HPV Stories: Cancer Cures, Injury Narratives, and the Problem of Sex

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Disclosure

Nothing to disclose.
Where to Begin?

• When your topic is narrative, there are many openings...
• My openings are these:
  ❖ The triumphant vaccine narrative (as noted by Jacob Heller in *The Vaccine Narrative*, 2008)
  ❖ The triumphant cancer-cure narrative (in conversation with an HPV cancer institute scientist in Hershey)
  ❖ An article in *The Washington Post*, “How New York Defeated Rabies” (spoiler alert—the vaccine was only a part of it)
My Questions

• If the triumphant vaccine narrative and the triumphant cancer-cure narrative are persuasive to scientists and some physicians with respect to HPV, what narratives are persuasive to others who don’t see HPV vaccines within these framings?

• What social forces and cultural trends contribute to the influence of certain narratives associated with vaccine hesitancy and dissent, particularly with respect to HPV vaccine?

• Why do diverse groups not see the legitimacy or validity of others’ narratives, or the narratives that are persuasive to others?
Methods in Cultural Studies
Methods in Cultural Studies 2
Methods in Cultural Studies 3
What other narratives are out there? What are their histories, and what cultural work are they doing?

- Injury
- Family
- Sex
- Doubt
- Conspiracy
- Trust
- Responsibility
Injury

• Narrating the injured body: a common rhetorical trop in both vaccine promoting and vaccine skeptical arguments

• National Vaccine Injury Compensation Program

• “Biotic nationalism” and “patriotic body politics,” from Radiation Nation: Three Mile Island and the Political Transformation of the 1970s, by Natasha Zaretsky
Family

• Domestic control and authority over health
• “Parenting and Prevention,” Jennifer Reich, in *Three Shots of Prevention* (eds. Wailoo, Livingston, Epstein, and Aronowitz)
• Maternal attitude
Sex

• HPV vax = promiscuity, early introduction to sex (initial fear; contradicted by American and Canadian studies)

• Teen pregnancy, abortion, promiscuity, sexually transmitted diseases—these are the “markers” of sexual activity in adolescent girls

• “Mixed messages” about HPV vaccine—discussion at ACIP about expanding the recommendation to 27-44 year-olds

• “This is a cancer vaccine, not a sex vaccine.”
Contextual Factors:

• Internet
• Cultural Changes
• Provider Frustration
• Social Limit to Children’s Vaccines
Telling our own stories . . . By way of conclusion

• Recognition
• Common Ground
• Listening
• Persuasion