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***IMUNIZAREA. CONTROVERSELE VACCINURILOR
[IMMUNIZATION: HOW VACCINES BECAME CONTROVERSIAL].
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STUART BLUME***

Simona-Nicoleta VULPE

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Abstract

In *Imunizarea. Controversele vaccinurilor [Immunization: How Vaccines Became Controversial]* (original title), Stuart Blume provides an in-depth analysis of vaccines, emphasizing their role beyond medicine into social, political, and economic realms. The book traces the history of vaccine hesitancy, linking it to socio-political changes, such as neoliberalism and commercialization processes. Blume highlights the dual nature of vaccines as public health instruments and commercial products, and how this duality contributes to vaccine hesitancy. He challenges common views on vaccine disparities between developed and developing nations, and examines the evolution of public attitudes towards vaccination. The transition from public to private vaccine production and the focus on profitable vaccines, often at the expense of less developed countries' needs, are some of the key themes in this book. Blume also discusses the redefinition of health risks and diseases, influencing vaccination policies and public perceptions. The book delves into the historical and evolving nature of resistance to vaccination, ultimately arguing that vaccine hesitancy is deeply rooted in both the commercial and public health significance of vaccines.

Keywords: vaccination, vaccine hesitancy, historical context, vaccine production, vaccination policies.

¹ Faculty of Sociology and Social Work, University of Bucharest, Bucharest, ROMANIA.
E-mail: mona.vulpe@gmail.com.

In his book, *Imunizarea. Controversele vaccinurilor [Immunization: How Vaccines Became Controversial]* (original title; Reaktion Books, London, 2017), Stuart Blume shows that vaccines are technologies that operate beyond the medical context. He describes the social, political, and historical aspects that shape how vaccines are developed by public or private organizations, how they are administered to the population, and what is the public response to vaccination in various contexts.

The novelty of the book in relation to existing discourse on vaccine hesitancy stems from several distinctive angles. First, the book offers a comprehensive historical perspective, as Blume traces the roots of vaccine hesitancy. Moreover, hesitancy is discussed within broader socio-political transformations, such as the rise of neoliberal policies and their influence on vaccine commercialization. Economic intersections are explored. Blume examines the dual role of vaccines as public health tools and commercial commodities, shedding light on the economic tensions contributing to vaccine hesitancy. The book also reveals how international politics, such as European integration goals, have influenced vaccination policies, and challenges narratives and common assumptions about vaccine disparities between developed and developing nations, offering a nuanced view. The changing nature of resistance to vaccination is also approached, as Blume chronicles the evolving public attitudes towards vaccines and highlights the shift in reasons for resistance over time.

Two types of changes are identified as conducive to the loss of faith in vaccines and vaccination. These types of changes concern the organization of vaccine production and vaccination policies. In terms of vaccine production, public institutes were the first organizations that were involved in developing and producing vaccines. In the first half of the twentieth century, collaborations between public-sector institutes and private companies started to emerge to serve local markets. It was at this time in history that vaccine research started to be skewed towards infectious diseases that mostly affected developed countries, but such vaccines were also needed in less developed countries.

Changes in vaccine production intensified in the 1980s, when several socio-political transformations prioritized the minimalist state and led to the privatization of public-sector vaccine institutes, based on the idea that private companies could produce vaccines more economically. At this point, vaccines started to be framed as a potentially profitable commodity. New vaccines were being developed and introduced in vaccination programs. The prior skewness towards developing vaccines for diseases that mostly affected developed countries was aggravated by this profit-oriented framework of vaccine production, disregarding the public health needs of less developed countries that did not have enough resources to purchase vaccines.

A differentiation prevails between rich or developed countries, where vaccination rates are decreasing, and poor or less developed countries, where there is generally

low vaccination coverage. It is assumed that in poor countries, vaccination programs are inefficient and badly organized, impeding higher vaccination coverage, whereas in rich countries, there would only be a behavioral problem that leads to bad individual decisions. Problems in the organization and accessibility of health services, which affect some social categories, are disregarded in the case of rich countries.

In order to translate changes in vaccine production into vaccination policies, there was a need to redefine health risks and change public perceptions of diseases. Infectious diseases that were considered mild in the past, such as chickenpox or mumps, were redefined as serious diseases that had to be prevented. A more “risk-averse and risk-conscious” (p. 117) understanding of public health was developed. In addition, understanding health risks in terms of costs and health expenditures, such as the costs associated with hospital admission for preventable diseases, persuaded public authorities to extend vaccination programs and include new vaccines in an attempt to create a cost-effective approach to public health. These changes in vaccination policies marked a transition from controlling infectious diseases to eliminating viruses, which require intense vaccination efforts that sometimes are not sustainable in some cultural contexts, such as in less developed countries.

In European countries, national vaccination policies were changed in an attempt to facilitate European integration. For example, some countries began to vaccinate against mumps and The Netherlands included this vaccine in the national vaccination program to harmonize the vaccination policy with those of neighboring countries.

In a context marked by changes in vaccine production and vaccination policies, there was also a dynamic of attitudes towards vaccines and vaccination. Blume documents various types of attitudes and varying degrees of indecision. In particular, a sense of doubt and uncertainty has become widespread. Some people completely reject vaccination and they are disproportionately visible on the Internet, although they are numerically exceeded by those who espouse doubt and hesitancy towards vaccination.

Resistance to vaccination is not a new phenomenon. It has emerged together with the practice of mass vaccination. In European countries, smallpox vaccination campaigns were initiated in the nineteenth century. In the beginning, resistance was not directed towards vaccination itself, but towards the fact that it was a state intervention that forced people to comply. Later on, at the beginning of the twentieth century, there was a decline in vaccine resistance due to improvements in health services. Another aspect that contributed to the decline of anti-vaccination in that period was a change in vaccination policies, which became more flexible and allowed people to opt out of vaccination based on conscience or religious beliefs.

In the 1970s resistance to vaccination re-emerged and intensified, leading to decreasing vaccination rates. The cause for this was the pertussis vaccine

controversy. Although the vaccine was effective in reducing the incidence of pertussis, it had side effects, and risks related to vaccination became a public concern. In the 1990s mass media started to offer vaccination-related content more frequently and the attitudinal landscape changed. The media increasingly approached the topic of vaccine safety and organizations critical of vaccination were formed again. In addition, the internet offered more visibility to anti-vaccination groups.

Stuart Blume locates the explanation of vaccine hesitancy in the field of vaccination itself, in how vaccines became an essential technology for public health, and at the same time, they are also commercial instruments for pharmaceutical companies. This dual importance of vaccines creates a tension “between their function in public health and their profitability as high-tech commodities” (p. 241).