubtedly generated profits that aided the company's bottom line in the aftermath of the Vioxx scandal. But as a public health campaign, ignoring the complexities of HPVs, and their transmission, including existence of genital tract HPVs still not included in a vaccine, was a serious failure that has stymied thoughtful public health education on STIs. As Gottlieb makes clear in the final chapter, she is not against vaccines. In the case of Gardasil, however, promoting the vaccine as a cancer vaccine was misleading. It was, she writes, an "epidemic without a demand" (p. 14). Her nuanced and sensitive exploration of the various perspectives held by groups in response to the normative behaviors promoted by Merck ads is an important contribution to public health education.

Lundy Braun
Brown University

Ilana Löwy. *Tangled Diagnoses: Prenatal Testing, Women, and Risk*. Chicago: University of Chicago Press, 2018. 319 pp. Ill. \$37.50 (978-0-226-53409-1).

In this brilliant study, Ilana Löwy compares the story of contemporary prenatal diagnosis (PND) to "a classic detective story in which each protagonist attempts to hide something" (p. 212). Nearly all stakeholders are reluctant to discuss some aspect of PND, she proposes, because PND is a system that produces abortion, emotion, suffering, and confusion.

Feminists for example downplay the liminal and unstable status of the fetus and the personal repercussions of selective abortion for women; health professionals avoid mentioning the high profit generated by PND; public health officials avoid calling attention to the savings produced by preventing the birth of people who will make demands on the health care system; and women choosing an abortion based on a diagnosed anomaly avoid the idea that their choices are "selfish," framing their decisions instead in terms of preventing the suffering of