

The MMR debate in the United Kingdom: vaccine scares, statesmanship and the media

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Introduction

In 1998, British surgeon and researcher Andrew Wakefield published a paper in the British journal *The Lancet*, suggesting that there was a link between the triple vaccine against measles, mumps and rubella (MMR) and the development of childhood autism.¹ This publication inflamed an already existing debate on the role of childhood vaccination in the UK and contributed to a substantial decline in vaccination uptake in the UK in the early 2000s.² The impact of this decline was still being felt in 2012 and 2013 when a measles epidemic broke out in the Welsh city of Swansea, in which one person died and 1,200 young adults were diagnosed with measles.

This chapter situates the British MMR controversy within the broader historical context of public debates over science and government policy in the years 1998–2003. We focus on the role of political leaders as models for the general public for dealing with what is broadly understood as modern risk society.³ In addition to previous research on the MMR debate in the UK, which locate it in the controversies on science in society and the impact of the media on decision-making processes, we adopt a socio-historical approach that allows us to contextualise the MMR debate in its relationship to the decision making processes of public figures, and here in particular Tony Blair.⁴ Through an analysis of media reports from the time, we show how a series of scandals and controversies through the early 2000s were tackled by the British government with an explicit, and sometimes

aggressive, pro-science rationalism that tended to polarise public opinion. We argue that analysing the significance of a politician's health care decision and its impact on a national debate can shed new light on researching the emotional aspects of public health – an aspect that is often overlooked.

The single shot MMR vaccine was introduced in the UK in 1988; uptake reached a peak in 1995 when 92 per cent of children who had reached the age of two were vaccinated. By 1997, this rate had declined to 79 per cent.⁵ Although concerns about MMR and autism originated in the UK, they began to spread to other countries including Australia and New Zealand.⁶ Parents who were reluctant to have their children vaccinated were able to cite the purported link between the vaccine and autism as their rationale.⁷ There was also concern about the safety of the MMR vaccine in other European countries such as the Netherlands, Sweden and France (discussed in this book).⁸ However, the specifically British response to Wakefield's study is of interest for two key reasons: First, because the controversy arose at a time of particular tension over the role of government in science. Second, because of the unique way in which Prime Minister, Blair, his wife Cherie and son Leo, became personally embroiled in the debate.

We draw on policy documents concerned with the role of science in British society and use qualitative content analysis to research the debates in selected newspapers between 1998 and 2003.⁹ We searched the archives of two major newspapers, the *Guardian* and the *Daily Mail*, for debates on MMR, Andrew Wakefield and the decision-making process of the then prime minister. We defined the search terms as 'Wakefield' and 'MMR', and 'Blair' and 'MMR'. We chose these two newspapers because we deemed them as representative for the British newspaper readership and thus for a certain public debate. We used websites such as www.nrs.co.uk or www.abc.org.uk to help us understand the impact of the newspapers.

The UK has a relatively stable newspaper market and readership. Research on the influence of the newspapers on public opinion shaping in the UK has been well established. Several research projects have analysed the influence of the media on the swine flu epidemic and the HPV vaccination.¹⁰ Newspaper distribution and readership has been researched extensively and we thus follow the analysis of Shona Hilton and team who have researched the readership of British newspapers by

age and social class.¹¹ We also examine the role that the British Broadcasting Company (BBC) played in these debates. Before doing so, we wanted to situate these debates in a historical context in order to show that these controversies did not arise out of the blue but are indeed to be contextualised in the political climate of the time.

The role of Andrew Wakefield's paper and public health in the UK context, 1998–2003

In February 1998 Andrew Wakefield and several colleagues published a paper in *The Lancet* under the title 'Ileal-lymphoid-nodular Hyperplasia, Non-specific Colitis, and Pervasive Developmental Disorder in Children.'¹² In this paper, now retracted by *The Lancet*, Wakefield and his co-authors argue that their preliminary research had shown that 'onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children who were studied.'¹³ Wakefield and his team had recruited twelve children who were referred to his pediatric gastroenterology unit with 'a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain.'¹⁴ In spite of its low number of participants, Wakefield's findings were classified for publication as an 'early report' in *The Lancet*.

Openness and transparency in keeping the public informed had become a political priority following the BSE scandal a decade earlier.¹⁵ A policy of openness also harmonised with a new type of public participation in health matters, in which individuals were increasingly expected to take responsibility for their own health and well-being. Prevention of disease rather than curing disease was the new agenda of public health planning. At the same time public awareness about the risks of new technologies and medical interventions had increased. These changes in responsibility for health and well-being urged by the state coincided with the emergence of a number of scares such as HIV/AIDS, BSE and the planned introduction of genetically modified (GM) foods.¹⁶ The new public health message was that being a modern, forward-looking British citizen meant protecting oneself against health risks by keeping up with government and medical information and recommendations. Yet at the same time it was becoming apparent that this protection was precarious; to follow government advice could itself

be seen as risky, especially if it was tainted by political interest, if it was seen as deceptive, or perhaps just mistaken.

The MMR debate emerged at a time when public trust in government pronouncements on science and risk had already been severely tested. During the 1990s, the UK had been embroiled in uncertainty and anxiety over a possible connection between BSE in cattle and what has come to be known as variant Creutzfeldt Jakob Disease (vCJD). Fearing a crisis of public confidence, and its possible effects on the farming industry, the government reassured the public that it was impossible to contract the disease from eating beef. In 1990, a statement was issued by Chief Medical Officer, Sir Donald Acheson, saying that after reviewing all the scientific and medical evidence, he was confident that 'beef can be eaten safely by everyone, both adults and children, including patients in hospital'.¹⁷ The message was reinforced when the then Agricultural Minister in the Tory cabinet, John Gummer, attempted to feed his 4-year-old daughter a beefburger while being photographed by the press.¹⁸ As the sociologist of science, Sheila Jasanoff, says, the BSE controversy of 1996 can be seen as an unprecedented illustration of 'expertise and democracy, technological risk and policy uncertainty' coming together in one event.¹⁹ The policy system grappled with a worst case scenario, as Jasanoff puts it, because there was a disease of uncertain origin which was transmissible and its incidence 'might have been, but was not, curtailed by timely governmental action'.²⁰

Are there historical links?

As noted, an analysis of public and parliamentary debates shows that concerns over the trustworthiness of governments' pronouncements on matters of risk and science did not originate with the Wakefield controversy – rather, Wakefield's paper exacerbated existing anxieties which can be traced back to various sources, including the BSE crisis. In the early 1990s, there was little data to establish whether BSE was linked to vCJD but the government had hastened to reassure the public by claiming to know with scientific certainty that there was no link.²¹ When this was proved wrong, it set the scene for a more cautious approach to the claims set out in Wakefield's paper. Perhaps because of this, the methodological limitations of Wakefield's paper did not

prevent his claims from being taken seriously. His paper was based on anecdotal evidence of twelve cases linking the MMR vaccine with autism. Scientists and politicians did not want to repeat the mistakes of the BSE crisis.

Some scholars argue that the MMR debate was a transposition of mistrust which resulted directly from the mismanaged BSE crisis.²² Sheila Jasanoff has argued that a particular characteristic of the UK public is to place its faith in politicians' statements based on how reliable or trustworthy they are perceived to be, rather than on the enquiry into the factual accuracy of their claims. This, she suggests, is fundamentally different from the USA where transparency and objectivity are taken to be the necessary basis for ensuring trust in government decision-making.²³

Gummer's attempt to make his daughter consume beef in the full glare of the media spotlight can be seen as an attempt to capitalise on this British tendency. Assuming himself to be perceived as reliable and trustworthy, he recognised that his gesture would convey a powerful message to the public – more so than merely citing scientific evidence. However, as it became clear that the scientific evidence *was* starting to suggest a link between beef consumption and vCJD, Gummer's public gesture returned to haunt him: it 'turned him into a figure of fun and led to a lasting public mistrust of government pronouncement on food scares – notably Blair's reassurances on genetically-modified food'.²⁴

The peculiarly British way of placing trust which Jasanoff identifies is perhaps unavoidably associated with a deeper and more emotional sense of outrage when this trust is shown to have been betrayed or misplaced. It could be that this partly explains the periodic scandals in the UK when people start to disbelieve government pronouncements and assurances. There is a long history of contention when it comes to innovations in science and technology in general in the UK, especially with regard to medical innovations and immunisation policies.²⁵ Notable here is the smallpox vaccination controversy in the late nineteenth century and the diphtheria-tetanus-pertussis (DTP) vaccine debate, which took place from roughly 1974 to 1986.²⁶

The DTP vaccine had been in use for more than twenty years when reports emerged from the Hospital for Sick Children at Great Ormond Street in 1974 suggesting that children who had been given the vaccine had developed neurological complications. The media took this up

and a storm of publicity followed.²⁷ As with the MMR debate that would erupt twenty years later, a pivotal medical figure, Gordon Stewart, initiated the concern by citing research that he had carried out involving children of parents who had concerns about the vaccine. The Department of Health initiated a public campaign in order to persuade parents to have their children vaccinated. The daughter of the then health minister was vaccinated, as was Prince William, 'amidst great publicity'.²⁸ Again, this seems to corroborate Jasanoff's interpretation of the relationship between the British public and their politicians. The advice and actions of trusted individuals was taken to be an appropriate means of getting the public to accept risks and uncertainties, even where the data did not straightforwardly support the messages that were being conveyed.

The role of the media

As with the DTP controversy, the MMR debate was played out in the media, in broadsheets such as *The Times* and the *Guardian*, and tabloids such as the *Daily Mail*. The BBC also reported on the debate and opened discussion fora on its website so that the public could participate in the debate. This high level of media activity may – as with DTP – have contributed to the fall in vaccination rates from 92 per cent before the controversy to 80 per cent in 2004 in England.²⁹

The MMR controversy reached its peak in 2002 when the vaccination status of Tony Blair's son, Leo, became a focus of attention. Interestingly, as media analysts point out, the MMR controversy was not only reported by science correspondents: it became part of the national news agenda rather than a minor story in the science pages. The areas that were linked were the safety of the triple jab, the role of the Prime Minister and his son's vaccination status, and the 'expert parent' (i.e. the parent who is well-informed about the scientific background to the MMR jab).³⁰

Wakefield and his team published their paper in February 1998. By 25 March 1998 the *Guardian*, a left-leaning newspaper predominantly read by a young, metropolitan readership, was responding to Wakefield's claims. The *Guardian's* perspective was that the MMR vaccination fears were not justified and that the most recent paper by Wakefield and his team should be viewed with scepticism. Throughout 1998 and

1999, the *Guardian* kept a critical stance towards Wakefield's publication. Their argument was that the practices of science and the pressure to publish as many papers as possible had led to an increase in bad research and publications and that Wakefield's controversial paper was one such instance. Sarah Boseley, the *Guardian's* health editor, especially took on this line of argument by saying that doctors, who are also researchers, faced a dilemma and were 'damned if they published, damned if they don't' (27 February 1998).

The *Guardian* kept up this line of reporting throughout those early years of the debate; rather than reporting straight from the field by their health editor, though, their commentators wrote many opinion pieces. For instance, the political commentator Catherine Bennett argued that Britain would face an epidemic of irrational fear rather than a measles epidemic. She attributed this to the fault of the Department of Health which, she argued, treated the parents as 'cattle' rather than people with a valuable opinion (*Guardian*, 5 September 1998). Throughout 1999, the *Guardian's* reports discussed the perspectives of the parents while at the same time pointing out that Wakefield's paper was 'suspect science'. However, direct reporting of parents' viewpoints rarely appeared in these early articles. If there was a bias, it was clearly towards the faulty science rather than towards the fears of the parents. The few parents who did write opinion pieces were mostly the *Guardian's* own commentators, such as Jay Rayner whose usual remit was to write about food and restaurants. Rayner's opinion in September 2003 was that 'the failure by parents to inoculate their children against such a vicious illness is, undoubtedly, a middle-class disease, passed on at the school gates'.

The reporting style of the *Guardian* on MMR changed radically after the birth of the Tony Blair's son Leo on 20 May 2000. Two days after his birth, the *Guardian* published an article called 'Decisions, Decisions' in which the commentator argued that bringing up Leo would be 'political as well as critical', especially considering the fact that 'every parent faces a dilemma over immunisation' and that the Blairs would have to also make a decision about vaccinating Leo (*Guardian*, 22 May 2000). Little did the journalist know how prophetic this article would be. The debate on the vaccination status of the Blairs' son became extremely heated. The level of immunisation in early 2001 dropped sharply; the alternatives to the MMR jabs were not considered safe, and

the Blairs refused to disclose whether they had opted for the MMR vaccine for their son.

Shortly before Christmas 2001, the *Guardian* published several articles criticising Tony Blair over his refusal to state whether Leo had or had not received the MMR vaccine. On 22 December, the political editor, rather than the health editor, wrote an opinion piece arguing that Blair should be urged to 'set jab row example'. Given that the government was advising parents to have their children immunised with the MMR vaccine, and that uptake was declining amid parents' anxieties about the risks, Blair was in the perfect position to lead by example. Why miss the opportunity to demonstrate his conviction that the vaccine was safe? On 20 December 2001, Catherine Bennett urged Blair to disclose whether baby Leo had had the jab or not. Her comments were critical of Cherie Blair in particular, whose penchant for consulting alternative medicine gurus was cited (20 December 2001). However, Bennett also understood the reasons why Cherie Blair did not want to 'come clean'; after all, she argued, she was a private citizen who has the right to privacy; she 'is not responsible for public health policy'.

The issue of privacy was discussed in several other publications as well, but in Bennett's article from 20 December, privacy issue was the leading concern. The Blair family reacted to these publications and on 21 December 2001, the *Guardian* reported that he had asked the media to 'leave them alone'. Blair specifically referred to the 'horrors' of John Gummer who had fed his daughter with a beefburger when the BSE debate was at its height. The *Guardian* reported that Blair insisted that his family had a right to privacy in health-care matters. On 21 December, the newspaper reported that Blair had 'given in' and that they could finally reveal that 'Leo Blair has been given the controversial triple vaccination'. The *Observer*, which is the *Guardian*'s Sunday paper, reported that Blair had found the intrusion into his private life and the suggestion that he would not give the jab to his son as 'offensive beyond belief'. Blair justified his non-disclosure as a choice he had made to protect his family from this intrusion because once he would start commenting on one, 'it is hard to see how we can justify not commenting on them all' (*Observer*, 23 December 2001).

The theme of privacy returned the following day in a report by the then chief political correspondent of the *Guardian*, who reported

that Blair's efforts to 'quell the public demand to know whether his son had been given the controversial MMR jab appeared to have failed yesterday after politicians and patient groups intensified calls for him to give a definitive answer'. The political correspondent, however, noted that even though Blair had 'hurried out' a statement on the previous night, he had left enough ambiguity to 'claim that he had protected the principle of his children's privacy' (*Guardian*, 24 December 2001).

The debate went on for another day or two over this Christmas period, with the publication of another article on Blair's behaviour, entitled 'Jab dilemma that pricked consciences' and again written by another chief political correspondent. The *Guardian* editorial on 24 December 2001 also suggested that there is a right to Leo's privacy. However, the article suggested in a subheading, that this privacy had come 'at a price for public health'. The last opinion paper, published on 30 December 2001 in the *Observer*, was by Richard Ingrams, the editor of the satirical magazine *Private Eye*. He commented on the fact that we still could not know for sure whether Leo had been given the MMR, however, we could for sure say that his parents were rather 'swarmy, barmy' because they believed in Ayurveda medicine and in rebirthing rituals (30 December 2001).

After this heated debate around Christmas time of 2001, the debate picked up again in spring 2002. Sarah Boseley again reported on the likely outbreak of measles in 2002 because of the MMR scare. In general, the theme of reporting switched to drawing parallels with the 1970s whooping cough (pertussis) debate. The reporting focused on the perceived failure of the public health authorities to inform the public appropriately. The lead comment in the *Guardian* from 7 February 2002, argued that 'this is no longer a question of calculating risk on all the available scientific evidence ... it has become a test for this government about how to handle a crisis in public confidence' (*Guardian*, 7 February 2002). The journalists who reported on the MMR vaccine crisis were again the health editors.

The debate intensified in the second week of February 2002, with the political commentator Andrew Rawnsley asking: 'Who can we believe these days?' He wondered how to survive in a world in which public trust in medical authority 'had gone'. Rawnsley argued that because of this mistrust, the Prime Minister would have to make a full

statement on whether he had given the triple jab to his son a year earlier. He argued that it was not a question of whether the MMR jab was safe or not, but a bigger question of whether the public would trust the Prime Minister with anything at all. ‘This crisis of confidence is the latest example of the wider crisis of confidence in all the figures to whom society used to look for leadership and judgment’, Rawnsley concluded (10 February 2002). A week later, the deputy editor of the political magazine *New Statesman*, Christina Odone, wrote a comment in the *Guardian* lamenting that ‘the white coats are looking grubbier after one too many scandals’. Odone here drew on previous debates, and explicitly on the BSE debate, to argue that ‘BSE, MMR and a catalogue of blunders have jerked the science gurus off their pedestals’ (17 February 2002).

The sacking of Wakefield from the Royal Free Hospital and his move to the USA sparked another discussion. This time it was about disputes within the medical scientific community. Sarah Boseley reported that, ‘Doctors turn on each other as MMR debate rages again’ (1 November 2003). Simon Murch, one of the co-authors of the paper published with Andrew Wakefield, had published an open letter to *The Lancet* warning of a measles epidemic, stating that he could no longer detect the link between the MMR jab and an autism epidemic. This was picked up by the *Guardian*. The debate thus shifted from focusing on Blair and his family back to discussing the reliability of science in itself. In February 2003, John Grace linked the ‘peer trouble’ of the Wakefield paper to previous science scandals and fabrication of data, such as the chemicals in the GM crop debate. Grace discussed the increase in the malpractice and explained it as competition for funding and in the academic job market (*Guardian*, 11 February 2003). The debate in the *Guardian* had thus come full circle.

The BBC and the *Daily Mail*

The BBC is a public serving broadcasting statutory corporation and has the duty to inform the British public impartially, especially on science topics.³¹ On 19 June 2002, the BBC reported on research by a team of epidemiologists who had compared 180 countries and found the MMR vaccine to be ‘safe’.³² The ‘Talking Point’ website on which it discussed the findings included some contributions from the public who still

doubted the research and claimed anecdotal evidence that linked the vaccine to autism in their children.

It seemed that, for the British public, 'scientific research' had been tainted 'with the concerns and agendas of corporate finance'.³³ In this environment, the publication of reassuring scientific data was not – and perhaps never could be – enough to allay their suspicions. Parallels can be seen here with the Alder Hey scandal, in which it was discovered that tissue and organs from dead children had been taken and stored without the knowledge or consent of the parents. There was a public outcry, leading to radical changes in the law – and this was mostly driven by parental advocacy groups.³⁴ Experiential and anecdotal knowledge in the Alder Hey scandal assumed an importance equal to, or superior to that of scientific research and similar power shifts were evident in the MMR debate. Parents who had a child who developed autism after the MMR vaccine were given a media platform to recount their experiences: people reported overnight changes in the behaviour of their children following the MMR vaccination.

In 2005, a Cochrane review concluded that there was no significant association between the MMR immunisation and autism, asthma, leukaemia and other childhood disorders.³⁵ However, the *Daily Mail*, whose readership is mostly politically right-leaning, claimed that this report was 'baloney'.³⁶ The science editor of the *Daily Mail* argued that 'the MMR scandal is getting worse. Urgent questions about the vaccine's safety remain unanswered. The doctor who raised those questions is being subjected to what appears to be a witch-hunt. The parents' recourse through the courts has been blocked. Now they have to put up with being told yet again that the evidence of their own eyes is fraudulent'.³⁷ This prompted a reply in the *British Medical Journal* in which the author of a comment: 'Why can't the *Daily Mail* eat humble pie over MMR' suggested that the *Daily Mail* science editor, who has one of the best paid jobs in the British media, was captivated by 'Andrew Wakefield's self-professed status as a maverick and crusader against the establishment'.³⁸

The role of the patients and parents

If one looks at research on parental attitudes carried out at the time of the crisis, an interesting diverse picture emerges. For instance, media

researchers Speers and Lewis point out that the MMR debate in the media made use of the role of the expert patient, which in this case had been turned into the expert *parent*. Parents who were interviewed on their opinion of the MMR functioned as 'experts' who would 'provide a common sense, anecdotal expertise to support Wakefield's claims'.³⁹ This role was criticised on the grounds that the public lacked knowledge of basic science and rudimentary statistics to contribute effectively to the debate. The research by Speers and Lewis shows that the anecdotal views of the 'expert parent' were being pitted against those of what would in general be defined as classical, orthodox science. The argument here is not one of the hierarchy of scientific knowledge versus experiential knowledge of the parents, but these findings show that a subtle erosion of the public value of science had started to impact decision-making processes on the personal, rather than on the political level. Increasingly, media outlets presented both voices as a meeting of equals, rather than privileging the scientific view.

A historic precedent was the DTP controversy twenty years earlier in which parents had also played a major role. The Association of Parents of Vaccine-Damaged Children had presented cases to the media and they advocated for compensation in Parliament.⁴⁰ Similarly, in the MMR case, a group of parents called JABS (Justice, Awareness and Basic Support) who believed that their children had been damaged by the vaccine was founded in 1994.⁴¹ This group was endorsed by the *Daily Mail* which held an anti-vaccination perspective throughout the debate. The *Daily Mail* reported that JABS at one stage had around 2,000 members whose parents believed that their children had been harmed by the triple vaccine.⁴² Endorsement by the right-wing-leaning media of parents who were against the orthodox scientific view and who used this as a political platform thus had a historical antecedent.

In the meantime, back in the early 2000s, a rather high number of parents who refused to get their children vaccinated could be found in urban areas, with London and Brighton and Hove having the highest number of unvaccinated children.⁴³ Brighton and Hove is a town in the commuting vicinity for London. Research in Brighton and Hove again showed a different picture because a high number of parents who had been involved in anti-vaccination groups were more trusting of the government than was expected.⁴⁴ Yet, if one looks more closely at the research outcomes, it confirms our argument in the introduction

to this chapter: an individualisation of implementing public health messages had happened. The main frame of reference in the decision-making process of these young parents was their own family history of vaccination, their experiences of the process of giving birth, and their immediate social environment such as other young mothers and friends. Yet, several mothers who had chosen 'natural birth' methods had later on also rejected the national vaccination programmes. The experience of being vulnerable also influenced decision-making processes: mothers whose parents did not live in their immediate environment or who could not provide them with support felt more vulnerable in general towards what they perceived as a hostile society and thus opted for the vaccination.

Poltorak's research also showed that the BSE and other previous scandals were no longer in the historical consciousness of the parents and were not perceived as having an impact on the decision-making processes. Parents were aware of the BSE scandal but were not worried by it and did not seem to have lost trust in the government. What they were worried about was being able to trust their own decision making.⁴⁵ Trust in science was thus a theme that came up frequently: there was a significant number of parents who did not want their children to be inoculated with the MMR vaccine who also held deep mistrust towards science in general. They found that 'both MMR acceptors and MMR refusers showed a high degree of ambivalence about the safety of MMR.'⁴⁶ In general, however, the parents who were refusers distrusted the government in their capacity to estimate risk, but trusted their general practitioners and other medical professionals with whom they had a personal relationship.⁴⁷

Brownlie and Howson show that it was not only parents who were mistrustful of official health advice, but also health practitioners and general practitioners themselves (i.e. primary care doctors).⁴⁸ Their research suggested that health practitioners and GPs engaged critically with 'the processes of governmentality' in health care, so they employed 'critical trust' but were also tied to a self-regulation process of their professional bodies. Just like parents, health practitioners also had to make a leap of faith and trust their professional information-giving bodies that the information was right. They argue that trust in the health-care relationship at the time of the MMR crisis was tainted because 'the state in the UK plays a key role in the governance of child

immunization, it does so from a distance ... if this key role is not seen as legitimate and trustworthy, then not only will patients distrust health interventions, but professionals will lack a workable framework for engaging with patients and each other.⁴⁹

Tony Blair, politics and science

In the section on the role of the media in the MMR controversy, we argued that Tony Blair's non-disclosure of his private decision to vaccinate his son became a public affair. In this section, we discuss why the political role of the then prime minister had been so crucial in this debate. In 1997, Tony Blair, the leader of New Labour won the elections and introduced a new style of government to British politics. Blair's politics were described as 'presidential' because his style had authoritarian undertones in his personal, popular and political leadership. Political scientist Michael Foley describes Blair's leadership as a qualitative shift in the British political process because the public persona and his decision-making processes were not always tied to the democratic processes reached in the Houses of Parliament.⁵⁰ Foley cites Peter Liddell, a *Times* columnist, who had described Blair's leadership as detached, but also, as downgrading the collective and parliamentary aspects. Blair's most important contribution to a change in leadership in politics happened at the end of the 1990s and the beginning of the new millennium with his engagement in foreign politics. Under the Blair government, Britain supported the US-American war on terror and sent British troops to support the invasion of Afghanistan in 2001 and the invasion of Iraq in 2003. Blair's political style has been linked to a new type of personalised political leadership which emerged at the end of the twentieth century in western democracies. This style of politics has seen an increase in the importance of the political leader over the collective of the party. The democratic decision-making process has been reduced to one individual who influences public opinion and shapes policy decisions.

Some political scientists attribute this development to an increasing individualisation of society and of politics in general and politics would be no exception.⁵¹ Political analysts point out that Blair, prior to the invasion of Afghanistan and subsequently Iran, was highly esteemed by the British public: 'although voters gave the Blair government mixed

grades for its performance in office, Labour had a large lead over the Conservatives and the Liberal Democrats as the party best able to handle the election issues that voters considered most important.⁵² Blair had started his premiership with a lot of plans for stabilising the economy, levelling out the social inequalities in Britain, and forging strong links with European countries such as France and Germany. All this changed in 2001 when Britain decided to join the USA in its 'war on terror'. As Steven Philip Kramer put it, Blair seemed to succeed in his strategy until the invasion of Afghanistan alienated his European allies and changed the perception that the UK would act as a diplomatic bridge between Europe and the United States. As political analysts point out, the British willingness to participate in the military invasion was not an inevitable consequence of the so-called 'special relationship' between Great Britain and the USA, nor was there any pressure from Washington. Instead, Kramer suggests that the dominant reason for Blair's commitment to US policy was his 'intense and rather unique moral perspective on international politics.'⁵³ He had expressed this moral perspective already in a speech to the Economic Club of Chicago in 1999 when he referred to Saddam Hussein and Slobodan Milošević as dangerous and ruthless men who had endangered their own communities in vicious campaigns.

The participation of the UK in these overseas wars was highly controversial among the British public: in February 2003, an estimated 750,000 people took part in the march against the war in London alone, the BBC reported that in all of the UK, over a million people demonstrated against the participation in the war. Blair's foreign policy thus alienated many of the public who might otherwise have been regarded as natural Labour supporters and voters. Another way in which his government risked alienating the public was his espousal of science, and his characterisation of the British public as emotional and irrational where they expressed fear or mistrust of developments in science.

The Labour government was far more 'pro science' than the preceding Conservative one. Indeed, as Wilsdon and Wynne observe, science and scientific research occupied a very low status in the hierarchy of priorities in the 1980s, under the Conservative government.⁵⁴ The pro-science Labour government came into power at a pivotal point in the relationship between politicians, scientists and the British

public. During the Conservatives' period in office, embryo research had become a possibility, and many people were excited about the new avenues for exploration that this might open. Scientists had assumed that the potential benefits of embryo research would guarantee the acceptance of such research both legally, and in terms of public and opinion. However, they were wrong. In February 1985, the Unborn Children (Protection) Bill – which would outlaw embryo research – received its second reading in Parliament, and received 238 to sixty-six votes. The scale and energy of opposition to embryo research came as a surprise to many scientists and their supporters. Scientists realised that they would need to fight in support of their cause. In short, it became clear that 'research has to be justified to the satisfaction of the lay community and its parliamentary representatives'.⁵⁵ The scientists who were newly mobilised to fight for their cause regarded themselves as fighters for scientific freedom, integrity and rationality, pitted against the ignorant, emotional and irrational public. They were successful in getting embryo research legalised, but a polarity arose in the debates on this issue, which persists to this day.

In this environment, where battle lines had already been drawn, the pro-science Labour government came to power. Unlike the Conservatives, Labour explicitly linked its political and ideological agenda with that of scientific advancement. There were eleven mentions of science in Labour's 2005 election manifesto; and none in the Conservatives'.⁵⁶ In 2006, Blair described Britain's path to the future as being 'lit by the brilliant light of science'.⁵⁷ This powerful conjunction of politics and science had significant effects on the status of science in the UK. The new presumption was that scientific freedom and progress should be restricted only reluctantly, and in the face of compelling evidence as to the negative consequences of failure to do so.⁵⁸ At the same time, extravagant claims were made about the medical, technological and economic benefits of biomedical research. A new mood of aggressive political optimism with regard to scientific advances emerged.⁵⁹

However, there remained problems of trust and these tended to be increasingly polarised. Fears over GM food and MMR and other perceived dangers were portrayed by the Labour government as stemming from an emotional, irrational, risk-averse and under-educated public.⁶⁰ The public were not ready to accept every pronouncement made by the government or by government scientists and, as suggested, there are

historical reasons to explain this. But independently of past events, the new alliance between science and politics may itself have served to further undermine the public's inclination to trust the information that they were being given. As noted earlier, 'tainted' science – where political or other ideological values are perceived to have infiltrated scientific data – provokes suspicion. A pro-science government may, ironically, result in a sceptical public. From this perspective, it is not surprising that the public's response to the concerns of the time (GM food, BSE, foot and mouth, MMR) revealed a degree of mistrust not only of scientists, but crucially also of politicians, and of the institutions which were set up to evaluate risks and reassure the public. In each case, the government enlisted scientists to bolster its position, to persuade the public that its strategy was appropriate, or that their fears were unfounded. Blair believed that those who objected to GM food crops were simply wrong – just as he believed those who objected to the wars in Afghanistan and Iraq were wrong. Rather than being a servant of democracy, whose function is to carry out the will of the people, Blair seems to have felt that his mission was to do what he knew to be right, regardless of public opposition.

Conclusion

This chapter has shown that public health campaigns and the way they are perceived are often linked to political debates that are not directly relevant to the clinical impact of a drug. There has been considerable research on the impact of the MMR controversy and why and how it happened. However, not a lot of research has actually looked at the actions of Blair's family and their decisions about vaccinations. We have shown that the MMR debate erupted in the UK at a time when public trust in science, research and medicine had sunk to an all-time low because of incidents such as the Alder Hey scandal. However, the behaviour of politicians influenced the private decision making of parents because of what politicians stand for: trust in medicine, trust in the state to look after its people and trust in their moral judgements. From a historical perspective, there are many parallels between the DTP and MMR debates: in both cases, combined vaccinations were linked to devastating neurological illnesses; in both cases a medical professional played a pivotal role in the medical debate; the media

reporting offered a platform for the anti-vaccination discourse, and lay members of the public and parents played a major role in keeping the debate alive. We would like to argue that the historical setting of the MMR debate was particularly fraught with debates on the value of science, the public's engagement with science, the state and its duty towards its citizens, and Tony Blair's contested leadership style, but it cannot be understood without the debate on DTP that happened some decades earlier.

With the MMR debate, the British version of neo-liberal policy making had just started to have an effect on the changes in health-care delivery and the increasing role of personal responsibility that was calculated into the public's ideas on how to protect one's own health and that of the family. All of these elements contributed to an explosive assemblage, and the MMR controversy was the public arena in which all of these elements were played out. As Speers and Lewis put it, 'The Blair family's dilemma encapsulated many of the story's themes about parental concern, parental choice, and the degree of trust that can be placed in the official government line.'⁶¹ We would thus like to suggest that even though the MMR debate can be seen within its historical context, it will also be significant for future controversies.

Notes

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