Georgia State University
ScholarWorks @ Georgia State University

Women's Studies Theses

Institute for Women's, Gender, and Sexuality Studies

12-5-2011

A Critical Discourse Analysis of the Marketing of Merck & Co.'s Human Papillomavirus Vaccine Gardasil®

Malika A. Redmond
Malika A. Redmond

Follow this and additional works at: http://scholarworks.gsu.edu/wsi_theses

Recommended Citation
Redmond, Malika A., "A Critical Discourse Analysis of the Marketing of Merck & Co.'s Human Papillomavirus Vaccine Gardasil®." Thesis, Georgia State University, 2011.
http://scholarworks.gsu.edu/wsi_theses/26

This Thesis is brought to you for free and open access by the Institute for Women's, Gender, and Sexuality Studies at ScholarWorks @ Georgia State University. It has been accepted for inclusion in Women's Studies Theses by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.

A CRITICAL DISCOURSE ANALYSIS OF THE MARKETING OF MERCK & CO.'S HUMAN PAPILLOMAVIRUS VACCINE GARDASIL®

by

MALIKA A. REDMOND

Under the Direction of Layli Maparyan, Ph.D.

ABSTRACT

This is a critical discourse analysis research project that examines the print and television advertisements of Merck & Co.'s Human Papillomavirus (HPV) vaccineGARDASIL®. There are three commercial campaigns identified for this project: "Make the Connection/ Charm4Life,""Tell Someone," and "One Less/ I Choose." Two print and two television commercials per campaign are analyzed. I used black feminist and girls studies theoretical frameworks to address how representations of race, class, "girl power," and the cooptation of feminist language are both expressed and utilized in the marketing as a method to target consumers. I conclude with "parody/ protest" advertisements of the vaccine featuring young women demonstrating a critical consumer voice towards the marketing of the vaccine. As a result, I found that the PSAs used fear-driven messages about HPV's link to cervical cancer beginning a year before the FDA's approval of GARDASIL® in order to market and sell its product.

INDEX WORDS: GARDASIL®, Black feminism, Empowerment, Girl power

A CRITICAL DISCOURSE ANALYSIS OF THE MARKETING OF MERCK & CO.'S HUMAN PAPILLOMAVIRUS VACCINE GARDASIL®

by

MALIKA A. REDMOND

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2011

Copyright by
Malika A. Redmond
2011

A CRITICAL DISCOURSE ANALYSIS OF THE MARKETING OF MERCK & CO.'S HUMAN PAPILLOMAVIRUS VACCINE GARDASIL®

by

MALIKA A. REDMOND

Committee Chair: Layli Maparyan, Ph.D.

Committee: Amira Jarmakani, Ph.D.

Emanuela Guano, Ph.D.

Electronic Version Approved:

Office of Graduate Studies

College of Arts and Sciences

Georgia State University

December 2011

ACKNOWLEDGEMENTS

"I've never been convinced that experience is linear, circular, or even random. It just is. I try to put it in some kind of order to extract meaning from it, to bring meaning to it."

Toni Cade Bambara

Assuredly: engaging in the academic exercise of researching, writing and defending my ideas has matured me as a scholar/activist in abundant and exciting ways! Likewise completing this thesis has both brought closure to one goal, while opening doors to new aspirations. It has been a tremendous challenging joy to write about a women's health topic—a feminist issue that is important. I am forever grateful and transformed by this opportunity.

I begin by thanking my beloved family, friends and mentors for the ongoing encouragement through this journey. Secondly, much gratitude to the staff and board of the National Women's Health Network for a critical and progressive voice on behalf of women's health and an inspiration for this research. For innovative courses, intellectually stimulating speakers' series, and a commitment to academic excellence, I salute the Women's Studies Institute of Georgia State University. Finally, many praises to my thesis committee: Layli Maparyan, Ph.D. (chair), Amira Jarmakani, Ph.D., and Emanuela Guano, Ph.D., for the immeasurable depth and breadth of their academic guidance.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....iv

1 INTRODUCTION..... **1**

1.1 What are HPV, Cervical Cancer, and GARDASIL®? **5**

1.1.1 Research Questions.....7

2 LITERATURE REVIEW **9**

2.1 Conclusion **15**

3 BLACK FEMINIST THEORY AND GIRLS STUDIES..... **17**

3.1 Black Feminist Thought/Theory.....**18**

3.2 Girls studies/ Girl Power/ Can- Do and At-Risk.....**24**

3.3 Conclusion of Black Feminist Theory and Girls Studies.....**34**

4 MARKETING CAMPAIGNS AND THE RESEARCH METHODOLOGY **36**

4.1 "Make the Connection/ Charm 4 Life"Campaign Synopsis: **41**

4.2 "Tell Someone" Campaign Synopsis: **47**

4.3 "One Less/ I Choose" Campaign Synopsis:.....**52**

5 FINDINGS AND CONCLUSION **61**

5.1 Resisting the Marketing **67**

REFERENCES **73**

APPENDICES..... **74**

1 INTRODUCTION

"Divinity is the special quality that makes us unique — our presence, our love, our creative energy, are the ways in which we transform our environment."—Byllye Avery, Founder of the National Black Women's Health Project

My professional journey inspired my interest in the GARDASIL® women-focused marketing as an academic research project. This journey began as an undergraduate student at Spelman College, where I learned about women's rights as a poignant topic. Immediately following the completion of my undergraduate degree in 2002, I moved to Washington, DC, and began an exciting career in the reproductive rights movement. I had the opportunity to work with intellectually rigorous, community-centered and action-oriented young and seasoned feminists at national non-profit organizations, such as Choice USA, National Center for Human Rights Education, and SisterSong, which shared an unwavering commitment to developing young women of color's leadership, and were a phenomenal place to grow as a women's health advocate. My position was as an organizer and program coordinator. I traveled extensively both nationally and internationally speaking at major conferences, special events, and press conferences discussing the critical issues facing young women of color within the reproductive rights movement. I also organized a Southeast regional student leadership conference that focused on lobbying, voter education and registration training in order to support young people's ability to confidently participate in the political process.

Due to my career accomplishments, in the Fall of 2003, I was approached by my former executive director to support organizing efforts for the 2004 "March for Women's Lives" in Washington, DC. Upon acceptance, I began a rigorous, six month, cross-coast travel schedule outreaching to communities of color, especially women of color, to join the march. Through engaging in this national organizing effort, I became immersed in the complex politics of the mainstream pro-choice movement. Initially women of

color were expressing concern about the lack of women of color representation on the national level of organizing and planning. This was a major turning point in my career. As a woman of color, I found myself navigating between my role as a representative of the national march organizing team, while listening and supporting the demands of the women of color not being represented. Pressing on, I encouraged women of color to bring their unique perspectives about the issue of reproductive choice to the event. We were able to reach an amenable agreement that included adding well-respected women of color health advocate organizations to join the leadership table, including: Black Women's Health Imperative and National Latina Institute for Reproductive Health. Our joint efforts reaped a successful result.

Finally, the day arrived, April 25, 2004, and I was on the National Mall by seven o'clock in the morning with the other March staff preparing for crowds to arrive en masse by noon. Nearly one million people stood in solidarity on the national mall for women's reproductive freedom and the energy was inspiring. It was an all-consuming experience that I am very grateful to have the opportunity to have been apart of. Many outlets weighed in on the numbers of participants and the success of the March. The Guttmacher Institute stated, "…hundreds of thousands of men, women, and children gathered in Washington, DC, to combat efforts to dismantle hard-fought gains in sexual and reproductive health and rights...taking place in the capital of a global superpower but focused on the needs of disempowered groups"(Guttmacher Institute, 2005). My work with the march was a triumphant milestone that both challenged and matured my understanding of the circuitouspolitics that, at times, consume the reproductive rights movement.

While working on the march organizing, I had also been elected to the board of directors of a major women's health advocacy organization—the National Women's Health Network, or Network (www.nwhr.org). For more than thirty-five years, the Network has served as a chief and trusted voice grounded in feminism and ethical science located at in Washington, D.C. The Network works on a broad-

range of women's health issues, including: ending the medicalization of menopause; the right to universal health care; and reproductive and sexual health rights. Additionally, we are strategically a membership-basedorganization relying onour members to give us important feedback on our work and the issues that are important to them. For ourmembers we offer three important services: monitor/watchdogThe US Food and Drug Administration or FDA and pharmaceutical industry regarding drugs and medical technologies that affect women; write critically about women's health and government policies that affect women's health in our quarterly newsletter; and maintain a clearinghouse of information on a variety of women's health issues. The Network accomplishes these tasks without compromise to our core values of offering an independent and critical voice on women's health in part because we proudly refuse direct funding fromtobacco, alcohol, pharmaceutical, and petroleum companies. Moreover as a Network leader, I am required to have a broad knowledge of women's health issues; hence, I began researching issues beyond my expertise and career work in reproductive rights. It was due to this charge as a Network leader that I became aware of and interested in the Merck& Co.'s vaccine GARDASIL®. I started paying close attention to the emerging political, ethical, and efficacy concerns surrounding it. In general, through a fast-tracked process, The FDA approved the use of the vaccine GARDASIL® in June of 2006. According to The FDA press release, "The vaccine is approved for use in females 9-26 years of age. GARDASIL® was evaluated and approved in six months under FDA's priority review process—a process for products with potential to provide significant health benefits."Within a year's time, both an energetic advertisement campaign celebrating "girl power" and buzzing rumor of Merck& Co.'s aggressive lobbying initiatives for public school mandates began to surface.

Yet, it was at a Network board meeting, during the Spring of 2007, when I first learned that the pharmacuetical giant, by way of a bi-partisan lobbying firm, was attempting to legislate compulsory inoculation requirements of GARDASIL® for girls entering public middle schools. Despite growing

criticism of Merck & Co.'s lobbying approach, the District of Columbia lawmakers were on the verge of implementing such a requirement in their public schools. On the last day of our board meeting, for two hours, we vigorously discussed the issues surrounding the vaccine, including: the Washington, D.C. case; the ethics of the lobbying; and the product in general. Our goal was to craft an organizational public position about the vaccine. Coming up with an organizational statement was critical as many of our allieswere articulating their positions and were interested in knowing our point of view. One such comrade, Legal Momentum (formerly NOW Legal Defense Fund), for example, took a strong pro-compulsory position. They argued that mandatory inoculation would guarantee all girls regardless of economic status or health insurance status access to this new and expensive women's health technology. Amidst a heated debate, each member of the board and some staff expressed passionately diverse and valuable perspectives. Those on the board in favor of a mandate shared the views of our allies that mandates hold the promise of equalizing access to the drug. Those skeptical of such a mandate argued that a new and fast-tracked drug should continue in the market on a voluntary basis, giving both parents and girls an opportunity to choose the vaccine. I agreed with the latter point of view, and expressed a desire to see the vaccine further studied prior to making it a requirement. I also felt that any effort would be in vain if it does not include comprehensive and far-reaching public education about HPV and cervical cancer, increased access to cervical screening, and knowledge of vaginal health in general. In the end, we were quite split as a board but wereable to craft a nuanced perspective reflecting our varying points of view.

That meeting and debate left a lasting impression on me, and I continued exploring the complex issues that surrounded the vaccine GARDASIL®. Therefore, upon returning to academia in pursuit of a Master of Arts in Women's Studies at Georgia State University, I decided to bring my experience as a women's health advocate, along with my desire to do research, to write about GARDASIL®. Specifically as a feminist/women's studies project, I became interested in examing the ways the vaccine has been marketed.

Yet, before exploring the dynamics of the marketing strategies, it is of importance to define human papillomavirus or HPV, cervical cancer, and GARDASIL® as well as how it works as an intervention.

1.1 What are HPV, Cervical Cancer, and GARDASIL®?

The current studies on HPV state there are approximately 100 different strains of the virus. Fortyof those strains are linked to sexual transmission primarily through skin-to-skin contact. Of the 40 strains, strains 16 and 18 have been identified as the most aggressive according to the CDC because they are found in 70% of the cervical cancer cases.However, it is important to note that most HPV diagnoses are not strains 16 and 18; as a matter of fact, 90% of HPV cases are less aggressive strains that often clear on their own. On average 6.2 million new cases of HPV are diagnosed yearly in the United States, making HPV the most common sexually transmitted infection. In sum, sexually transmitted HPV has about 40 different strains that are mostly harmless, and while it affects people differently, most infections clear on their own (Dailard, 2006). However, in certain cases untreated more aggressive strains of the virus have the potential of turning into cervical cancer, particularly in the absence of regular pap smear screenings.

To date, the most effective way women learn about exposure to HPV and cervical cancer begins with cervical screening for abnormal cell changes on the cervix through a Papanicolaou test (also called Pap smear, Pap test, cervical smear, or smear test). If abnormal cell changes are discovered further testing will be conducted to determine if those changes are due to a HPV infection(CDC).Since the introduction of the Pap test in 1939 side-by-side with mass public health education campaigns, the incidences of cervical cancer have drastically declined in the United States. Cervical cancer is typically a slow growing cancer (CDC), often taking a decade to form. It is due to its slow growing naturealong with prescreening that often leads to effective treatment and high rates of remission. In the United States, about 11,000 new cases of cervical cancer are diagnosed every year and between 3,500-4,000 women die annually from the disease (CDC). Although a cervical cancer diagnosis is quite rare, the womenmost threatened by the perils of

cervical cancer are uninsured or underinsured women who do not have access to routine screening and treatments. According to the National Women's Health Network fact sheet on cervical cancer, "Vietnamese American women have the highest rate of any racial or ethnic group followed by Mexican American, Puerto Rican, and African-American women, whose cervical cancer mortality rate is double that of White" (National Women's Health Network, 2007). Again, a cervical cancer diagnosis is unique, yet, women of color are disproportionately affected and die from it, in part, due to lack of access to culturally competentquality preventative healthcare. Therefore every death from cervical cancer, in my view, is a shameful injustice.

In 2006, two multinational pharmacuetical companies launched HPV vaccines with the promise to prevent cervical cancer. Dispatched first, in early 2006, was GlaxoSmithKline vaccine Cervarix in 27 European countries and gaining patents for the continent of Africa. Stateside, Merck & Co.'s GARDASIL® was approved by the FDA by June of 2006. The FDA press release stated:"The vaccine is approved for use in females 9-26 years of age. GARDASIL® was evaluated and approved in six months under FDA's priority review process—a process for products with the potential to provide significant health benefits" (http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm108666.htm). GARDISIL® protects against HPV-16 and HPV-18, the strains linked to the majority of the cervical cancer cases, as well as HPV-6 and HPV-11, which are linked to the majority of genital warts cases. GARDASIL is an inoculation that requires multiple shots and a half-year commitment. Merck & Co.'s website describes how the drug is administered, "3 injections over 6 months. The first dose at a date a woman and her healthcare professional chooses. Second dose 2 months after the first dose, and final dose administered 6 months after the first dose, resulting in 3 doses" (www.gardasil.com).At the exorbitant rate of $120 per shot or $360 for the complete inoculation series, GARDASIL® is one of the most expensive vaccine in the US. To date, 33.3 million doses (and counting) of the vaccine series have been distributed in the United

States.

Conclusively, HPV is a common sexually transmitted infection with an estimated 80% of sexually active adults contracting the disease in their lifetime. Most infections clear without medical intervention. However, in rare cases cancer can occur. The Pap test, along with the development of successful treatments for abnormal cell development because of HPV, over time, has resulted in dramatically declining rates of cervical cancer in the U.S. Today, less than 0.01% of cancers are cervical cancer. Yet in 2006, GARDASIL®, a vaccine that protects against four aggressive strains of HPV, was introduced to consumers through wide sweeping marketing campaigns, in which the rhetoric of its developers positioned it as the answer to cervical cancer prevention, and positioned cervical cancer as a significant health threat despite the miniscule numbers.

1.1.1 Research Questions

According to the advocacy organization Pharmed Out, pharmaceutical companies prioritize "marketing dollars on the newest, most expensive drugs, for which some risks may not yet be known" (Pharmed Out and National Women's Health Network, 2008). Again, at the approximate cost of $360 dollars for the vaccine series, the "approximately 33 million doses sold" (CDC, 2011)indicates, for the sake of this research, a demand for the product due in part, and according to my research findings, to well-crafted marketing, particularly since the numbers of annual cervical cancer diagnosis in the US are so few. How does Merck & Co. market GARDASIL®? Arguably, the effective marketing encompasses multiple aspects including a public health awareness campaign highlighting HPV's relationship to cervical cancer. What are those innovative aspects of the marketing strategies? One such innovation included user-friendly aesthetically pleasing post-cards that women can send to each other with Merck's specific message about cervical cancer and HPV. These questions, along with Merck's newsworthy and controversial lobbying efforts to secure GARDASIL®'s place as a public school inoculation requirement, are carefully

unpacked(Herskovits, 2007), exposed, and explored in this study.

As a method, I used a critical discourse analysis to examine the following three campaigns used to market GARDASIL®: “Make the Connection/Charm 4 Life,” “Tell Someone,” and “One Less/ I Choose.” Importantly, “Make the Connection/Charm 4 Life” and “Tell Someone” are not advertisements for GARDASIL®, instead they are public service announcements (PSA’s) or “unbranded, disease awareness” campaigns (Anonymous, 2008). They were sponsored by Merck & Co. in partnership with two national non-profit organizations and released nearly a year prior to the vaccine’s FDA approval. As an indirect marketing method, these PSA’s were designed to teach women the link between cervical cancer and HPV in an effort to prepare the public or “prime the market” (Herskovits, 2007)for Merck & Co.’s antidote to cervical cancer—GARDASIL®. Like the lobbying, I will demonstrate that the “unbranded disease awareness” campaigns were as pivotal to the overall marketing strategy as the award-winning well-known “One Less” commercial campaigns.

Finally, this research project is shaped by my standpoint as a women’s health and rights advocate. From this point of view, I situated my research at the intersection of social justice and feminist scholarship using both black feminist and girls studies theoretical frameworks to illuminate the marketing of GARDASIL®. Through such an analysis, I give several critiques of the print and television advertisements focusing on the ways in which race, class, girl power and feminist language are orchestrated to sell the vaccine. Additionally, I highlighted the specific ways women of color and girls are uniquely targeted and utilized by the marketing. Centering women of color and girls in this research project is my contribution to the growing feminist literature about GARDASIL®.

2 LITERATURE REVIEW

By definition, pharmaceutical companies engage in researching, producing and selling drugs that treat and possibly eradicate disease. The combination of pharmaceutical research and drug development side-by-side capital motivations creates a climate of complex ethical issues worthy of being highlighted and questioned. It is the myriad moral concerns surrounding Merck & Co.'s vaccine GARDASIL® that is being contested in the critical writings within varying academic disciplines. For the sake of this research project, I have identified and read literature on GARDASIL® in public health, medical, law, and feminist/ women's studies' journals. The articles for each field of study include perspectives that are shaped by the dominant controversies regarding the vaccine. These disputations have informed the goals of this project to critically analyze the GARDASIL® print and television advertisement campaigns and are summarized in this review of the literature.

Drug efficacy and access was prominent in public health and medical articles. According to Adriane Fugh-Berman, M.D., a contributing writer to the *Women's Health Activist*March 2007 issue, "The vaccine only works if it is administered before a woman is exposed to HPV." James Colgrove, Assistant Professor of Socio-medical Sciences at the Mailman School of Public Health Columbia University agrees, "while the efficacy rate is about 98% for GARDASIL®, that rate is for women who have not been possibly exposed to HPV, or, before a woman becomes sexually active. Yet the efficacy rate drastically drops to about 44% in women who may have had a previous HPV infection, or a sexually active woman who may have been exposed to the virus unbeknownst to her" (Flatow). In addition, the CDC recommends the vaccine to girls as young as 9 years old, while the Advisory Committee on Immunization Practices (ACIP) recommends administering the vaccine to girls between 11 and 12 years of age, and again prior to sexual activity. The Association of Immunization Managers argues for restraint regarding vaccination mandates; in a statement by the organization, "Immunization requirements should be used sparingly, approached cautiously and

considered only after an appropriate vaccine implementation" (Wood, 2008). Efficacy issues arise such as, how long does the protection against the four strains of HPV last? At this time most experts agree that GARDASIL® provides five years of immunization. Will a booster shot be necessary for further effective defense? Additionally the recommended age of inoculation is 11 through 13 years of age, mostly because the vaccine is virtually 100% effective prior to sexual activity. Yet women are at the highest risk of exposure to HPV between eighteen through twenty-five years of age. Therefore, is it responsible to inoculate girls as young as eleven if the possibility exists that the vaccine will not be effective at a time in their lives when they are at the highest risk of contracting the virus? How are young female bodies going to respond to a drug that was mostly tested on adults?

Another chief issue being discussed is that of access to the vaccine. Once Merck & Co.'s aggressive lobbying campaign for widespread public school inoculation requirements along with subsequent bills were introduced by more than twenty states and were being discussed at large, both the public health and medical communities weighed in from varying points of view. These views, in certain instances, were often in direct contrast to each other based on the basic principles that distinguish the two fields. According to Alexandra Stewart, professor at the George Washington School of Public Health, "public health concerns must be weighed against bioethical considerations, which generally place paramount value on respect for individual liberties, autonomy and the need to obtain informed consent for medical treatment" (Stewart, 2007). In other words, finding ways to democratize access to the vaccine for under/uninsured low-income young women and girls becomes the priority of public health policy initiatives, while bio-ethicists are taking, primarily, a precautionary position of maintaining volunteer inoculation practices while being able to study the young fast-tracked vaccine. A case in point is an article written in the Harvard Medical School Women's Health Watch, which states: "The new HPV vaccine shows great promise. Nevertheless, given the many unanswered questions about its effectiveness and

safety in different populations of girls and women, its use should be more a matter of individual choice than government mandate"(Harvard Women's Health Watch, 2007)

Legal and constitutional implications of public school mandate programs for girls were the interest of some law journal articles regarding GARDASIL®. Scholars were debating, for example, the appropriateness of a public school entrance requirement of GARDASIL® since HPV is not a virus traditionally acquired in the public school environment."Is a state's interest in preventing cervical cancer for a few, compelling justification to require the HPV vaccination for all?" (Wood, 2008) "Are the means narrowly tailored and necessary to achieve the compelling state interest, and are they reasonably related to a legitimate public health objective and proportional to the extent of the harm avoided?" (Wood, 2008) Furthermore, is a gender specific inoculation requirement a violation of women's constitutional rights, or is it necessary in order to meet the specific needs of women? Since women are the only group that can get cervical cancer, the state has an obligation to secure particular protections for women. In the article "Protecting Women: A Feminist Legal Analysis of the Vaccine GARDASIL®" author Micah Globerson writes, "Such a challenge would most likely involve controversial issues of privacy and women's choice law or equal protection law." Additionally, the Fourteenth Amendment Equal Protection Clause lends to articulating both a pro and con argument for widespread inoculation of GARDASIL®. Globerson describes two possible rationales, one favoring each side of the debate: "One may argue that a vaccination program directed at girls is similarly susceptible to interpretation as patriarchal, presuming that daughters need special protection from an STI. Women's unique biology, however, can create an important state interest. If cervical cancer afflicts only women…the Constitution permits the government to provide a cure to women only" (Globerson, 2007).

Opinions presented in feminist journals, magazines and e-zines opinions vary, yet, overall, there is optimism about the potential benefits of the vaccine for women and girls. Even more, mainstream feminist

writings are endorsing the public school requirement programs. The mandates are being interpreted as a way to equalize access by bypassing the exorbitant price tag of the vaccine and making it available to under/uninsured girls. Feminists in support of the vaccine requirement are also paralelling it to the need for comprehensive sexual health education. They are arguing that the vaccine along with sexual health education can empower youth making safer and astute decision regarding their sexual health. "We praise the decision by the Advisory Committee recommending that 11 and 12 year olds be routinely vaccinated," said Julie F. Kay from Legal Momentum,(*In Brief*, September, 2006). Kim Gandy, former president of NOW, backs this position by making a bold statement in favor of inoculation requirements in an interview for the National Now Times, "The CDC and the FDA made the right decision for women and their health…They are literally saving women's lives." (*National NOW Times*, 2007)In the D.C. case, organizations like Legal Momentum came out strongly for a D.C. requirement believing that it is in fact due to race and class disparities that African-American girls are at a higher risk for sexually transmitted infections including HPV, making it necessary for a vaccine requirement.Much of what I read from feminist health advocacy writings was preoccupied with the politics of the vaccine's accessibility. Therefore, along with debates about economic accessibility are the questions regarding the recommended age minimum and maximum usage of the vaccine. In sum, those examining the subject of the age recommendations raised critical questions such as: Does the age cap of twenty-six years old unfairly discriminate against older women who could potentially benefit from the vaccine? Therefore should the age maximum be reconsidered and expanded to allow more women an opportunity to choose the vaccine? And, does the age minimum of 9 years old, with an emphasis on vaccinating girls between 11 and 12 years of age, need more cautious consideration, especially since there were a limited number of clinical trials that used a majority adult participation?

GARDASIL® has only been on the market five years yet has drawn interest from a range of academic

fields raising a variety of ethical, legal, and efficacy questions as previously described. Next I will expound on the lobbying efforts for mandatory inoculation programs and lift the debates occuring among those speaking, organizing and writing on the subject. This action by Merck & Co. caused a stir among various interest groups and resulted in programs in Washington, D.C., and the state of Virginia.Soon following the Food and Drug Administration's approval of GARDASIL®, in the summer of 2006,Merck & Co. invested large sums of money towards lobbying law makers to introduce mandatory vaccination legislation for all girls entering public middle schools. These efforts were headed by a national bipartisan organization called "Women in Government" (womeningovernment.org) hired by Merck & Co.to promote the vaccine to lawmakers. In early 2007, this group organized an all expense paid conference in Florida and invited nearly sixty state legislators to learn about the vaccine. Subsequently, twenty states and the District of Columbiadrafted bills in favor of mandatory vaccination of school-aged girls.

However, these efforts were slow to bear broad sweeping results with most bills failing to become law. Yet, on January 9th, 2007 the D.C. Council introduced "The HPV Vaccination Reporting Act of 2007, requiring certification that a girl has received the HPV vaccine prior to her enrollment in sixth grade" (Stewart, 2007). Subsequently, the District of Columbia became the first city to secure a compulsory inoculation program in the public school system. Washington D.C. parents pushed-back on the vaccine mandate, desiring more information about the drug and questioning the public school policy. These efforts influenced an "opt-out" of the vaccine that is included in the D.C. requirement (http://www.dc.gov/DCPS). Shortly following the D.C. law, the state of Virginia passed a mandate effective school year 2009. To date, only Washington, D.C. and the state of Virginia require vaccination of GARDASIL® for middle school aged girls. Yet, experts have noted a difference in the programs of the state of Virginiaversus that of Washington D.C. According to the Associated Press, "In Washington, sixth-grade girls will not be allowed to attend school unless they have had GARDASIL®, or their parents provide the school with a form

indicating they have opted out. In Virginia, parents are asked to provide documentation if their daughter had Gardasil, but there is no penalty for not doing so.”Furthermore, the spokeswoman for the governor of Virginia, Delacey Skinner, stated to the New York Times, “the state’s vaccination program included an unusually broad freedom to decline the shot” (New York Times, August, 2008). Also, a timely pledge from the pharmacutical giant to expand their local Virginia plant in the winter of 2006 may have also incentivized the Virginia program.As the aggressive tactics from Merck & Co. to get the vaccine legislated received negative press, they abruptly discontinued these endeavors. Adriane Fugh-Berman, M.D. states, “Merck just curtailed its efforts to lobby state legislatures to require vaccination of school aged girls, apart of which it donated an undisclosed sum to Women in Government”(Adriane Fugh-Burman, 2007). Moreover, July 1, 2008, the Federal Government through the U.S. Immigration and Citizenship Services or CIS added GARDASIL® as one of its inoculation requirements for all women and girls between 11-26 yrs. of age migrating to this country. GARDASIL® is one of the most expensive vaccines on the market, and an additional cost burden for women, as opposed to men, navigating the immigration process. “The vaccine adds about $375 to the $1,410 cost for applying for citizenship…” Additionally, Ana Correa, executive director of the Texas Criminal Justice Coalition, said, "What we have noticed is that applying for citizenship decreases as the fees go up," adding, “I don't think it's a coincidence that they're pushing for a policy that would provide a burden on immigrants” (Kaiser Family Foundation, 2009). In an anti-immigrant political climate, this requirement for women adds another expense, and, subsequently a potential barrier and deterrent to obtaining citizenship. Yet due to competent activism, largely from immigrant rights and women of color reproductive justice groups, the federal mandate for immigrant women was overturned a year after implementation.The lobbying efforts were not in vain; in fact, had they garnared nationwide vaccination requirement policies the pharmacutical giant would have ensured certain profits. Suggesting that both proper timing and resources be in place in order for a statewide programs to

be effective, the National Women's Health Network wrote, “It is also important to give state legislators and public health agencies time to allocate appropriate funding to ensure access to the vaccines. The NWHN is opposed singling the HPV vaccine out for special treatment either because of a corporate profit incentive or because of the political agenda of abstinence-only conservatives” (NWHN).For better or worse, a national requirement would have guaranteed exposure of the drug to generations of girls to come. These initiatives were, in my view, part of an overall scheme by Merk & Co. to make the vaccine both accessible and profitable.

2.1 Conclusion

All things considered, the review of the literature began by uplifting the major issues being written about Merck & Co.'s vaccinceGARDASIL®. The major areas included ethical, political and efficacy concerns concentrated in public health, medical, law, social science and some women's studies/feminist outlets. Many of the articles raised questions such as: Will a booster be nececessary after a number of years? What are the ethical implications of a for-profit pharmacutical company lobbying for public school innoculation requirements of their drug? And, what is the response from the public health community? Once the major debates were acknowledged, the next section focused on addressing the debates occuring among those speaking, organizing, and writing on one of the dominant and controversial issues—lobbying for public school inoculation mandates. In the case that Merck & Co.’s lobbying effort had garnered broad sweeping school requirements, it would have ensured a critical market of school-aged consumers. Furthermore, school entrance mandates would have secured GARDASIL®’s place as a standard part of pediatric medicine. I conclude this section by arguing that this effort of Merck & Co. was part of an overall strategyto market and widely distribute their breakthrough vaccine with claims to prevent cervical cancer.

The background political controversies dealing with GARDASIL® are important to the next

chapter dealing with the theoretical frameworks guiding this research project—black feminist theory and girls studies. These two bodies of theory will provide the analytical tools necessary to answer the critical questions about the ways in which race, class, girl power imagery and feminist language are expressed in the GARDASIL® television and print advertisements. In my effort to deconstruct these ads, I pose such questions such as: How many women of color are in the ads? What are they doing in the commercials? How is class status marked in the commercials? Again, the scholarship addressing GARDASIL® brings to bear important moral concerns about the young vaccine; yet, too often, this same scholarship ignores how race and class are used to sell the product. I will address an aspect of this gap through this discourse analysis project. Black feminist theory and girlsstudies will provide the tools necessary to articulate and dismantle the hypocrisy of projecting female empowerment in the advertisements, while limiting girls' choices through lobbying initiatives for school entrance inoculation requirements.

3 BLACK FEMINIST THEORY AND GIRLS STUDIES

Black feminist theory and girls studies are the frameworks I am employing in order to more deeply examine the race and class dimensions of Merck & Co.'s marketing of GARDASIL® for this discourse analysis research project. For black feminist theory, the works of scholars Patricia Hill Collins and bell hooks will provide the analytical tools necessary to successfully assess the expressions of race and class in the Merck HPV/cervical cancer and GARDASIL® advertisements. For example, Patricia Hill Collins writes in her groundbreaking text, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, about "intersectionality" a concept that suggests that in the lives of Black women, issues of race, class and gender often work in concert(Hill-Collins, 1991). Applying the idea of intersectionality to this discourse analysisprovides my critical writing the flexibility to consider how race and class overlap and are used to show "real" and therefore relatable women and girls using and endorsing Merck's vaccine GARDASIL®. Next, the emerging field of girls studies offers the analytical tools to uplift and understand the particular issues of girls regarding the politics of GARDASIL® since they are a vital demographic for Merck. Ironically, in the ethical, legal and efficacy debates surrounding GARDASIL®, girls' voices were absent. Even more, within mainstream feminist analysis of the politics of the drug, an air of paternalism can be assessed as few feminists askgirls how they feel and think about GARDASIL®. Particularly in the case of the proposed mandatory vaccination programs in public schools,girls' points-of-view are absent. Girls studies' scholarship centers girls' realities by providing the necessary theoretical language that fills a gap left by mainstream feminist perspectives on GARDASIL®. For example, girls studies effectively identify and critiques destructive binary ideas about girls such as the "can-do" girl and the "at-risk" girl. I found these terms useful in this research project because they are names for western cultural attitudes about girls. Furthermore, these notions about girls are, I assert, embedded in the successful GARDASIL® marketing campaigns. Therefore, integrating girls studies in order to explore the use of these concepts

within the marketing will allow for a deeper analysis than black feminist theory could successfully do alone.

3.1 Black Feminist Thought/Theory

Largely, black feminist thought/theory is the project of distinguishing the knowledge production of African-American women based on their uniquely situated experiences primarily shaped by race, class, gender, and sexuality oppressions in the United States of America. Patricia Hill-Collins describes the features of black feminist theory and research in *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* as not different to other bodies of research, yet it is distinguishable at the location which these features intersect. The features of black feminist theory relevant to this project are described below:

- Identifying and articulating different forms of oppression that disproportionately affect women, and crafting activist tools for empowerment and liberation.
- Acknowledging a matrix of domination that dictates that, in the lives of Black women, issues of race, class, gender, sexuality, and nation often work simultaneously to create a unique lived experience that can only be understood inside the simultaneous complexities.
- At the onset of research, not privileging any particular ‘ism’ but rather discussing the hidden, insidious ways they work together.

After observing numerous GARDASIL® television and print advertisements, I found that women of color are often prominently placed within the commercials. Smartly, the three marketing campaigns are as much racially diverse as they are racially targeting. What does that mean? Merck& Co. launched a savvy girl empowered media campaign soon following the FDA's approval of GARDASIL® in the summer of 2006. This prominent award winning “One Less”television commercial showcased a multi-racial bevy of

working and middle class looking young women engaged in various activities. Appearing as a politically correct girl-power commercial, it includes a Caucasian girl skateboarding, a group of young Latinas playing basketball on an inner city basketball court, African-American teenage girls practicing their choreography, and, in the final scene,a different group of African-American teenage girls jumping double-dutch rope on a city sidewalk while chanting the commercial's tagline: “I will be one less, one less! O-N-E-L-E-S-S, I will be one less!” According to *Bitch* Magazine, the One Less commercial is comparable to that of the Nike “Just Do it!” campaign since it is“produced in the same slick but calculatedly edgy aesthetic of Nike commercials from the late 1990’s” (Kessler & Woods, 2007). Like the Nike commercials, “One Less” presents female actors as strong and powerful through the act of playing sports—hence, it implies that they are motivated to make smart choices about their health by getting vaccinated with GARDASIL®. Carefully, racial diversity is infused throughout the “One Less” commercial, while the African-American girls are prominently placed towards the end. Their pronounced positioning in the television advertisement is demonstrated in two ways: first, they have the greatest number of actors relative to the other group of girls and they are the last voices and faces in the commercial chanting the product tagline. The African-American actresses’ enthusiasm becomes the last impression the viewing audience has of the drug. In a Spanish speaking “One Less” commercial, called “*Una Menos*” a young Latina is drumming while endorsing the vaccine in one scene, in the next, both a mother and daughter prepare for a *quinceañera*. The commercial culminates with a young flamenco dancer practicing in a dance studio. These actors are meant to representthe Latino community. Through the use of racial and cultural signifiers demonstrated by the actors, the product, in this instance, the vaccine GARDASIL® becomes culturally relevant, and the manufacturer appears to understand this community and have their interest in mind. For marginalized communities, target marketing is particularly significant because, often, the consumer marketing experience is shaped by the interest and realities of the majority white cultural ideals and does not reflect

the community of colors' realities. However, vigilance is required in these moments of cultural awareness in mass product marketing campaigns—a vigilance from those communities being targeted to consider the agenda and rationale guiding the specific marketing, and, as consumers, what is important to understand about the pro's and con's of the product—and not to relax vigilance based on the marketer's consumption and subsequent projection of relevant cultural markers. Therefore, while Black feminist theory prioritizes African-American women's experiences, the analytical features are transferable to support my critical work of looking at how all women and girls are to be understood in the advertisements, while centering the particular ways women of color are represented. Black feminist theory allows for what I am calling a "layered approach" to analysis. The layered approach allows for the flexibility to examine the nuanced themes being replicated in the GARDASIL® advertisements. In other words, the subtle subtext is appreciated and discussed as important to the ways that it shapes the overall projected message.

Delving further, I researched articles containing interviews of the representatives from the marketing firm that created the "One Less" commercial brand—DDB. The following quotes, lifted from these interviews, describe the design process of the One Less commercial campaign. These statements indicate to me, as a Black feminist researcher, insight into theconscientious effort to use race and class in the design of the commercials. According to one DDB representative, "Bev (referencing Beverly J. Lybrand, Vice President and General Manager, HPV Franchise, Merck Vaccines)urged us to go through all of the faces and ask whether they were expressing what we wanted them to"(Applebum, 2007).This quote raises interesting questions. For example, what faces would best represent the product? What kind of expressions would best convince the viewing public that they should get vaccinated with GARDASIL®? The DDB representative continues, "That led to some changes in the people used in the advertisements. As a result, we created a much stronger message of empowerment"(Applebaum, 2007). Third wave feminist magazine *Bitch*, while critical of the One Less commercial, agreed with the advertiser's assessmentby calling it "the

most feminist friendly ad campaign in recent memory." While I do not know what "faces" DDB was originally considering for the commercial, what is for sureis that the faces and bodies that are used in the commercial campaigns feature working/middle class young women of color and young white women. Again, the DDB representative describes the design of the prominent "One Less"commercial: "Filmed in a gritty, documentary style, the ads intersperse information about GARDASIL®between scenes of teenagers at play or hanging out on city streets." To that end, racial diversity concurrently with class uniformity becomes a crucial factor to developing the brand concept. In "Eating the Other: Desire and Resistance" in *Black Looks: Race and Representation*, Black feminist scholar, bell hooks, helps untangle the above quote and understand the psyche of American consumption culture and its obsession with the exotic "other." hooks states, "As often is the case in this society, they were confident that non-white people had more life experience, were more wordly, sensual,and sexual because they were different" (hooks, 1992). In this instance, these actors represent young women who are to be understood as havingthe life experiences that warrant the vaccine.While many of the commercials may open with a young white woman speaking about the vacinne, as the commercials continue brown and black faces become quite key. Again, hooks writes, **"**Within commodity culture, ethnicity becomes spice, seasoning that can liven up the dull dish that is mainstream white culture."Moreover, language such as "gritty,""street," and "hang out,"as stated in the DDB representative's quote, evoke in the mainstream imagination/viewing audience both the racial identity and economic status of these girls as among the poor and working class.Class status is marked in several ways in the commercial including: the urban background; the activities the girls are engaged in, such as basketball and skateboarding; and the overall style of the young women actors. City youth in America are notoriously and often portrayed in media as in constant need of state surveillance and intervention by way of the criminal justice, welfare, or public health systems. Therefore in the commercial, the actors' empowerment is in part due to their choice to be unlike other "city" girls by taking control of their sexual

health and getting vaccinated with GARDASIL®.

Furthermore, the introduction of a GARDASIL® vaccination requirement for 6th grade girls attending Washington, D.C. public schools, in which79% of the student population is African-American(www.dc.gov/DPS/), brought to fruition important questions among the African-American community about the efficacy of the new drug, and the necessity of a school entrance requirement. The mandate triggered historical concerns of the exploitation of African-American bodies in medical experimentation as well as racist notions of African-American women's sexuality. "In a controversial *Washington Post* opinion piece, Courtland Milloy writes that the DC proposal to vaccinate girls in school is built on this notion: 'After all, your daughter is 11 and probably black, so the assumption is she'll be having unprotected sex in no time – but don't take offense…And please don't bring up that old paranoia about government agencies conducting medical experiments on black people'"(Milloy, 2007). While I think much of what Milloy wrote was brash, it tapped into some of the underlying concerns of African-American families with daughters attending school in the District of Columbia. These were complicated issues that evoke both race and class anxieties perhaps embedded in the public health policy response in D.C. However for those working in public health, including some prominent women of color healthcare providers and advocates, supporting the mandate was in part due to a desire to decrease young women's exposure to HPV and, possibly, invasive and painful treatments. Again, it employs the assumption that a mandate would be the only way underserved girls in D.C., who are primarily African-American, would have access to this new health technology. African-American women's health, especially their sexual and reproductive health, has always been a source of public debate and, at times, has met unfortunately with unethical experimentation and treatments that in the end were found to be detrimental. However, I agree with the words of African-American medical journalist Harriet A. Washington, author of the groundbreaking text *Medical Apartheid: The Dark History of Medical Experimentation on Black*

Americans from Colonial Times to the Present, as she both writes about the medical atrocities since enslavement to African-Americans and encourages African-Americans to get involved with ethical clinical trials. She writes, "But medical abuse is more than historical fact…The challenge is to prepare the way for a new openness to medical research on the part of African-Americans while maximizing their protections from abuse" (Harriet, 2006). Black feminist thinking and vigilance is necessary in this case. It is important to incorporate an understanding of "intersectional" realities in order to effectively monitor pharmaceutical drugs targeted towards African-American women, while ensuring that African-American women have access to the latest technologies.

In sum, commodifying and displaying racial diversity and class uniformity, under the guise of celebrating girls' empowerment, is part of the"One Less"GARDASIL®commercial design. Even more, the creative approach described by the marketing firm DDB, including use of the descriptions "gritty" and "street" affirms my assessment of the commercial's use of race and class along with mainstream societal notions of the kinds of girls who are ideal candidates for the vaccine. In the next section of the review, I will consider **"**girl power" as another key strategy of the advertiser to market the vaccine to girls and young women. Additionally, girl power is important to the marketing because it shows girls and young women, confidently and with the support of their mothers, "choosing" this product. Therefore "girl power" needs to be explored as an ideal value for girls re-imagined for marketing purposes, as is the case with GARDASIL®. As a Black feminist researcher, it is important for me to uplift the issue of bodily autonomy and integrity of girls in this project,as girls are the primary targeted recipients ofthe vaccine GARDASIL®.

3.2 Girls studies/ Girl Power/ Can-Do and At-Risk

For the most part, girls' perspectives on the vaccine are missing from much of the critical literature written aboutGARDASIL®. This is an unfortunate finding given that the vaccine is FDA approved for girls and young women as young as nine years old and recommended for girls between eleven and twelve years old. Therefore girls areimportant consumers to the manufacturerer. For those researchingGARDASIL® from a feminist or social science perspective, listening to and learning from girls about the vaccince will bring a depth to the overall critical knowledge being produced. While this project does not include interviews of young women and girls, thissection will use analytical concepts from girls studies to explain why marketing directly to girls and young women is a necessary part of the marketing strategy. I will begin with "girl power," a third wave feminist ideal that is often co-opted for commodity interests as is the case with the GARDASIL® commercial campaigns. Next I will look at the concept of the "can-do" and "at-risk" girls from writer Anita Harris in her work, *Future Girl*(Harris,2004). This text identifies the binary of can-do and at-risk as a device to socialize and control girls' lives. I will then show how both the "at-risk" and "can-do" girls are the aim of Merck & Co. through their marketing and lobbying efforts. Finally, I will critique paternalism and how that affects and silences girls' voices from this debate. Ultimately I will make the case that while parents or guardians—especially mothers are the ones who often decide for girls and young women to get the vaccine, the marketers do not take for granted that they must sell this product to girls. This understanding is displayed through a girl-centered, feminist marketing campaign that includes an interactive website, bracelets, and an abundance of girls and young women represented in the commercials and print advertisements. It is, therefore, necessary to center girls' experiences and voices regarding this drug.

Girl power is defined as "young women's scope for own decisions: the ability of or opportunity for teenage girls and young women to make decisions for themselves and shape their own lives" (Encarta

World English Dictionary North American Edition).It is considered an aspect of third wave feminism, and the term is reported to become a part of the mainstream lexicon by the mid to late 1990s as it was adopted by mainstream media and marketing industries to sell products to girls. The messages of female empowerment through these media representations of equality or "girls can do what boys can do" appeared to be positive messages for girls. In the article "Young Women and Consumer Culture: An Intervention," Angela McRobbie writes, "Within the last decade a substantial sector of the commercial domain has embraced notions of gender equality ("the pretense of equality" as Jean-Luc Nancy would have it) and has used this ideal as a means of generating and disseminating more energetic, confident and assertive accounts of girlhood and young womanhood"(Jean-Luc Nancy, 2000;McRobbie,2008).However, this "can-do attitude" promoted through various popular cultural outlets maintain and satisfies the heteronormative patriarchal visual appetite, as many of the images of young women are as naive hyper-sexualized eye-candy. The messages designed to inspire girls to be self-assured, simultaneously, do not encourage girls to question systems of inequality or offer information about how to change these systems. Instead, these are corporate capital driven messages informed by extensive market research that understands that girls are vital consumers. The consumption-based empowerment messages for girls are often about personal improvement or development through education, self-esteem, and physical activity. These are critical lessons for success however they situate the fate of all girls at the feet of each girl and her family. The state and corporate driven capital entities that target girls through policies or marketing are simultaneously excused from responsibility and accountability to the state of girls or their futures. Families are often figuring out, in a competitive society, how best to get an advantage that ensures future success in the face of gender-based obstacles. The answer is, of course, that being commodity-driven and a willing consumer is the proper attitude. A narcissistic, capital driven self-esteem is fed in abundance to girls, through popular media emphasizing success through achieving physical beauty, being an ideal student, and model

"citizen" by following the rules (of the state) and not questioning or rebelling against them. At the same time, those feminist spaces interested in supporting girls' questioning sexist norms and advocating social justice are often frowned upon and deemed anti-men, too "radical," and subsequently marginalized.

In 2006, Merck & Company followed suit with their brand of girl-power marketing of their vaccine GARDASIL®. Reinforced through firm statements and confident demeanors, the young women actors and models engage in various sports or activities throughout the commercial and print advertisements. Infusing physical activity with consumer-directed pharmaceutical advertisements is not unique to Merck's "One Less" GARDASIL® campaign. As a matter of fact, it is a calculated strategy of the creators of this form of marketing. "More than one half of [direct-to-consumer pharmaceutical] ads (52.7%) showed the primary character engaging in some physical activity. Eighty percent of these ads showed characters engaging in moderate or vigorous physical activity." (Frosch et al., 2007) Reminiscent of liberal feminist rhetoric that speaks of equality and bodily autonomy for women, the "One Less" slogan reinforces these values by encouraging young women to take control of their health with their product. Girls' declare, "I will be (One Less)—one less statistic, and one less woman who will die from cervical cancer because I choose to get vaccinated with GARDASIL®." In this instance, by choosing to get vaccinated with GARDASIL®, these young women are making, according to the advertisement, a wise and empowered decision for their health. It becomes an "empowered" decision because, according to the advertisement, young women "choose" the vaccine. Furthermore, the "I choose to be one less" tag-line evokes feminist stances regarding reproductive "choices" and, hence, bodily freedom from patriarchal state control. Bev Lybrand of Merck & Co. reinforces my analysis in the following statement about the message of the "One Less" commercial, "The idea was really to deliver on the strong and powerful message of empowerment"(Herskovits, 2007).

"One Less" and the other HPV commercial campaigns from Merck & Co. use highly sophisticated girl power images paying close attention to cultural and racial diversity. Simultaneously, the young women

actors in the “One Less” commercials perform within racially and economically expected activities, such as the Caucasian teenage girl skateboarding and the Black teenage girls jumping double-dutch rope. The statement being made through the display of activity is these are sports that “real” girls participate in. Therefore through savvy marketing, girl power is updated and projected to sell Merck & Co.’s vaccine to concerned mothers, young women and girls. Feminist scholars have coined this as commodity or popular feminism, and “girl power” is one tool. McRobbie summarizes this analysis with the following statement, “This usage of feminism (in its most conventionally liberal feminist guise) also provides corporate culture with the means of presenting itself to young women as their ally and even champion of ‘girls’ while at the same time earning seeming approval for adopting the mantle of social responsibility” (McRobbie, 2008).This is true for GARDASIL® and Merck & Co., whose public relations machine was able to position the vaccine as a breakthrough in women’s health and the answer to cervical cancer prevention. Even with fast-tracked FDA approval and limited clinical trials, GARDASIL® was endorsed and promoted by some national feminist organizations like Planned Parenthood and feminist media outlets like *Ms*. magazine. Merck & Co., in this case, positioned itself as the ally of feminists. Their girl power message was well received, while, ironically, girls’ empowerment was being limited through Merck & Co.’s actions of lobbying for mandatory school inoculation programs, particularly in the case of Washington, D.C., where an innoculation mandate is in place for all girls entering the sixth grade and 79% of the student population is African-American (www.dc.gov/DPS/).Therefore, African-American girls’bodies, in this instance, are unapologetically and disproportoinately affected by a mandatory inoculation policy, yettheir points of view of the vaccine are missing from thecritical literature.Commercial versions of girl power from many corporate entities are designed to display an image of equality for a profit, while minimally investing in efforts to eradicate institutional inequalities. In this instance, Merck & Co.’s GARDASIL® advertisements do not encourage girls to get involved in efforts to increase their knowledge about the

health issues that disproportionately affect them such as the human papillomavirus and cervical cancer. Instead the message is that their empowerment is contingent upon their bodily compliance to the Protector/Father/Superhero vaccine: GARDASIL®.

Notably, in 2009 GARDASIL® was approved by The FDA for boys and young men between 9-26 years old. Yet there has not been the equivalent amount of pervasive marketing campaigns encouraging young men and boys to get vaccinated with GARDASIL® or convincing their parents that it is a necessary part of their son's healthcare. Additionally, there has not been a reporting of a major lobbying initiative to legislate 11 and 12 year-old boys' bodies with the vaccine. As a matter of fact, recommendations from expert medical agencies' language read quite differently for girls and young women versus boys and young men. Merck& Co.'s GARDASIL® website adds the CDC's recommendations for these two groups. The website states: "The Centers for Disease Control and Prevention (CDC) recommends routine vaccination with GARDASIL® for girls ages 11 to 12, and for young women ages 13 through 26 who have not already been vaccinated. The CDC states that GARDASIL can be given to boys and young men ages 9 through 26, if you and the doctor decide it is right for your son" (www.gardasil.com). For girls and young women, the CDC is reported to recommend "routine vaccination" with GARDASIL®, while for boys and young men GARDASIL® "can be" used, "if decided…it's right for your son." Both young women and men can get HPV and spread it to others primarily through skin-to-skin contact making HPV the widest sexually transmitted infection. The recommendations for young women and young men, at a minimum, should be the same, especially considering that women have a first-line of defense against cervical cancer through a Pap smear examination detecting abnormal cells potentially linked to HPV, while there is no routine prevention exam equivalent for men. However, men could be susceptible to getting sexually transmitted HPV infections like genital warts or some cancers such as anal and throat possibly caused from an untreated undiagnosed HPV infection. Perhaps young men and boys should be equally asked to consider

GARDASIL® as part of their preventative health routine. However this is not the case; instead women and girls are rigorously marketed to and, in some instances, required to get the vaccine. Dealing with the differences between marketing strategies for young women and men of GARDASIL® is not the crux of this research project. This digression, however, was necessary in order to illuminate the ways in which the private and public sector can work in tandem to privilege men while undermining women and girls decision-making about their bodies under the guise of celebrating women's empowerment through the advertisements.

The print and television commercials have a formula that includes racial diversity, working and middle class uniformity couched in a message of empowerment through "girl power" imagery. Now, I will consider how this formula to widely distribute the vaccine is deployed in ways that understands girls in two categories—"can-do" girls and "at-risk" girls. Can-do and at-risk girls are categories explored at length by writer Anita Harris in the book *Future Girl*. Harris writes about girls living in modern western societies and how these societies assign binary categories such as "can-do" and "at-risk" in which different paths are established to engage each type of girl. Often, this binary of can-do and at-risk are established early in girls' lives based on a range of demographic factors, including race, economic status, and geographical location. These demographic factors also inform societal stakeholders such as social scientists, policy makers, public health officials, medical practitioners, "tax paying" citizens, and educators about how to engage each category of girl. Most importantly, these narrow boxes for girls allow for a system of surveillance and control of girls' mental and bodily integrity. Moreover, and according to Harris, surveillance and punishment of girls is increasing as an effect of rapidly growing and reconfiguring market economies. The encroaching privatization of public spaces and institutions are forcing girls (Hendrixson, 2002)into narrower spaces in which to grow and develop. For example: increased privatization of education opportunities, fewer jobs, continued wage disparities, increased restrictive and penalizing policies on

reproductive health care, and punitive drug policies are making it difficult for certain girls to matriculate successfully within society. Harris states that girls are being presented as the "vanguard of a new subjectivity" (Harris, 2008) or a site to mark societal progress and societal decline within the neo-liberal narrative of the United States of America. In general, and for the purposes of this study, historically the can-do girl is shaped in the dominant imagination as middle class, able-bodied, virtuous, and heterosexual—a White "girl scout." The at-risk girl is shaped in the same dominant cultural imagination as promiscuous, lacking virtue, poor, and of color—particularly Black and Latin—and a delinquent. Furthermore, the can-do girls are expected to excel in education, be civically engaged, and hold off reproduction until marriage. At the same time, the at-risk girls are expected to have limited personal goals, reproduce early, and be in constant need of state intervention and assistance. These categories work in concert to regulate both outside and inside populations of girls, as well as have girls self-regulate in order to fit cultural ideals girlhood.

Merck deploys this logic through the ways in which it sells its HPV vaccine GARDASIL®. The campaigns, with their girl-power inspired themes, show at-risk girls turned can-do girls by using their product—while inoculation mandates of their vaccine target the at-risk girl. In other words, both categories of girls become important to the multi-national pharmaceutical giant as consumers of their product. The racist and classist depiction of the at-risk girl is interrogated in the essay "Superpredator Meets Teenage Mom: Exploding the Myth of Out-of-Control Youth" (Hendrixson, 2002). The article highlights youth crime and teen pregnancy are on a decline in the United States of America, yet casting youth as out-of-control and sexually deviant remains the dominate narrative. This national context about youth and youth sexuality, in the case of Merck & Co.'s HPV vaccine GARDASIL®, is profitable and allows them to participate as allies of society by vaccinating girls and preventing the spread of disease—sexually transmitted disease. While there are those who have criticized the expensive price-tag of approximately

$360 for the inoculation series, Merck has responded with a vaccine program for financially disadvantaged at-risk and young women and girls. By going to Merck's website and clicking on the "Merck Vaccine Patient Assistance Program" one can find instructions (side-by-side with a picture of a young African-American woman) as to how to access GARDASIL® with minimal requirement for the economically disadvantaged. The following qualifications are as stated on the website:

- You reside in the United States and are age 19 or older*You have no health insurance coverage. (Some examples of health insurance coverage include private insurance, HMOs, PPOs, college health plans, Medicaid, Veterans' assistance, or any other social service agency support.)
- Individuals who do not meet the insurance coverage criteria may still qualify for the vaccine program if the patient has special circumstances of financial and medical hardship. You do not have to be a U.S. citizen.
- You have an annual household income less than:
    - $43,320 for individuals
    - $58,280 for couples or
    - $88,200 for a family of four

(http://www.merck.com/merckhelps/vaccines/qualify.html)

The HPV vaccine is also available through the federal Vaccines for Children (VFC) program. VFC provides vaccines for children ages nine to eighteen that are covered by Medicaid, Alaskan-Native or Native American children, and some underinsured or uninsured children. As a federal program, tax dollars are used to ensure the availability of the vaccine within the fifty states. While positioned as an altruistic gesture—access to the vaccine to low income, undocumented, or at risk populations of girls and young women, at approximately $360 per dose per girl, with federal subsidies—Merck is still benefitting from

serving this population. Again, the state creates ways to control girls' sexuality and bodies, in many cases, with the complicity of guardians/parents. Adults who are often well-intentioned and trying to make a decision to vaccinate their daughters with GARDASIL® are navigating a substantial amount of complicated information about the vaccine along with the manufacturer's claim of protection against cancer. Therefore, many parents rely on the analysis and recommendations of doctors, government agencies, and the information being supplied by the pharmaceutical company to be accurate. It must be stated, however, that many parents raised questions about the vaccine and pushed back on school entrance requirements of GARDASIL®. This response from parents was in part the motivation for Merck & Co. to cease their lobbying initiatives.

Moreover, mothers in particular become an important part of Merck & Co.'s ability to sell the vaccine in subsequent GARDASIL® commercials. Getting mothers excited about the vaccine by focusing on the message of cancer prevention, instead of the uncomfortable conversation of sexually transmitted HPV, the commercial uses "mothers" to encourage viewing mothers to protect their daughters from cancer. Mothers of all races are seen in the commercial talking or engaged in some fun activity with their daughters and having a serious conversation about the vaccine including the potential side effects. Extensive marketing research has shown that when a mother talks to her daughter about GARDASIL®, both proactively and favorably, a girl or young woman is more apt to get vaccinated. "The research, published in the journal *Human Communication Research*, zeroed in on 182 mother-daughter pairs. The daughters — college students whose average age was 20…Most of the pairs — 137 — reported talking about the vaccine…what tipped the scales regarding a daughter's decision to get vaccinated? A mom who shared that she thought the vaccine was a safe and effective way to prevent HPV" (Rochman, 2011). Merck understands that getting a daughter or young woman vaccinated is often a family decision, and therefore it is vital to have young and mature actors in the commercials, in unison, speaking highly of the vaccine. This projection of mothers

and daughters getting along and working together is a major component of what makes this commercial campaign largely viewed as female friendly. Beth Herskovits writes, “The disease awareness effort did more than just play on cancer fears, but drew on themes of safeguarding your children (for moms) and empowerment (for girls).”She goes on to quote Bev Lybrand, Merck's vice president and general manager for GARDASIL®: “Of course everyone understands cancer and is scared of cancer, but we learned early on that moms really wanted to protect their daughters—that protective insight is important. For young women, they want to empower themselves to take control of their own destiny” (Herskovits, 2007). Rarely do media-makers create images and or storylines of mothers and daughters getting along, let alone on a subject that is as taboo as sexual health. Yet, Merck is able to actualize this, by glossing over the sexual health aspect of the vaccine and focus on the message of cancer prevention. The appearance of the ideal mother and daughter relationship projected in the GARDASIL® commercials through the ability to talk about such a serious issue makes these women the envy of women viewers who desire to have this bond with their daughters. Again, this is an important alliance for Merck, yet girls’ perspectives and bodily autonomy is compromised, subsequently, when the adults are making the ultimate decision for their lives.

Finally, girls are entering the debate on GARDASIL® marketing through innovative uses of technology. Parodies of the GARDASIL® commercials created by teen girls via “YouTube” are demonstrating a resistance to the girl power/ girl friendly messages Merck is attempting to present. These videos are critiquing the ways in which girls are often underestimated in knowing the politics and controversies surrounding the vaccine. For example, in the “YouTube” video discussed in this research, the young woman actor plays an exaggerated version of a naïve girl who proudly states that she has done as she was told according to Merck & Co. ad and got vaccinated with GARDASIL®. In the final chapter, I have included one video and one print ad parody showing young women “talking back” to the patriarchal and ageist corporate stakeholders. These young women are demonstrating a critical perspective towards

the multi-million dollar female friendly marketing. They are raising critical questions about the efficacy of the vaccine and a society that makes decisions about their bodies without their input.

3.3 Conclusion of Black Feminist Theory and Girls Studies

This theoretical framework chapter demonstrated how black feminist theory and girls studiesprovided the analytical tools necessary to grapple with the focus of this research project, analyzing how representations of race, class, and girl power are used in Merck & Co.'s innovative consumer marketing campaigns. Black feminist theoryprovided the concept of intersectionality to be able to effectively consider howrace and class are used in the marketing campaigns. Distinguishing various forms of oppression allowed me to center the issues of race and class in my critique of the advertisements instead of making these an appendage as in other critical work on GARDASIL®. Black feminist theory moves issues of race and class from the margins to becoming a vital aspect of research. However, within feminist spaces, a paternalism in the rhetoric about the politics of the vaccine do emerge. Few feminists asked—how do girls feel and think about GARDASIL®? Therefore, feminist theories alone donot get at the importance of girls as a target market. Thus, incorporating the scholarship focusing on girls allowed me to articulate the ways in which marketing to girls is important to the manufacturer. In much of the literature written about GARDASIL®, how race and class are used in the marketing campaigns arenot a priority of the work; similarly here it requires the simultaneous use of black feminist theory and girls studies theoretical concepts to effectively analyze the deployment of girls' intersectional identities in the marketing of GARDASIL®. In this instance, race and class are vital to critiquing the advertising campaigns of GARDASIL®. Therefore, as a feminist researcher, I have distinguished the themes in the marketing strategies of Merck & Co. that target girls, young women and mothers.Racial diversity along with athleticism among the young women actors in the "One Less" commercial campaign evoked ideals of empowerment. These young women are unified because each made a smart and choice to protect her body

with the vaccine GARDASIL®. This girl power imagery along with and feminist friendly taglines was Merck & Co.'s strategy to promote their vaccine GARDASIL®. Lastly, I examined, what Anita Harris calls "can-do" and "at-risk" girls. The western societal binary construction of girls creates a system of control and surveillance. I was able to take the definitions of each category and demonstrate the ways in which distributing GARDASIL® used these polarizing attitudes towards girls to distribute the vaccine to girls.

In the next chapter, I identify and provide an account of the development of Merck & Co.'s HPV awareness and, ultimately, GARDASIL® commercial campaigns. I give a critique of the print and television advertisements focusing on the ways in which race, class, girl power and feminist language are orchestrated to sell the vaccine GARDASIL®. The prevalent arguments have been introduced and summarized in the previous chapters. I am, therefore, connecting the print and television advertisement campaigns and the lobbying efforts as tactics working side-by-side to widely distribute and sell the vaccine.

4 MARKETING CAMPAIGNS AND THE RESEARCH METHODOLOGY

In 2005, Beverly J. Lybrand, Vice President and General Manager, HPV Franchise, Merck Vaccines,discussed in an interview Merck's marketing research conclusions. What they found was that less than 20% of U.S. women knew the link between cervical cancer and HPV. Stated differently, 80%, or the majority of US women, were unaware of this connection. For Merck & Co.,this was an opportunity to become the public authority and compassionate voice on the subject of HPV and its link to cervical cancer through public health education messages. Lybrand stated, "After discovering the tremendously low awareness, communicating the link between HPV and cervical cancer became the primary focus of the campaign"(Herskovits, 2007). Therefore, over one hundred million dollars was allocated to conduct HPV and cervical cancer link outreachsponsored by Merck and partnered with non-profit advocacy organizations: Step Up Women's Network and the Cancer Research and Prevention Foundation(Blum, 2006). These women-centered organizations' names and logos became the branded look of this public health outreach initiative. This important partnership both validated and allowed for Merck's women's health message to go directly to women through the organizations' outreach initiatives, such aspublic service announcements, bracelets, postcards, and interactive websites designed to tellwomen and girls that a "common virus" or HPV was the primary link to most cervical cancer cases. At the same time, these campaigns did not tell women about how to reduce the risk or prevent HPV. As a matter of fact, the outreach campaigns offered little to no solution except to instruct women to inform other women that HPV is linked to cervical cancer and to talk to their doctors. The Merck funded PSAs which are the focus of this research project are titled"Making the Connection" and "Tell Someone."Saturating various media outlets for approximately one year, these two campaignsarguablywere developed to "prime the market" or prepare consumers for the FDA's approval of the vaccine GARDASIL®(Herskovits, 2007)(Rose, 2002). In June of 2006, the FDA approved the use of GARDASIL® for girls and young women nine through twenty-six

years old. Soon following, an energetic girl power multi-media campaign, “One Less,” emerged with a racially diverse cast of young women and mothers celebrating the solution to cervical cancer—GARDASIL®. “Make the Connection,” “Tell Someone,” and “One Less” print and television commercials had a narrativethat built on each other. This narrativebegan with revealing that HPV is connected to cervical cancer. Once women were so informed, the next commercial campaign instructed women to share the responsibility ofthis newfound information with other women. Lastly, a powerful advertisement campaign celebrating the answer to cervical cancer prevention wasintroduced by Merck which is GARDASIL®.

The methodology used in this research project is discourse analysis. This method allowed me to evaluate and write critically about the ways in which race, class, girl power, and feminist language are used in the advertisement campaigns. I studied three commercial campaigns by centering the visual images and words produced for the campaigns. I linked this analysis of the images with the larger ethical and political questions occuring in the literature surrounding GARDASIL®. Additionally, as a feminist discourse analysis project, I used Gillian Rose’s text, *Visual Methodologies: An Introduction to the Interpretation of Visual Materials,* to devise the methodological strategies. Two approaches are incorporated—“Discourse Analysis I” and “Discourse Analysis II.” Discourse Analysis I focuses on “discourse as articulated through various kinds of visual images and verbal texts” (Rose, 2002). Using this method will allow me to engage the visual images and language from both the print and television advertisements for what is actually being projected from the screen or print, and what is to be understood by the overall images and word choices. Discourse Analysis II which “tends to pay more attention to the practices of institutions than it does to the visual images and verbal texts” (Rose, 2002), allows me to analysis Merck and the marketing firms responsible for creating the commercial campaigns, bringing a depth to the research that dealing with the images alone cannot do. This process will enable me toeffectively interpret the messages from the

commercials side-by-side the ethical and political questions raised about the lobbying initiatives for vaccination requirements of eleven- and twelve-year-old girls entering middle school. Again, both methods are infused because this project is as much about the images in the advertisements as the ways in which Merck & Co.usedtheir power as a multi-national pharmacutical company to control public understanding of HPV, cervical cancer, and ideal treatment.

The following are the steps taken to conduct the analysis for "Make the Connection," "Tell Someone," and "One Less/ I Choose":

- Define each campaign and discuss the particular agenda as part of the overall marketing strategy.
- Watch two commercials per campaign and observe two print advertisements paying close attention to the ways that race, class, girl power, and feminist language informed the messages of the commercials.
- For depth and robustness of this project, a set of questions were created to help guide my observations. The questions also guaranteed that each ad received equal examination. (Refer to Appendix A)
- Wrote a list of all reoccurring images and words for each ad allowing me to effectively and concisely deconstruct and write my analysis of each print and television advertisement. The written analysis of each ad is included in the next section of this chapter.

Furthermore, deciding what commercials and print advertisements were used in the research was accomplished through the internet search engines Google and YouTube. After I found the commercials, secondly, I observed six different GARDASIL® commercials, three "Make the Connection" commercials, and two "Tell Someone" commercials for a total of eleven videos. Of the eleven videos, I choose the two commercials per campaign that had the highest viewing hits. Print advertisements were collected, again,

through process. I found print marketing of GARDASIL® through Google image searches, magazines, and flyers located on the campuses of local Atlanta, Georgia, colleges and universities. I gathered a total of 20 print advertisements. After close consideration, I narrowed the print advertisements to six, two for each marketing campaign. I wanted the number of television and print advertisements for each campaign to be the same. It was also imperative that the ads used were ones in which images were widely seen and easily accessible. In other words, if it took minimum effort to search and had several viewed hits on "YouTube" along with being ones that I had actually watched on television or read in a magazine, those became the ones chosen. I wanted the most popular images from the campaigns to work with in order to connect this research to what the consumer would have actually watched or read. Therefore using my own memory became important to my methodological approach. It became necessary to recall the feelings and thoughts I had when I first noticed the HPV and GARDASIL® commercials on television or in print. My interest was piqued, as I was, at the time, statistically, among the demographic of young women with whom the issues of HPV and early detection of cervical cancer are critically important. From my standpoint and memory of the campaigns, I include my impressions of the advertisements. Additionally, a rigorous feminist research process of reading, analyzing, and writing focused on how systems of power and privilege are utilized in the marketing strategies was applied. Therefore the overarching agenda of this project is aligned with a feminist agenda of gender justice by focusing on how the marketing geared towards women affects women.

Yet there were external threats to be carefully considered throughout the process of this project. The following were the possible threats: making "truth claims" about the drug, maintaining a new perspective while continuously viewing the visual images, and only focusing on two forms of marketing—print and television.What does this mean? The claims about the drug by the manufaturer are important to distinguish from my point of view of the product. I critiqued the marketing and truth claims in the commercials, while ensuring my observations of the marketing are distinct from a personal view of the product itself. In other

words, I do not make a conclusion about the drug's effectiveness. Nor, do I make a recommendation for or against a girl or young woman getting vaccinated. Finally, I do not endorse or condone the use of GARDASIL®.A balanced point of view is critical to examining each visual image, according to Gillian Rose, through “fresh eyes.” The project requires looking at the images several times in order to best apprehend the meanings of the messages, therefore it is imperative to payclose attention to noting the new aspects of the advertisments after each observation. In order to accomplish both paying close attention to the images while looking at them repetitively requires watching each as though it is the first time, hence, allowing me to catch nuances in the images or important phrases perhaps missed without applying this discipline.

In conclusion, this project focuses on the print and television ads and lobbying strategies as the primary outreach and marketing strategies for Merck & Co's GARDASIL®. Merck also used websites, text messaging, and community facilitatorsarmed with Merck's informational toolkitstoadvance their product and branded message to women. Merckarguablyused a variety of innovative ways of promting their message and product, that in a larger study would need to be considered. Obviously all of these methods reach consumers in different ways,possibly impacting their decision making about the drug. These methods, however, are not included in this study.Therefore this study is limited by virtue of the kind of marketing identified as the focus of the study.

The next section of this chapter is about the three identified HPV/cervical cancer and GARDASIL® marketing campaigns. The section is written in chronological order beginning with “Make the Connection/Charm4Life,”“Tell Someone,” and “One Less/ I Choose.” Each campaign has its own subheading with a summary of purpose, description, and analysis of every print and television advertisement. Close attention was paid to describing the repeating signs and symbols, the representation of women and girls of color, and highlighting key statements either written in the print ads or spoken by actors in the commercials. Finally, the corresponding television and print advertisements are added to the Appendices B

and C and can be referenced while reading this discourse analysis.

4.1 "Make the Connection/ Charm 4 Life"Campaign Synopsis:

Primarily an online public education campaign, "Make the Connection/Charm 4 Life" focused on creating awareness about the link between HPV and cervical cancer. Financially supported by Merck & Co., this campaign collaborated with non-profit advocacy organizations: Step Up Women's Network and the Cancer Research and Prevention Foundation(Siers-Poisson, 2007). The non-profit partnerships enabled Merck to evade ethical suspicion of a multi-national corporate pharmaceutical entity creating the messaging for a public health awareness campaign. At the same time, strategically partnering with women founded and led national advocacy organizations validated Merck's outreach to women especially about an intimate women's health issue. "Make the Connection" and "Charm 4 Life" were incentivized campaigns. In the case of "Make the Connection," it arguably targeted young women and girls because it offered free beaded braided bracelet educational kits, symbolizing the HPV/cervical cancer link, through its website. By filling out an online survey, women and girls would receive in the mail a free bracelet. For every order, two bracelets were sent upon forwarding Merck's message of HPV/cervical cancer link to other woman and Merck would donate one dollar towards cervical cancer research (Make the Connection Bracelets, 2007).This philanthropic gesture on the part of Merck demonstrated their commitment to cervical cancer research to the public. At the same time, Merck was shaping a national narrative about cervical cancer that was mostly interested in emphasizing its link to HPV.

Even more, the "Make the Connection" campaign enlisted celebrity spokesmodels such as Latina actress, America Ferrera; African-American actress, Kimberly Elise; and Caucasian actress Elisabeth Rohm. These women wore the bracelets or other paraphernalia at public events, discussed the campaigns in interviews or starred in ads. Kimberly Elise and Elisabeth Rohm were featured in separate "Make the Connection" made for television public service announcements co-created by Parallax Productions, Inc.,

Merck, Edelman, Step Up Women's Network and Cancer Research and Prevention Foundation. The website of Parallax Productions, Inc. under their "success stories" link, reports the record number of impressions these PSA's received. Impressions are defined as, "a cable-box stays tuned to a given channel for at least five seconds during the time when an ad is showing is calculated as viewing the commercial" (Google, 2011). According to Parallax Productions, Inc. "The first iteration aired from January–October 2006 and starring Elisabeth Rohm, earned over 83 million impressions…In 2007 still in heavy rotation and now featuring Kimberly Elise…earning over 85 million impressions." The message of HPV and cancer linkage was pervasive through these ads and effectively set the stage for GARDASIL®'s subsequent announcement. Parrallax Production, Inc. also stated that the ads were broadcast on "1,000 stations."

"Charm 4 Life," similar to "Make the Connection," was a partnership for Merck with jewelry company Alex and Ani to spread the message of HPV's connection to cervical cancer with a bracelet. In this instance, according to the website, "a limited edition 'Charm 4 Life' bangle set…4 expandable bangles: three plain bangles and the Chinese peony charm bangle." This bracelet retailed at thirty-two dollars with five dollars of every sale going towards cancer research. "Charm 4 Life" was a limited campaign that targeted a woman who may want to make her own donation towards cervical cancer research through purchasing a bracelet. Following the announcement of GARDASIL® this campaign also ended and a less publicized campaign was created called "Make the Commitment" that ran for a few months in 2007. Again, this was a public awareness campaign with the same agenda to give bracelets in exchange for information and Merck would donate towards cervical cancer research(Siers-Poisson, 2007).

(Go to appendix B to view Charm 4 Life Print Advertisements)

"Charm 4 Life" Print Advertisement I: The print ad includes two young, attractive, able-bodied women who appear to be their mid-twenties. They are standing next to each other, leaning shoulder-to-shoulder heads tilted towards one another smiling and looking directly at the camera. Their arms are

folded, showcasing the “charm 4 life” bracelets. One model is Caucasian and the other is a woman of color. The positioning of the models indicates to the viewer that they are friends as they slightly lean on each other’s shoulders. This connection at the shoulders also is symbolic of women leaning on each other for support. In the context of the commercial the women leaning on each other represent the action desired by the marketer for women to pass the information of HPV and cervical cancer’s link to the women in their lives. The attire worn by the models is vibrant and modest. The ad pays careful attention to strike a balance of attracting viewers while maintaining a demure appearance from the models. This a far stretch from typical magazine advertisements that take the opportunity to, at the least, use sexual suggestion as a way to arouse consumers with scantily clad clothing, evocative facial expressions, and suggestive poses from models. However, in this instance, Merck attempts to both raise awareness about the link between HPV and cervical cancer while evading the issue of HPV as a sexually transmitted infection. Therefore the marketing requires a subtle approach, with fully clothed models wearing bright color creating a welcoming appearance and youthful appeal. Right below the charm bracelet of the Caucasian model, reading from left to right, are the words “Charm 4 Life” prominently placed in white letters. The adjacent message written in a smaller font explains the initiative, “Alex and Ani join forces with Merck & Co., Inc. to promote awareness…” and to raise funds for cervical cancer research. It further lets the reader know they can learn more about HPV and cervical cancer by going to the “Charm 4 Life” website.

“Charm 4 Life” Print Advertisement II: The dramatic black and white advertisement creates a visual trick, as it uses mirrors and reflection to create one continuous hand with the wrists acting as the bridge between the hands. Several “Charm 4 Life” bracelets adorn the wrist of what appears to be a Caucasian woman’s hand with the fingers arched and dipped in water. FiercePharma, an online pharmaceutical industry newsletter, describes the “Charm 4 Life” campaign as an industry trend called

"indirect ads." This avant-garde advertisement evokes a piece of art. It is an abstract approach to demonstrating Merck & Co. message of HPV's link to cervical cancer. The vague details included in this advertisement that would encourage the curious to go to the "Charm 4 Life" website to learn more about the campaign. "Merck has been promoting its Charm4Life campaign in women's magazines. 'Talk to your doctor,' the site suggests. 'Or find out more for yourself right now.' The 'find out more' is hyperlinked to a GARDASIL® website"(Siers-Poisson, 2007).

"Making the Connection" Television PSA I: Featuring Kimberly Elise, the sixty-second PSA is entitled "Girlfriends." It is set in a living room with a plush beige couch as the room's focal point. The room utilizes warm colors, open space, and minimalist modern décor, making it appear as an inviting and comfortable feminine space. The room looks like that of a single professional woman's living room with no visual markers of children or a spouse—such as framed photos. Furthermore, Kimberly's disposition is that of a trusted friend. A woman, that other women could imagine being the kind of non-judgmental friend they could exchange personal information with. In the commercial Kimberly is wearing a comfortable and feminine outfit including a pink blouse and light pink make-up. She sits on the coach while throughout the commercial the camera shows her in various comfortable poses. As the only person in the ad, Elise speaks directly to the camera maintaining audience interest by speaking in a light and humorous voice, while at the same time articulating a quite heavy and significant message. Elise opens by asking women what was the last conversation they had with their girlfriends. Subsequently, she answers the question by stating options such as talking about clothes, shoes and work. She then offers an additional conversation women need to have with each other, a conversation about the connection between HPV and cervical cancer. She then adds that African-American women may be disproportionately at risk of getting cervical cancer. This statement is made without offering any rationale as to why African-American women are disproportionately at risk, or how to learn more about

African-American women's risk factors. As a matter of fact, I did not find another Merck sponsored HPV/cervical cancer PSA that made this claim about African-American women's risk factors. However, Elise as an African-American woman is assigned this task of making this claim. She is able to make this claim as an African-American woman, about African-American women's health, without the need to substantiate such claim. She does, however, encourage women to learn more about the connection by going to the "Make the Connection" website. The website address then appears on the screen below her face along with the logos and names of the non-profit partners of Merck who are responsible for the public health message. At the end, Elise mentions all the organizational partners except for Merck, although Merck's name appears on the screen with the other partners(http://www.parallaxproductions.com/videogallery.php).

"Making the Connection" Television PSA II: Elisabeth Rohm, former actor of the television series *Law and Order*, is the star of the "Make the Connection" thirty-second public service announcement. Seamlessly, the role she played as a district attorney on *Law and Order* is the same persona for the "Make the Connection" public service announcement. The PSA opens with Rohm, in business attire, sitting on steps outside an office building on a sunny mid-afternoon. Behind her, two women one Asian and young, and the other Caucasian and mature, both wearing suits are walking out of the building and down the stairs behind Rohm. In a professional and confident stance, Rohm leans towards the camera and firmly states that she has information that will "save your life." She continues by stating that some types of HPV are linked to cervical cancer. Next, the camera focuses on the Asian and Caucasian women walking. As they walk, the Asian woman looks at the Caucasian woman and states with concern, "it is a cancer diagnosed in thousands of American women every year."

The camera then pans on other women who are discussing the same issue with each other, or into the camera talking directly to the viewing audience. Therefore, the next scene is of a bustling city

sidewalk—the camera faces a beautifully landscaped park and an African-American woman jogs on the sidewalk. As she runs, she looks towards the camera and states, "…but cervical cancer can be prevented…" A Latina police officer speaks next. While walking, the officer passes a "Make the Connection" logo sign and continues the line of thought started by the jogger, she says:"…through recommended pap screening and treatment if detected." A Caucasian mother and daughter are next. They are walking from the park as though they maybe coming from a lunch date. The mother looks at the daughter and says, "Help others make the connection between cervical cancer and human papillomavirus." Simultaneously the make the connection website appears on the screen. In the last scene, the camera goes back to Elisabeth Rohm, still sitting on steps outside the office building. She looks directly at the camera and says, "To learn more about the connection between cervical cancer and HPV visit maketheconnection.org." As the camera does a close up of her face, underneath remains the "Make the Connection" website address, and below the website are the names and logos of all the sponsors (from left to right): Cancer Research and Prevention Foundation, Merck & Co., Inc., Step Up Women's Network.

The advertisement's in town setting, during a workday, with women appearing as self-sufficient, of "average" size, and middle-class create a sense to the viewer of "regular" women who are concerned with their health and therefore validated to discuss the issue of cervical cancer and HPV's connection. Racial and age diversity were also an important aspects of this public service announcements appeal, including one Asian woman, four Caucasian women, one African-American woman, and one Latina. These women look relatable. Class is an interesting factor in this commercial because the idea that middle class as "right and moral" is suggested. These are the kind of women who can, for the sake of Merck's agenda only discusses HPV in the context of linked to cervical cancer, articulate the message without evoking ideas of HPV as a sexually transmitted infection. These are the type of women who

engage in sex and sexual activity responsibly. Otherwise stated, the PSA does not show women at a bus stop, or working at a fast food restaurant, or cleaning the city sidewalk while talking to other women about the connection between HPV and cervical cancer. The markers of class used in the commercial are important as it puts the audience at ease in terms of the kind of women who are to be considered definitive voices on women's health information. Moreover, in Elise's PSA "Girlfriends" the health information was given through a lighter tone almost humorous. In Rohm's piece the message was articulated through a range of voices yet with thoughtful tones.

4.2 "Tell Someone"Campaign Synopsis:

"Tell Someone" was the second of the two part unbranded disease awareness campaign that preceeded the FDA approval of the vaccine GARDASIL®. Like "Make the Connection,""Tell Someone" focused on telling the public about the connection between HPV and cervical cancer. This campaign also included various paraphenalia such as: postcards, television spots, and an interactive website. However, "Tell Someone" does not partner with any non-profit organizations. It is soley Merck's national public health education campaign. Furthermore, the message of "Tell Someone"took on a weightier approach to informing the public of the "daunting" reality of HPV, a "common" virus, being linked to cancer. Additionally, "Tell Someone" urge women who now know this vital information to share this information with other women. Merck made sharing this newly found information quite easy as well. They provided "eight e-cards available at the 'Tell Someone' campaign website" (http://www.prwatch.org/node/6208).Also, in the pages of women's magazines, eye-catching well-designed postcards that are easly detachable invitedwomen to send the postcard to other women with Merck's message ofHPV and cervical cancer linkage. Lastly, Merck and the public relation firms that created the "Tell Someone" campaign made an impact on the public consciousness understanding of HPV and its connection to cervical cancer. Due to their marketing innovation they took away a number of

pharmaceutical insider awards, including the Phame Public Health Award, Best Integrated Campaign, Best Multicultural Campaign, and Best Unbranded Ad. Merck also took home best Marketer of the Year(Arnold, 2008).

"Tell Someone" Print Advertisement I: The print campaign uses realistic cartoon illustrations of women in various settings engaged in social activities. In the first ad, two young Caucasian women are in a hair salon. One woman is doing the other woman's hair. Sprouting from the clients hair are the words "Tell Someone."Because the female illustrations are engaged in real life adult women activity, such as being in a hair salon as a stylist and client, this ensures that the ad does not appear adolescent. Additionally this ad, like the second print ad examined in this section, are part of an agenda by Merck to have women pass their message about HPV and cervical cancer on to other women; therefore these ads are designed as postcards. This particular postcard is charming and artful with whimsical detail making it an aesthetic delight and something a woman would want to send to a friend. These postcards can be downloaded or detached from a magazine and subsequently mailed. On the back of the postcard is the message, "…millions of young women have a virus they do not even know about. It's called human papillomavirus (HPV) and certain types can cause cervical cancer."

"Tell Someone" Print Advertisement II: African-American women are the subjects of this print advertisement. Three young adult women sit next to each other wearing salon capes over their clothes under the hair salon dryers while conversing with each other. Their body posture indicates that they are friendly with each other. Careful attention was taken with the illustration of each woman. Each woman is a different hue and has differently textured hair and hairstyles, making them reflect a more accurate representation of the diversity within the African-American community. Additionally, the clothes, location, and physical gestures made by the women indicate middle class. These details provide the necessary texture to have both an attractive and ascertainable advertisement for Merck's target audience.

The “Tell Someone” logo is placed in all caps in between two of the women on the baseboard near their feet. The picture evokes thoughts of doing activities with girlfriends such as going to a hair salon. The hair salon theme is engaging because the hair salon, as a women centered space, is often where women share openly and intimately with each other about their lives. Both print ads were racially specific postcards suggesting Merck was interested in these ads being in women’s publications that meet the interests of different racial and ethnic groups.

Tell Someone Television PSA I: This forty-six second PSA opens at an urban outdoor festival in the middle of a beautiful day. Lavender “Tell Someone” placards and balloons are displayed throughout. It looks like a health fair including vendors’ tents. Actors representing a racially diverse and intergenerational group of women speak directly to the camera about having just learned about HPV and cervical cancer. Each woman looks into the camera, and in a testimonial style, express how they feel about just learning this information. Now that they know about HPV and cervical cancer’s connection, all of the women articulate an urgent need to share this information with other women. Each woman states that they want to “tell a woman that they love about HPV and cervical cancer.”The women are wearing business casual attire and occur to be working professionals and college students. Again, like the previously discussed public service announcements, the women have the markings of middle-class by virtue of their attire and location of the advertisement. The racial diversity in the commercial is quite significant with eight African-American women, seven Caucasian women, two Latinas, and one Asian woman speaking and receiving close-ups to the camera. As a public health message that is dealing with issues of women’s sexual health, having women of color prominently placed in the advertisement is significant as women of color are often understood in the dominant national narrative as being disproportionately at risk of sexually transmitted disease. Therefore, the “Tell Someone” disease awareness campaign is qualified due to the use of women of color. In contrast, the voice of authority was a Caucasian woman wearing medical scrubs and a

stethoscope and can be assumed to be a physician. She is the voice of reason in the commercial as she offers viewers advice on how to address their new concern about HPV and cervical cancer.

A departure from the "Make the Connection" PSA, the "Tell Someone" television message uses overtly fatalistic language to discuss the HPV and cervical cancer's link. This time, women with bewildered faces state, emphatically, that "cervical cancer is caused by a common virus…" This is not even an abstruse scare tactic, because one woman in the commercial asserts, "That's scary." Additionally, the women express how profoundly baffled they are to realize that millions of people have HPV. Absolutism about HPV and its connection to cervical cancer was the tone of this public health/awareness announcement. However, there was no mention of how women can get HPV and how to prevent the spread of it. It only focused on convincing women that they need to tell other women that these diseases are linked. Finally, the PSA asks women to go to hpv.com to find out more information about HPV. I went to the website and upon entering the site one can read various facts about HPV; notably, at the bottom of the front page of the website in a small font is the sentence stating, "Educational content brought to you by Merck." This is noteworthy because the public service announcement appears to be an independent message free of any corporate ties. Merck's name, logos, or commercial taglines are not overtly a part of this television PSA—instead the placement of Merck's branding is positioned in a subtle manner on a website that is mentioned to the viewing audience in the PSA.

"Tell Someone" Television PSA II: This forty-eight second HPV and cervical cancer awareness campaign like the others uses a formula of " everyday" or "normal" looking, racially diverse, able-bodied, and middle class women outside on a sunny day. The backdrop for this commercial was the outside of a hospital or office building. The women are looking directly at the camera expressing how they feel about learning that there is a relationship between HPV and cervical cancer. The tone of this commercial is set, as the opening line is spoken by an olive skin-toned dark haired modestly dressed woman, "Well it's a

cancer caused by a virus…" Immediately following, a young Caucasian woman also discreetly dressed, states, "I just found out that cervical cancer is caused by certain types of a common virus, cancer caused by a virus…" With an attitude of disillusionment, she continues by naming the culprit or the virus that is causing cervical cancer, "HPV, human papillomavirus…"This is a pivotal moment for all of the campaigns, as this is the first time that Merck's unbranded disease awareness campaigns are definitively and overtly claiming that HPV is the cause of cervical cancer. The commercial takes an emotional peak as an African-American woman speaks next about just learning the news of HPV and cervical cancer. She pauses and stutters while stating, "I was stunned at how many people have HPV. I was stunned. Mil—lions? Millions? That's insane." Next, the voice of reason comes in to slightly calm anxiety. Again, the woman positioned as an authority on the issue is a middle-aged Caucasian woman wearing a white doctor's coat and stethoscope. In this ad she is standing outside of what looks like an entranceway of a hospital. She firmly yet gently states, "For most women HPV clears on its own, but for some cervical cancer can develop. That's why it is important for you to talk to your doctor about Pap tests." Her statement is the only solution in this public health message. Also, her voice is the only partially dissenting voice from the other more fearful voices, yet is obscured by the majority of voices who are perplexed and nervous about this information. The following scene is of an African-American mother lovingly and worriedly tapping the shoulder of her teenage daughter. They do not have a voice, although they look perplexed and the mother looks off into the distance slightly scared hoping for an answer to this issue. The viewing audience is left to decide what these women are thinking and feeling, while the voice of the Caucasian woman expert is completing her statement. Additionally while the mother and daughter stand, both the website and a toll free telephone number appear at the bottom of the screen, "tell-someone.com 1-877-now-tell." This particular scene with the mother and daughter, interestingly, foretells the upcoming "One Less" commercial campaign that will focus on teenage girls and their mothers celebrating having found the

solution to the crisis of HPV and cervical cancer. The commercial convenes with women declaring to share this newfound information with other women, especially the women they love. Finally during the final few seconds of the commercial, the Merck name and logo appeared in the upper right corner of the screen. This firm and pervasive message colors HPV as the cause of cervical cancer and positions Merck as the experts on this issue. Again, Merck's own research indicated that eighty percent of women did not know about HPV and its connection to cervical cancer. This was an ideal opportunity for Merck to create and brand the message about these two diseases in ways that suited their interests. Basically this interest was monopolizing the public airways with their unbranded disease awareness campaigns rhetoric and therefore taking creative license about what information or not to say about HPV and cervical cancer. Bottom line, Merck prepared their audiences with their messaging for the launch of their FDA approved vaccine, GARDASIL®, and they began this campaign even before the FDA approved the vaccine.

4.3"One Less/ I Choose" Campaign Synopsis:

GARDASIL® was FDA approvedin June of 2006 for girls and young women ages nine to twenty-six. Subsequently, Merck launched their nationwide savvy color-filled youthful commercial campaigns, "One Less"and "I Choose"No expense was spared."One Less,"like its predecessors, included an interactive website, television commercials, and branded paraphanelia."One Less" and "I Choose"diverge from the two previous campaigns,as they are part of Merck's official product promotion campaign.Therefore, the vaccineGARDASIL® becomes the product that the two previous initiatives were preparing the consumer to want to purchase. Considered a breakthrough in women's health, it is the first vaccine to guard against two types of HPV linked to most cervical cancer cases, and two forms of HPV that are linked to other kinds of HPV disease such as genital warts. In other words, the "One Less" and "I Choose"commercials respond to the previous disease awareness campaigns with the answer to cervical cancer—GARDASIL®. This sentiment is illustrated by the following quote by Bev Lybrand, Vice President & General Manager,

HPV Franchise, GARDASIL®, Merck Vaccine Division, “The full public health benefit of reducing the burden of cervical cancer and HPV disease may be achieved through broad public awareness and vaccination with GARDASIL®, which is the driving force behind One Less”(Unknown, 2006). The succesful advertisement campaign which was in heavy television rotation during the first few years since GARDASIL®'s launch showcased a diverse cast of working and middle class girls, young women, and mothers representing the targeted GARDASIL® consumer base. Through displays of athletisism on the part of the young women actors,these commercials appear to respect the concepts of bodily autonomy and choice resulting in a celebratory display of girl power.

“One Less” Print Advertisement I: The image of this “One Less” ad is of a teenage white girl playing soccer outdoors on a sunny day. She is in motion, as the picture shows her giving a powerful kick to a soccer ball that appears to be hurling off the page. Cleverly, on the front of her soccer jersey is the number “1,” while the ball she is kicking has the word “Less” written across it with a black sharp marker. Therefore when reading the soccer jersey and ball, from left to right it states “One Less.” Across the top of the advertisement is the claim by Merck & Co. about GARDASIL®, “the only cervical cancer vaccine for girls and young women ages 9 to 26 years.” The next sentence of the ad is directed at parents, “Your daughter could become 1 less life affected by cervical cancer.” This weighted statement is a cry to parents to make the moral decision to protect their daughters from cancer.

Protection against cervical cancer is Merck’s claim and focus of the “One Less” commercial campaign, instead of a focus on the four strains of HPV covered by the vaccine GARDASIL®. Therefore what the vaccine actually protects against is minimized in the ad, while the claim of protection against cervical cancer or one possible consequence of an untreated HPV infection is emphasized. Again, today, less than 0.01% of cancers in the US are cervical cancer. Yet, with FDA approval and age recommendations, the target market and messaging changed in order to market the

vaccine. The new messaging focused on cervical cancer prevention for girls and young women ages nine through twenty-six by getting vaccinated with GARDASIL®. Therefore unlike the previous campaigns, the One Less commercial uses much younger actors and models side-by-side women representing mothers, carrying a message of protection for their daughters. The "Tell Someone" campaign message was one of fear, dismay, and disillusionment of discovering that a "common" virus can cause cancer, along with a directive to tell as many women as possible about this unfortunate fate. In contrast, the "One Less" ad through the display of athleticism shows self-assured and empowered girls, young women and mothers because they have access to the tool that protects against cervical cancer. The women of "One Less" appear to be confident and knowledgeable, while the women of "Tell Someone" are alarmed and seeking answers. Again, GARDASIL® becomes the answer women are looking for, making the One Less campaign a celebration of girl power contingent upon the use of the vaccine.

"One Less" Print Advertisement II: The "One Less" commercial is of a young woman of color standing outside during the afternoon in front of a New York City subway station. She is standing next to the subway entrance sign that states, "Franklin St. Station Uptown 1" while holding a placard above her head with the word "LESS" boldly written across. She is wearing casual clothing as she holds the placard smiling and confidently standing for all who pass by to see. She wants the public to know that she is in control of her life and health by being "one less" young woman of color to get cervical cancer because she received the GARDASIL® vaccination series.

I examined this print advertisement closely, comparing and contrasting it with the first print ad in the "One Less" section. Some of the findings from my analysis of both print advertisements, as a black feminist thinker, are quite compelling. First, the advertisements are similar in the way that the models are significantly younger than those of the previous campaigns. Also, the young women models are not

presented to the viewers through a sexualized gaze. Often, in a commercial ad girls are depicted as coy eye-candy through a heteronormative lens for mass consumption. Instead, the girls in these ads are both fully clothed with little to no makeup and posed in self-assured ways. These girls are portrayed as "everyday" young women standing in their autonomy and taking control of their health. Yet, race and even class maybe shaping the design of each ad raising interesting questions about the differences in them.

For the sake of comparing the "One Less" print ads I will refer to them as ads one and two in this section. Both ads only show one young woman, however, in ad one, the language indicates that the soccer player has a family and that GARDASIL® is a family discussion and decision. The ad states, "Your daughter could be one less life affected by cervical cancer."The young white woman is to be understood as a suburban youth with an after school activity, soccer, and caring parents who always make the right decisions for their daughter. Advertisement two does not mention family or refer to the young woman of color as someone's "daughter." She is standing alone in her empowerment outside the 1 train subway entrance going "uptown." Importantly, the 1 train's uptown route includes parts of Harlem and ends in the Bronx. Therefore, she is a responsible inner city youth, who has set herself apart from her peers, other inner city young women of color who have not gotten vaccinated. Furthermore, and with close examination of both ads, each ad does a play on the "One Less" tag line. In ad one, the young white woman is wearing the number 1 on her jersey. The number "1" has many meanings. "1" can mean being first, or the top of, ahead of, or the winner. The soccer player in the first ad is wearing the number 1 and therefore is embodying all that it symbolizes. Interestingly, the young woman of color is holding the latter part of the two words tagline, "Less." Less, according to the online thesaurus, is defined as "smaller or inferior." Some of the synonyms for less include: beneath, declined, deficient, reduced, and minor. Moreover, while both ads are girl-power inspired, ad one appears more organic or

realistic with the young woman having purpose by playing soccer. In ad two, the young woman has no other purpose than holding the "Less" sign above her head in front of the subway train entrance. She is not being depicted as performing an activity or having any other purpose than holding the sign. Therefore all the audience knows about the young woman of color is that she has gotten the vaccine GARDASIL®. Without the placard she would be another (invisible) young woman of color standing on a city sidewalk in front of a subway station entrance.

"One Less" Television Commercial I: The fifty-nine second commercial is a departure from the previous commercial campaigns in two important ways. First, the prominent faces and voices carrying Merck's message of cervical cancer prevention are much younger. A racially diverse group of teenage girls engaged in sports or other youthful activities became the center of both the print and television advertisements. Secondly, both the "One Less" and "I Choose" campaigns are the first time Merck is presenting a product to the consumer. These two campaigns are the culmination of the unbranded disease awareness campaigns by presenting the answer to cervical cancer prevention—GARDASIL®.

A Caucasian teenage girl wearing a baseball cap over top her long brown dreadlocked hair, opens the commercial with a pronounced alto voice stating, "Each year in the US thousands of women learn they have cervical cancer. I can be one less." She proudly shows the backside of her skateboard with the words "One Less" written on it. Her attire can be described as alternative or even "tomboy." Next, she is shown gliding in the air on her skateboard at a city skateboard park. Soon following, the camera focuses on two young Latinas wearing red, white, and blue basketball player uniforms while playing basketball on a city court. Soon after, the camera focuses in on one of the Latina actresses as she chimes in, "One less statistic. One less."Again, heterogeneity is critical to the commercials formula and, as it progresses, more young women in various locations are engaged in different activities, also one adult voice, a "mother," adds to the discourse on GARDASIL®. Interestingly, the mother diverges, in a sense, from the unifying endorsement

of GARDASIL® being expressed by the youth. Her warning of the side effects of the drug provides information to parents watching the commercial by interjecting a voice of reason—an adult voice that lightly challenges what, up to this point, has been youthful (or naïve) enthusiasm for the drug. As my analysis has demonstrated, similar to previous commercial series, the voice of reason in these all female casted campaigns are played by Caucasian middle-aged women. They are positioned as the calming astute voice able to understand the complexities of the issues. This, arguably, can be contrasted against the women of color voices in the series that have primarily projected animated emotions whether through fear of the discovery of HPV and cervical cancer's connection, or glee for the vaccine GARDASIL® the solution to preventing cervical cancer. During my fastidious research of the commercial campaigns, I did not see women of color actresses playing the role of expert or authority on the issue. That is to say, women of color are not wearing white medical scrubs and appearing as either doctors or scientists talking to the consumer about pap smears or GARDASIL® in the advertisements. In the final shots, an African-American teenage girl's dance troupe is in a dance studio practicing their choreography while snippets of cheerful girls emphatically state, "GARDASIL®." The commercial culminates with a different set of African-American teenage girls playing double-dutch on a city sidewalk chanting the commercial's tagline: "I will be one less, one less! O-N-E-L-E-S-S, I will be one less!" The African American teenagers give the final endorsement of GARDASIL® with a catchy and easy to repeat tagline that those watching can repeat long after the commercial is over.

Again, a politically correct commercial from first glance, with a racially diverse group of young women engaged in sports. However with closer examination, the activities assigned to the diverse group of youth actors were based largely on specific race and class cultural markers. The result was a commercial narrative that, again, according to the marketing firm DDB representative, was"filmed in a gritty, documentary style, the ads intersperse information about GARDASIL®between scenes of teenagers at play

or hanging out on city streets" (Applebaum, 2007). Diverse racial representation is thoughtfully infused in the "One Less" advertisement; yet, notably, the African-American girls are prominently placed in the commercial. Their pronounced positioning is demonstrated in a few ways: first, by the numbers of African-American actresses, secondly, the number of seconds they are viewed in the commercial, and thirdly, they are the last voices and faces in the commercial chanting the product tagline. They African-American actors become the last impression the viewing audience has of GARDASIL® in this commercial. As the last impression, the African-American actors become a branded face of the product. In other words, the African-American teenage girl becomes synonymous with the vaccine, and therefore the vaccine in turn appears to be for African-American teenage girls. Arguably, this racial branding fits easily into a broader outreach strategy of making the vaccine a public school entrance requirement, which is already the case in Washington, D.C. Next, sports were a major thread throughout the commercial. Since participation in sports are regarded as a man's domain, the women and girls who enter it are often understood as strong, empowered and independent, and when demonstrated in a commercial format, this spectacle is a kind of packagedgirl power or consumption feminism. Moreover, situating the young actors as "hanging out on city streets" indicates to the viewing audience the economic status of these girls as among the poor and working class. Therefore in the commercial the actors' empowerment is in part due to their choice to be unlike other "city" girls by taking control of their sexual health by getting vaccinated with GARDASIL®.

"I Choose" Television Commercial II: "I Choose" is a sixty-one second commercial that uses a multi-cultural/multi-racial all female cast. Still shots, simulating a photo booth experience, are used to focus in on each woman's face. From start to finish, the commercial includes attractive young women who embody individualism discussing their reasons for getting vaccinated with GARDASIL®. The commercial takes place in each woman's unique and contemporary living spaces, while they are doing activities such as holding a pet, painting, writing or typing on a laptop. These young women appear quite trendy with

fashionable eyewear, hairstyles, and outfits projecting GARDASIL® as also being in vogue. While the "One Less" commercial targets a pre-teen audience, the "I Choose" commercial caters to the population of teens and young adult women who are making their own healthcare decisions. This commercial does not include "mothers" or any other authority figure to explain the side-effects of the drug or ease parents' concerns about getting their daughters vaccinated. Instead, these are young adult women talking to young adult women consumers about the vaccine and urging that it is not too late for them to get vaccinated. Again, GARDASIL® is a quadrivalent vaccine protecting against four strains of the HPV virus, yet the "One Less" commercial campaign emphasizes only the two strains mostly linked to cervical cancer by talking about GARDASIL® as a cancer prevention method. In the dominant media narrative about GARDASIL®, it is known as the "cervical cancer vaccine."However, the "I Choose" commercial allows the young women actors to talk about both the cervical cancer protection and prevention from other "HPV disease." This statement introduces the fact that GARDASIL® protects women from two strains of HPV that are known to be linked to genital warts. However, the commercial carefully phrases it as, "other HPV diseases." I was interested in these word choices because, again, by stating "other HPV diseases," the marketing evades the issue of sexual health and sexual contraction of genital warts, perhaps, in part to walk the fine line of selling the vaccine to both parents and young women. Also, a general statement about the vaccine benefits may impress upon the viewer that the vaccine may in fact have broad sweeping benefits other than cervical cancer prevention alone. Again, it is important to reiterate that GARDASIL® covers four strains of HPV: two strains that are linked to a majority of cervical cancer cases and two strains that are linked to genital warts, and therefore is not in and of itself a cervical cancer vaccine. The reiteration is critical to my analysis of the GARDASIL® marketing because the commercials conflate the possible benefits of the vaccine, while down-playing the actual benefits of HPV prevention.

"I Choose" embraces feminist/pro-choice rhetoric to create a woman-centered commercial. As I

address some of the specific elements in the commercial, I will pay close attention to highlighting the feminist inspired language used in the commercial. The commercial begins with a young Caucasian woman sitting on a couch making jewelry while talking about GARDASIL®. She states, "I choose to get vaccinated because I will do everything I can to help protect myself from cervical cancer." Following, another young Caucasian woman who is sitting on a chair petting a small dog, asserts: "I choose to get vaccinated when my doctor told me that HPV can affect women my age and how GARDASIL® can protect me." A young African-American woman speaks next. She is sitting on a couch and softly remarks, "GARDASIL® is the only cervical cancer vaccine that helps protect against four types of HPV." This statement highlights the deception in the advertising and raises questions about the truth claims being made. How can GARDASIL® be called a cervical cancer vaccine? In fact, it would be more appropriate to call GARDASIL® a vaccine preventing four strains of HPV disease, in which two strains are linked to the majority of cervical cancer cases. Stated differently, GARDASIL® is an HPV vaccine that may prevent cervical cancer and not a cervical cancer vaccine that prevents "four types of HPV." As the commercial progresses, more young women add to the GARDASIL® testimonials, including two more quotes that I found of particular interest because they are rich with feminist political language. "I choose to get vaccinated, because my dreams don't include cervical cancer" and "You have the power to choose. Ask your doctor about GARDASIL®." Words such as "chose/choose" and "power" in the context of women's health, from women are reminiscent of pro-choice political slogans. These words also symbolize women's empowerment, agency and autonomy of their bodies. The notion of women being able to obtain bodily agency derives from the movements of women who worked for those rights. It is evident in the GARDASIL® commercial campaign's imagery and language that it is, at the minimum, inspired by feminist/womanist movement victories and, at the most, a cooptation of feminist language.

5 FINDINGS AND CONCLUSION

Usually, for-profit companies smartly invest in marketing research to discover the most effective messaging to convince their target population to buy their medical technologies. Whether the commercial is promoting an antidote for rheumatoid arthritis, heart disease, or HPV and cervical cancer drug products, companies use a common formula that resonates with consumers. Routinely these commercials show conventional looking actors, affirmative drug testimonies, and physical activity in order to sell the pharmaceutical to a broad consumer base. The use of "everyday" people living fully expressed lives talking about intimate subjects of disease and treatment with the drug being marketed allows the viewer to foresee the drug helping their ailments in the same ways projected in the commercials. Merck's HPV/cervical cancer and GARDASIL® commercials use this strategy as well.

I have identified a three-phase marketing campaign bankrolled by Merck & Co. in this research project focusing on two important women's sexual and reproductive health issues—HPV and cervical cancer. The first and second phase of the overall marketing strategy began nearly a year prior to GARDASIL®vaccine's offical announcement and FDA approval in June of 2006. Innovative hybrid public health advertisements regarding HPV and cervical cancer, "Make the Connection" and "Tell Someone,"were designed to "prime the market" or prepare the public for the arrival of GARDASIL®. These unbranded disease awareness campaigns were underwritten by Merck & Co., and incorporated public partners to legitimize the campaigns—two women led non-profit organizations—The Cancer Research and Prevention Foundation and Step Up Women's Network, in which, the latter, is also a women's centered organization. Moreover, the "Bloomberg News" reported on the millions of dollars spent in early 2006, prior to the FDA approval of GARDASIL, as follows: "in the first quarter this year, Merck spent 107.3 million dollars on all its advertising, including $841,000 for Internet ads on the human papillomavirus…Merck also bought 295 TV advertising spot"(Blum, 2006). The PSAs reinforced Merck's

message on HPV and cervical cancer with celebrity endorsements, paraphernalia, and significant television rotation.

Through extensive observation of both the print and television public awareness campaigns, I ascertained that Merck was promoting a specific message about HPV and cervical cancer, a consistant and singular message for the public to know and help share: HPV is a widespread virus that can cause cervical cancer. Moreover, in the unbranded disease awareness commercials, women were made to look stunned, shocked and bewildered by the news that there is a link between cervical cancer and HPV. In fact, the "Tell Someone"series had actresses playing distressed women flustered by learning that a"common virus causes cancer." As a matter of fact, one actress blurts the word, "scary!" These fear-driven ads did not provide much resolve for the viewers and instead invited people to go to Merck's website to learn more about HPV and cervical cancer. Merck had positioned itself as the concerned voice of authority on this vital women's health issue. Yet the health education from the Merck funded public service announcements was limited in scope. They evaded issues of sexual health, including: not explaining what HPV is, or how this "common" virusis contracted, and, importantly, HPV's relationship to genital warts and cervical cancer. Even more, critical to any public health awareness strategy is information about prevention and risk reduction. These PSAs do not mention cervical barrier methods or condoms as another tool to lower a woman's chances of infection or transmission of HPV. A yearlong unbranded disease awareness initiative, "Make the Connection" and "Tell Someone," led up to the FDA approval and announcement of the vaccine GARDASIL®which purported to provide the resolution to HPV and cervical cancer prevention.

Again, by June of 2006, the FDA approved the vaccine GARDASIL® as safe and effective for women and girls ages nine through twenty-six. Subsequently, the third phase of the marketing strategy was launched—"One Less" and "I Choose." These commercial campaigns included an intergenerational and racially diverse cadre of working and middle class women and girls who spoke confidently about

GARDASIL®. They spoke of making a "choice" to protect themselves or their daughters from cervical cancer. A far cry from the disillusioned women of the previous unbranded disease awareness commercials, these were self-reliant and empowered women and girls who had the answer. There were no celebrities for this series either, just "everyday" looking female actors as the chief faces and voices endorsing the vaccine. By using relatable faces and bodies, to the viewing audience, these actors appear to be actual young women, girls, and moms giving testimony to either getting the vaccine or getting their daughters vaccinated. The commercial allows the viewer into these women's realities with the hopes that the women and girls watching can find commonality with the actors, and hopefully connect to their projected decision to get vaccinated with GARDASIL®.

The sixty-second "One Less" commercial discussed in this project is focused on young women. As the commercial unfolds, the young women look into the camera and state that they will be one less woman to get cervical cancer because they have been inoculated with GARDASIL®. The young female actors appear strong, in control of their bodies, and rebelling against the status quo through the displays of athleticism and individual style. These are empowered young women occupying public spaces that are often limited to girls, such as an urban basketball court and skate-board park. However, as a form of consumption feminism, the young women's demonstration of liberation is contingent upon their "choice" to be consumers of GARDASIL®.

Using a critical black feminist lens to further examine the affirmative girl power images, the images became exposed for the ways in which specific race and class stereotypes are utilized and exploited to sell GARDASIL®. The spectacle of race and class being portrayed in the sixty-second ad is affirmed when considering the comments by the company who designed the "One Less" campaign, DDB, who used language associated with urban existence and realities. Therefore a black feminist analysis becomes vital to unpacking and interrogating both the previous statement and the visual images that make-up the

campaign. Moreover, the location of the commercial can be understood as showing young women rising above their environment by making a smart preventative health decision to get vaccinated with GARDASIL. Now, they will be, as stated by the Latina in the commercial, “one less statistic”or young woman from the “gritty streets” to be exposed to HPVand subsequently die from cervical cancer, the ad suggests. They are young womenwho are unlike their “at-risk” urban peers who are often considered by the dominant culture as burdens to the state.

There is seemingly a balance of young white actors to young women of color actors in the “One Less” commercial signifying a racial and cultural recognition on the part of the campaign to market to a broad audience of American teenage girls. At the same time, the African-American girls as the final voices of the commercial are chanting the tag-line in a rhythmic easy-to-remember sound allowing the listener torepeat it after the commercial ends and solidifying them as the face and voice of the product. The GARDASIL® campaign is successful because it set itself apart from the typical teen marketing campaigns. In part, because the young women actors are engaged in activities that do not require them to be coy or visually appealing to the male-centered gaze—which is rare in US media portrayals of teenage girls. Therefore, thecommercial is a celebration of a newfound freedom for young women allotted to them because of a GARDASIL® vaccination. These young women are to be understood as “can-do” girls, ideal teenagers, because they are taking responsibility for their own health. The “One Less” girls become rolemodels that other girls aspire to be; once vaccinated with GARDASIL®, they no longer have to be “at-risk” girls and can be “can-do” girls, too.

Publicly, GARDASIL® was being touted as a young-woman friendly, life-saving product receiving the endorsement of some national feminist health organizations; however, for some women their ability to choose the vaccine was being stripped through lobbying efforts to mandate the vaccine. Most mandatory vaccine bills introduced by state legislators failed, yet there were some successes. These

successesdisproportionately affectedyoung women of color, low-income women, and women seeking citizenship. The first city to introduce a compulsory inoculation entrance requirement was Washington, D.C., where seventy-nine percent of the student population is African-American. The D.C. requirement states that all girls entering the sixth gradehave to be vaccinated with GARDASIL® or provide an opt-out form signed by parents and given to the schools. Furthermore on July 1, 2008, the Federal Government through the U.S. Immigration and Citizenship Services or CIS added GARDASIL® as one of its inoculation requirements for all women and girls (between 11-26 years of age) migrating to or becoming citizens of this country. As one of the most expensive vaccines on the market, it became an additional cost burden for women attempting to migrate to this country. A year after it was implemented the requirement was rescinded mostly due to pressures from immigrant rights groups. Merck has also ensured the vaccine's availability to low-income women through the "Merck Vaccine Patient Assistance Program."The program can be accessed through the Merck website. According to the website there are minimal requirements noting that undocumented women are eligible for the program as well. This statement on the website impressed upon me, in this anti-immigrant climate, that healthcare access especially women's access is used in opportune ways. Therefore, while undocumented women are able to access the vaccine through this program as a HPV prevention measure, without identification and/ or health insurance that same woman would experience obstacles to getting an annual cervical screening or Pap smear—an exam that provides an initial look for cervical abnormalities and the first step towards cervical cancer prevention.

All in all, Merck's marketing strategy to distribute the vaccine GARDASIL® has been far-reaching, targeting women and girls of all races, socio-economic statuses and citizenship statuses. Merck, like its pharmaceutical company peers, discovered that it is as important to market drugs to patients as it is to doctors and hospitals. Drug companies are investing "$5 billion a year selling prescription drugs to consumers. *Direct-to-consumer* (DTC) promotion of medications includes advertisements in newspapers

and magazines, TV ads, coupons, and industry-funded website"(Pharmed Out and National Women's Health Network, 2008). Because of advertising, today's patients can walk into their doctor's office and ask for a drug by name. The pharmaceutical commercials even suggest this of patients—"ask your doctor about…" With this type of messaging, in essence, consumers are likened to pharmaceutical representatives acting in the interests of the pharmaceutical companies with their healthcare providers.

As pharmacutical marketing continues to be an ever-present reality with the "average adult in the U.S. exposed to 100 minutes of DTC television ads for every minute spent seeing a doctor"; in response, consumer advocacy organizations, blogs, and commentary critiquing this phenomenon is also growing and supporting people becoming astute consumers (Pharmed Out and National Women's Health Network, 2008). It would be disingenuous to conclude this research with the impression that people are at the mercy of pharmaceutical companies' massive budgets to create persuasive marketing campaigns forcing them into acquiring drugs they otherwise would not use. Or, that there has not been a clear progressive benefit to consumers learning about new drugs through mainstream media. Medical information that used to be nearly privileged information accessible only to healthcare providers, today, with a click of a mouse, can be quickly obtained by almost anyone, and, in some ways, the knowledge has been democratized. Healthcare advocates, in particular women's health advocates, such as the National Women's Health Network, continue to work diligently for the rights of consumers of medicine to have access to up-to-date rigorously researched medical information. Therefore, as this research project has focused on the Merck & Co. strategies to widely distribute their message about HPV/cervical cancer and to sell the vaccine GARDASIL® to women and girls, I have included in this final chapter the voices of women and girls who are critiquing the marketing of GARDASIL®. These are young women who are "resisting" the marketing from the pharmaceutical giant in creative ways.

5.1 Resisting the Marketing

Not all young women have been impressed by the celebration of girl power through Merck's version of consumption feminist marketing nor sold on the vaccine. These young women and girls have used technology to create and disperse skeptical, in some instances, satirical public statements critiquing Merck's HPV/cervical cancer and GARDASIL® advertising campaigns. It was through the many web searches for information about Merck's campaigns that I found these forms of resistant narratives within my search results. Specifically, the widely used video uploading and sharing website YouTube had several video shorts critiquing GARDASIL®. These videos featured young women questioning the viability of the vaccine in their lives and mocking the "One Less" commercial format. To maintain cohesion within the project, I decided to focus on print and film forms of activism. I have included one commercial parody of the "One Less" television ad, and one print ad that is similar to a GARDASIL® print advertisement. The commercial parody is called "Protectasil," and the print ad is designed similar to the GARDASIL® New York City subway advertisement featuring a young woman of color.

GARDASIL® Video Parody I: The fifty-eight second GARDASIL® parody entitled "Protectisil" features a young Caucasian adult female sitting outside a school parking lot. It is a sunny day and in the distance people are walking out of the school building. Similar to the format of Merck's HPV/cervical cancer and GARDASIL® advertisement campaign format, the young woman explains why she has gotten vaccinated with Protectasil. Satirically speaking she looks into the camera and talks about why she got vaccinated with Protectasil, as though she is talking to a close friend about getting vaccinated. She states, "…smart enough to know that when a major pharmaceutical company tells me to take a drug whose long term effectiveness is unproven, I should just trust them. Why? Because smart girls do what they are told, and they don't ask questions…"

In the next scene the actress is skipping in the background while the "Protectasil" logo emerges to the

foreground of the video. The actress returns to the scene, now, like a pesky friend, aggressively insists that the viewer get vaccinated as well. At this point in the parody she mocks the pharmaceutical company's insistent outreach initiatives by not taking no to the vaccine as an adequate response. As if acting in the interest of the pharmaceutical company, she also volunteers to take the viewer to get the vaccine. Pursuing the friend/viewer she assures them that they do not have to be concerned about any circumstances that may forbid them to get the vaccine, because she, as the pharmaceutical company, has addressed all hindering issues allowing for the viewer/friend to get the vaccine. While a laugh track plays in the background ensuring the comedic nature is understood, she says: "What are you waiting for? Do you need a ride, because I can drive you, or I'll pay for the cab…the drug company reimburses me. Did I mention that you get free juice and cookies afterwards? What is your address…because I could just come over and inject you myself." The piece ends with the young woman looking into the camera while the voice of an adult male carries the final statement. In a patronizing patriarchal bass voice, he states, "Protectasil, just be a smart girl and get it." The Protectasil parody addressed several issues that have been part of the public debate about tactics used by Merck to widely distribute the vaccine such as limited information about HPV and cervical cancer, and Merck's attempts to mandate the drug. The invisible yet prominent male voice at the end of the parody represented, in many ways, how aspects of women's health are regulated by the state and in essence under patriarchal surveillance. The statement that "smart girls don't ask questions" is quite humorous as well as an oxymoron. The statement pokes direct fun at the consumption of the feminist and girl power spectacle of the GARDASIL® commercial that insists women have choice about their health under the guise of using Merck's product.

Print Parody Ad I: The parody print advertisement shows a smiling young woman of color in casual dress standing up inside a crowded subway car. The caption written in white underneath her face and across the front of the advertisement, from left to right, reads, "Next Stop…GARDASIL®." At the bottom

right of the advertisement are the words, “I don’t think so!” At first look, the ad appears to be an endorsement of GARDASIL® as it looks very similar to the official GARDASIL® advertisement. Even more, with the model’s smiling face upon first glance she looks like she is celebrating and endorsing GARDASIL® like the young women models and actors do in the actual commercials. Her posturing and friendly face makes the statement at the bottom of the ad quite pronounced. The rejection of GARDASIL® is emphasized with the use of red letters and an exclamation point. The final statement in red letters juxtaposed with the model’s smiling face, incites both comic relief and reflection to think about why she is rejecting this drug. The ad is focused on one woman as opposed to two or more women rejecting the drug, evokes the idea of her as an independent free thinker. Someone who is not impressed by what the popular view is of the product. Instead she is talking back at the notion that vaccination is ideal and takes a strong stance against getting GARDASIL®.

Highlighting these two parodies featuring young women is important to the overall success of this feminist discourse analysis research project. It gives another texture to this project by showing that women are not passive and naïve victims of Merck & Co.’s aggressive multi-million dollar marketing scheme. Instead, the parodies are a window into a perspective that has not been featured in most of the critical literature written about GARDASIL®. In other words, young women and girls who have dissenting views about GARDASIL® marketing are able, through this medium, to “talk back” and respond to the dominant marketing narrative that portrays young women and girls of all backgrounds as united in favor of GARDASIL®. The protest parodies demonstrate that Merck’s women-centered marketing for a product, at the time, that was only for women was not above scrutiny from women. The protesters’ strategic use of the Internet, especially “YouTube,” a medium that allows for visually projecting a point of view, was an effective method to send their messages of resistance to “Big Pharma” and society at large. They are able to instantly have their perspectives about the vaccine be watched, listened to, and passed along globally.

These are young women who are skeptical of the supposed women friendly girl-power marketing and use guerilla style parody protest marketing to express their view.

Again, this segment was important to add because throughout the duration of this research project, I found minimal work written by or including the perspectives of young women and girls. Yet they are the demographic that is being targeted by the GARDASIL® lobbying and marketing campaigns. Young women's voices were mostly marginalized from the debate, except through these creative media such as the YouTube videos and mock print advertisements. The prominent literature is written by adult/authorities speaking and writing on behalf of girls and young women. These adult/authorities, feminist scholars included, are debating the viability of the vaccine and its place in the future of women's health. However, feminist scholars and advocates must lead the challenge insisting that feminists and their peer scholarly researchers and health authorities include young women and girls in the fold as valid and valued knowledge producers of their own healthcare experiences. Furthermore, young women and girls need to be included as having solutions worthy of inclusion, not just as having a reaction or response to the issues that affect them.

Consumption feminism is not new. Merck's co-opting of liberal feminist language, women's movement gains, and girl-power images to make profits off of the bodies of girls and women is a part of continuum of marketing schemes that have done the same successfully. Merck's use of language such as "choice" in the context of women's health is affixed in the popular imagination to feminism and "pro-choice" activism. I assert that feminists must continue to be ever vigilant of these moments, especially the ways that these sites of power(in this instance Merck & Co.) use their power, and how women are affected both pro and con. Moreover, I envision a feminist response that would courageously require "Big Pharma" to be accountable to women and girls through ensuring the highest ethical standards of their products including their outreach/ marketing campaigns.

This critical research project is situated at the intersection of social justice and public health. I offer this research as part of a critical feminist dialogue about GARDASIL®. The print and television advertisements campaigns that were identified and critiqued were: “Making the Connection/ Charm4Life,”“Tell Someone,” and“One Less/ I Choose” campaigns. Prioritizing the use of race, class, girl power and feminist language in the advertisement campaigns was the key to this critical discourse analysis, and my contribution to the women's studies literature about GARDASIL. Lastly, as a curious women’s health advocate, I anticipated, with cautious optimism, the announcement of and subsequent availability of this breakthrough in women’s health— GARDASIL®. We are merely at the beginning of knowing all there is to know about GARDASIL®, and its ability to protect women long-term from the distress that comes from an HPV or cervical cancer diagnosis. The answers, in my opinion, are in the questions. Questions like the following: Cervical cancer is already rare, with routine GARDASIL® vaccinations; will this cancer become a disease of the past for a new generation of young women? Will young men embrace the idea of the vaccine as important to their sexual health and get vaccinated? With over forty strains of sexually transmitted HPV, in which only four strains are covered by GARDASIL®, will we see a significant decline of overall HPV infections in the US? In other words, do the four strains of HPV that GARDASIL protects against contribute to a large number of HPV cases, and, therefore with increased vaccination will we see a sizable decline in HPV disease? Thus far, what is understood by virtue of the widely spread marketing campaigns are that the claim of cervical cancer protection, in the popular consciousness, is synonymous with a GARDASIL® vaccination. As GARDASIL® is in its fifth year on the market, and as more young women, girls, and now young men and boys get vaccinated, time and diligent research will provide us with the insight on the drug’s effectiveness.

In reflection, engaging in this research exercise expanded my critical thinking about the ever-shifting socio-political, economic, global landscape. As an African-American feminist thinker, I am paying close

attention to the ways that women, especially women of color, are impacting these shifts and are affected by these shifts. Our collective knowledge or the ability to inform and be informed is becoming easier to obtain—including medical information. In the U.S., pharmaceutical companies are playing a major role in shaping the way we get medical/drug information and what information is readily available. Therefore, I am also concerned with identifying those decision-makers who are creating and shaping public agendas. In the case of GARDASIL®; Merck & Co. along with legislators, doctors, public health officials, city and public school administrators, and feminist health advocates are weighing in on the value of mass GARDASIL® inoculation programs. Discourse on this issue and other controversies surrounding the vaccine have been a part of the public discourse since its approval. Among the most controversial and highly discussed was Texas Governor Rick Perry's attempt to, through executive order, mandate the vaccine. This effort was met with great resistance by many in Texas, and, subsequently rejected by the Texas state legislature. However, his cavalier approach to implementing a state-wide GARDASIL® vaccination requirement in 2006 was not forgotten when Congresswoman Michele Bachmann challenged Perry's decision during recent Republican presidential primary debates. Bachmann challenged his moral integrity, and financial relationship with Merck & Co.—bringing GARDASIL® front-and-center of the current political discourse. "During the Republican debate, Governor Perry denied Merck's political influence, stating that he received only $5000. However, Merck donated $28,500 to his gubernatorial campaign and an additional $377,500 to the Republican Governors Association, for which Perry served as chairman.[1] Furthermore, Merck's lobbyist at the time of the executive order was Governor Perry's former chief of staff"(Gostin). Perry's decision was an egregious abuse of state power, and was rightly questioned and exposed at that time. On the other hand, Michele Bachmann's fear-based, ill-informed, and fiery rhetoric linking GARDASIL to mental retardation is equally problematic. In a statement to the media, Bachman says "after a recent Republican presidential candidate debate in Tampa, Florida, a crying

woman approached me and said that her daughter received the HPV vaccine and developed "mental retardation"(Portero, 2011). I am not concerned whether or not a woman came to Bachmann and made the above statement, as I am about her due diligence to back up her oppositional point-of-view with the research and latest data on GARDASIL® in order to make thoughtful comments. Bachmann's poorly developed and brash statements, along with Perry's abuse of executive power, unfortunately, deflect attention from those having smart nuanced debates about the efficacy and implementation efforts of the drug—nuanced conversations that are considering: How much influence should a major pharmaceutical corporation have on public health policy and drug dissemination? Or, if GARDASIL® becomes a public school entrance requirement for 6th grade girls nationwide, do the students have the right to be informed with the most up-to-date, age appropriate, and comprehensive sexual health education to go along with the mandated sexual health vaccine? In other words, how useful and just is it to vaccinate girls with what Merck claims to be a cervical cancer vaccine, if girls do not know what and where their cervix is? These are just a few questions of many more that need to have a place in the current political discourse. Finally, for those of us privileged to research, write, film, create policies and report on the status of women, we have to continue to insist that women's realities are appreciated in their complexities and from their perspectives. Therefore, I am most interested in engaging with, and contributing to a feminist discourse that is forwarding a vision that centers justice and love as the modes of protecting and developing civil and astute societies able to respond, embrace, and hold accountable this ever-changing world.

REFERENCES

Anonymous. (2008, June25). Gardasil Social Marketing Approach. Retrieved from http://socialmarketing.wetpaint/.com/page/Gardasil+Social+Marketing+Approach/History

Applebaum, M. (2007). Beverly J. Lybrand, Merck Vaccines. Retrieved from http://www.adweek.com/news/2007/beverly-j-lybrand-merck-vaccines-94462

Arnold, M. (2008, June 1). Gardasil Tops at Annual Phame Awards. Retrieved from http://www.mmm-online.com/gardasil-top-at-annual-phame-awards/article/11583

Bell, A. M. (2007). Hold the hype on HPV.(young FEMINISTS)(human papillomavirus vaccine from Merck & Company Inc.): . *Women's Health Activist*, Digital.

Blum,B.A.(2006, May 26). Merck Promotes Cervical Cancer Shot by Publicizing Viral Cause. Retrieved December 1, 2011, from http://www.bloomberg.com/apps/news

Casper, M. J., & Carpenter, L. M. (2008). Sex, drugs, and politics: the HPV vaccine for cervical cancer. *Social Health Illn, 30*(6), 886-899.

Centers for Disease Control and Prevention, *HPV Vaccine Questions and Answers* http://www.cdc.gov/STD/HPV/STDFact-HPV-vaccine.htm

Centers for Disease Control and Prevention, National Immunization Program, Advisory Committee on Immunization Practices, Minutes of the October 26-27, 2005 ACIP meeting, p. 57.

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*: Psychology Press.

COLUMBIA, G. O. T. D. O., &HEALTH, D. O. (2009).Human Papillomavirus (HPV) Vaccination Opt-out Certificate.

Cook, J. A., & Fonow, M. M. (1986). Knowledge and Women's Interests: Issues of Epistemology and Methodology in Feminist Sociological Research*. *Sociological Inquiry, 56*(1), 2-29.

Dailard, C. (2006). The Public Health Promise and Potential Pitfalls of the World's First Cervical Cancer Vaccine *Guttmacher Policy Review Volume 9* (Number 1). Retrieved from https://www.guttmacher.org/pubs/gpr/09/1/gpr090106.html

Dawar, M., Deeks, S., & Dobson, S. (2007). Human papillomavirus vaccines launch a new era in cervical cancer prevention. *Canadian Medical Association Journal, 177*(5), 456-461.

de la Garza, A., Quiroz, B. J. C. C., Zea, E. V., Estrada, I. D., Fuentez, E. M., Contreras, M. L., et al. (2007). MVA E2 recombinant vaccine in the treatment of human papillomavirus infection in men presenting intraurethral flat condyloma: a phase I/II study. *BioDrugs, 21*(1), 47-59.

Duncan-Andrade, J. M. R. (2007). Urban Youth and the Counter-Narration of Inequality. *Transforming Anthropology*(15), 26–37.

Eileen F. Dunne, M., MPH; Elizabeth R. Unger, PhD, MD; Maya Sternberg , PhD; Geraldine McQuillan, PhD; David C. Swan, PhD; Sonya S. Patel, BS;, &Lauri E. Markowitz, M. (2007). Prevalence of HPV Infection Among Females in the United States *JAMA297* (8), 813-819.

Elliott, C. Create a Disease to Market a New Drug. *Medpage Today*. Retrieved from http://www.kevinmd.com/blog/2011/01/create-disease-market-drug.html

Enloe, C. H. (2007). *Globalization and militarism: feminists make the link*: Rowman & Littlefield Pub Inc.

FLATOW, I. (2007). Researchers Study Efficacy of HPV Vaccine *NPR Talk of the Nation Science Friday*.

Fugh-Burman, Adriane, M.D. (2007, March) Cervical Cancer Vaccines in Context. Retrieved: December 2011, from National Women's Health Network: http//nwhn.org/cervical-cancer-vaccines-context

Frosch, D. L., Krueger, P. M., Hornik, R. C., Cronholm, P. F., & Barg, F. K. (2007). Creating demand for prescription drugs: a content analysis of television direct-to-consumer advertising. *The Annals of Family Medicine, 5*(1), 6-13.

Girlfriends. Retrieved December 1, 2011, from www.parallaxproductions.com/videogallery.php.

Globerson, M. (2007). Protecting Women: A Feminist Legal Analysis of the HPV Vaccine, Gardasil. *Tex. J. Women & L., 17*, 67.

Google. (2011). Impressions. Retrieved December 2, 2011, from Google Analytics: http://www.google.com/support/googleanalytics/bn/answers.py?hl=en&answers=64629.

Gonick, M. (2006). Between "Girl Power" and "Reviving Ophelia": Constituting the Neoliberal Girl Subject *NWSA 18.2* 1-23.

Gostin, L. O. Mandatory HPV Vaccination and Political Debate. *JAMA: The Journal of the American Medical Association, 306*(15), 1699-1700.

Gross, G. (2007). HPV-vaccination against cervical carcinoma: will it really work? *Medical microbiology and immunology, 196*(3), 121-125.

Guttmacher Institute. (2005, April 25). March for Women's Lives.

Harris, A. (2004). *Future girl: Young women in the twenty-first century*: Psychology Press.

Hendrixson, A. (2002) Superpredator Meets Teenage Mom: Exploding the Myth of Out-of-Control Youth. In c.o. Jael Silliman and Anannaya Bhattacharjee, *Policing the National Body: sex, race, and criminalization* (pp. 231-258). Cambridge, MA: South End Press.

Herskovits, B. (2007). Brand of the Year Retrieved from http://pharmexec.findpharma.com/pharmexec/Articles/Brand-of-the-Year/ArticleStandard/Article/detail/401664

Hill, C. P. (1991). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York: Routledge.

hooks, b. (1992). *Black looks: Race and representation*: South End Press.

Jalal, H., Stephen, H., Bibby, D. F., Sonnex, C., & Carne, C. A. (2007). Molecular epidemiology of genital human papillomavirus and *Chlamydia trachomatis* among patients attending a genitourinary medicine clinic – will vaccines protect?. *International Journal of STD and Aids, vol. 18* (no. 9), 617-621.

Kahn, J. A. M., MPH[1]; Rosenthal, Susan L. PhD[2]; Jin, Yan MS[3]; Huang, Bin PhD[3]; Namakydoust, Azadeh MS[4]; Zimet, Gregory D. PhD[5], & Gynecology:, O. (2008). Rates of Human Papillomavirus Vaccination, Attitudes About Vaccination, and Human Papillomavirus Prevalence in Young Women *Obstetrics and Gynecology, Volume 111* (-Issue 5), 1103-1110.

Kessler On Drugs—What—and who—is behind the marketing of Gardasil? *Bitch Magazine*(*36*).

Manning, H. A. (2007). HPV Vaccine Added to CDC's Official Vaccination Schedule. Retrieved from http://www.now.org/nnt/winter-2007/hpvvaccine.html

McRobbie, A. (2008). Young Women and Consumer Culture: An Intervention. *Cultural Studies Volume 22*(Issue 5, Special Issue: Cultural Studies and Anti-Consumerism: A Critical Encounter), 531-550.

Merck Helps: How to Qualify (2009). from http://www.merck.com/merckhelps/vaccines/qualify.html

Milloy, C. (2007). Force Is Not the Only Way to Administer a Vaccine. *Washington Post*.Page B01. Retrieved from http://www.washingtonpost.com/wpdyn/content/article/2007/01/23/AR2007012301502.html <http://www.washingtonpost.com/wp-dyn/content/article/2007/01/23/AR2007012301502.html>

National Women's Health Network. 2007. Ask the Women's Health Voice. Fact Sheet: Vaccines for HPV and cervical cancer. URL: http://www.nwhn.org/publications/2007?pub_id=39 (accessed 06.08.2007).

Pharmedout and National Women's Health Network. (2008, November). Prescription Drug Marketing: What Consumers Need to Know. Retrieved from www.Pharmedout.org: http//www.pharmedout.org/RxDrugMarketing.pdf.

Portero, A. (2011). Bachmann: Gardasil Could Cause 'Mental Retardation' *Business and Health.*

Rose, G. (2002). *Visual methodologies: An introduction to the interpretation of visual materials*. London: Sage.

Siers-Poisson, J. (2007). Research, Develop, and Sell, Sell, Sell: Part Two in a series on the Politics and PR of Cervical Cancer. Retrieved from: http://www.prwatch.org/news/207/06/6208

Smith, R. A., Cokkinides, V. and Eyre, H. J. (2007). Cancer Screening in the United States, 2007: A Review of Current Guidelines, Practices, and Prospects, *A Cancer Journal for Clinicians, 57*, 90-104.

Stewart, A. (2007). HPV Vaccination: Should it be Recommended or Required? *George Washington School of Public Health and Health Services*.

Stewart, A. M. (2007b). Mandating HPV vaccination-Private rights, public good. *New EnglandJournal of Medicine*, 356(19), 1998-1999.

Suthers, Kristen. 2006 The Food and Drug Administration approves the HPV vaccine The FreeLibrary (November, 1), http://www.thefreelibrary.com/The Food and Drug (accessed May 06 2010)

T. C. Pomfret PharmD BCPS, J. M. G. J. P. B., A. T. Gilchrist PharmD BCPS (2010). Quadrivalent human papillomavirus (HPV) vaccine: a review of safety, efficacy, and pharmacoeconomics *Journal of Clinical Pharmacy and Therapeutics Volume 36*(Issue 1), 1-9.

The American Cancer Society, *What Causes Cancer of the Cervix?*http://www.cancer.org/docroot/CRI/content/CRI_2_2_2X_What_causes_cancer_of_the_cervix_Can_it_be_prevented_8.asp?sitearea=

Unknown A Vaccine Gives Marketing Lessons. *NGP: Next Generation Pharmaceutical,* (11). Retrieved from http://www.ngpharma.com/article/A-Vaccine-Gives-Marketing-Lessons/

Unknown (2006). HPV Vaccine Media Coverage. *In Brief: The Newsletter of Legal Momentum*(3), 7.

Unknown, A. (2007). *Harvard Women's Health Watch Vol. 14*(#12).

Unknown (2009). Report Details CDC Advisors' Conflicts. *Your 24-7 News*. Retrieved from http://www.24-7-news.com/archives/4645

Washington, A. Harriet, *Medical Apartheid: The Dark History of Medical Experimentation on the Black American from Colonial Times to the Present*.Harlem Moon, 2006.

What motivates mom, Source: Marketing to Women, 20 (12): 6, December 2007. ISSN: 1089-2958 Publisher: EPM Communications.

Women in Government. (2007a, March 17). Women in Government challenge to eliminate cervical cancer campaign state activity, activity as of March 17, 2007, www.womeningovernment.org/prevention

Wood, L. (2008). A Young Vaccine for Young Girls: Should the Human Papillomavirus Vaccination be Mandatory for Public School Attendance? *The Health Lawyer, 20*(5), 30-41.

Zawisza, J. (2006, June). FDA Licenses New Vaccine for Prevention of Cervical Cancer and Other Diseases in Females Caused by Human Papillomavirus
Rapid Approval Marks Major Advancement in Public Health *FDA NEWS RELEASE*. Retrieved from http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm108666.htm

APPENDICES

Appendix A

Questions for Analyzing Visual Images

1. How many actors appear, and what are the demographics of the actors in the television and print advertisements?

2. How many times during a television commercial do actors of color appear?

3. How many times during a television commercial do white actors appear?

4. What words or phrases are repeated in the commercials?

5. Describe what the actors are doing in each commercial.

6. Describe the set or the location and background of the commercial.

7. How long is each commercial?

8. What symbols are in the commercial and which ones repeat?

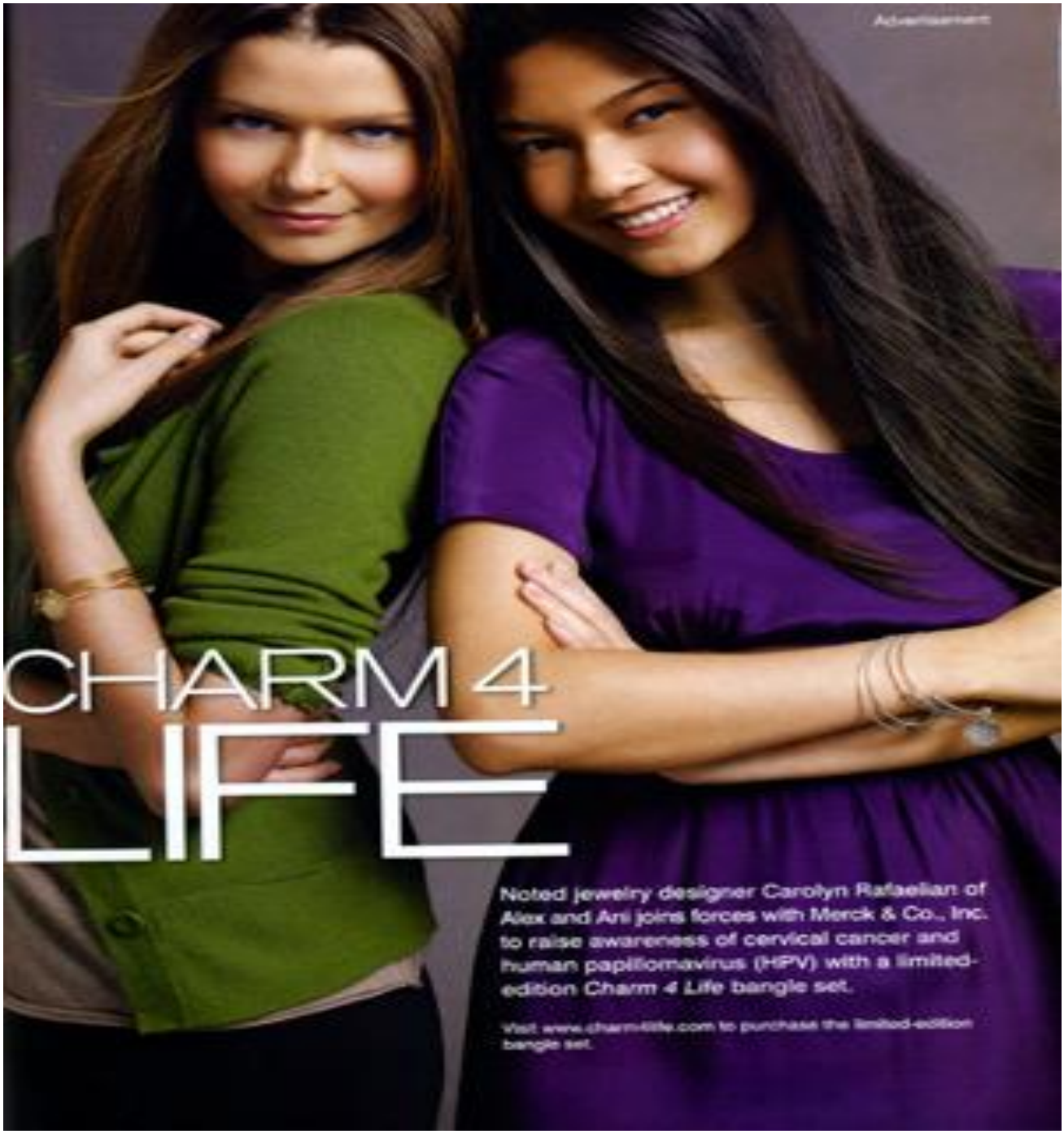
9. How does the advertisement make me feel?

10. What themes are emerging throughout each television and print advertisement campaign?

11. In what ways are race, class, and gender performed in the advertisements?

Appendix B

“CHARM 4 LIFE” PRINT ADVERTISEMENT 1



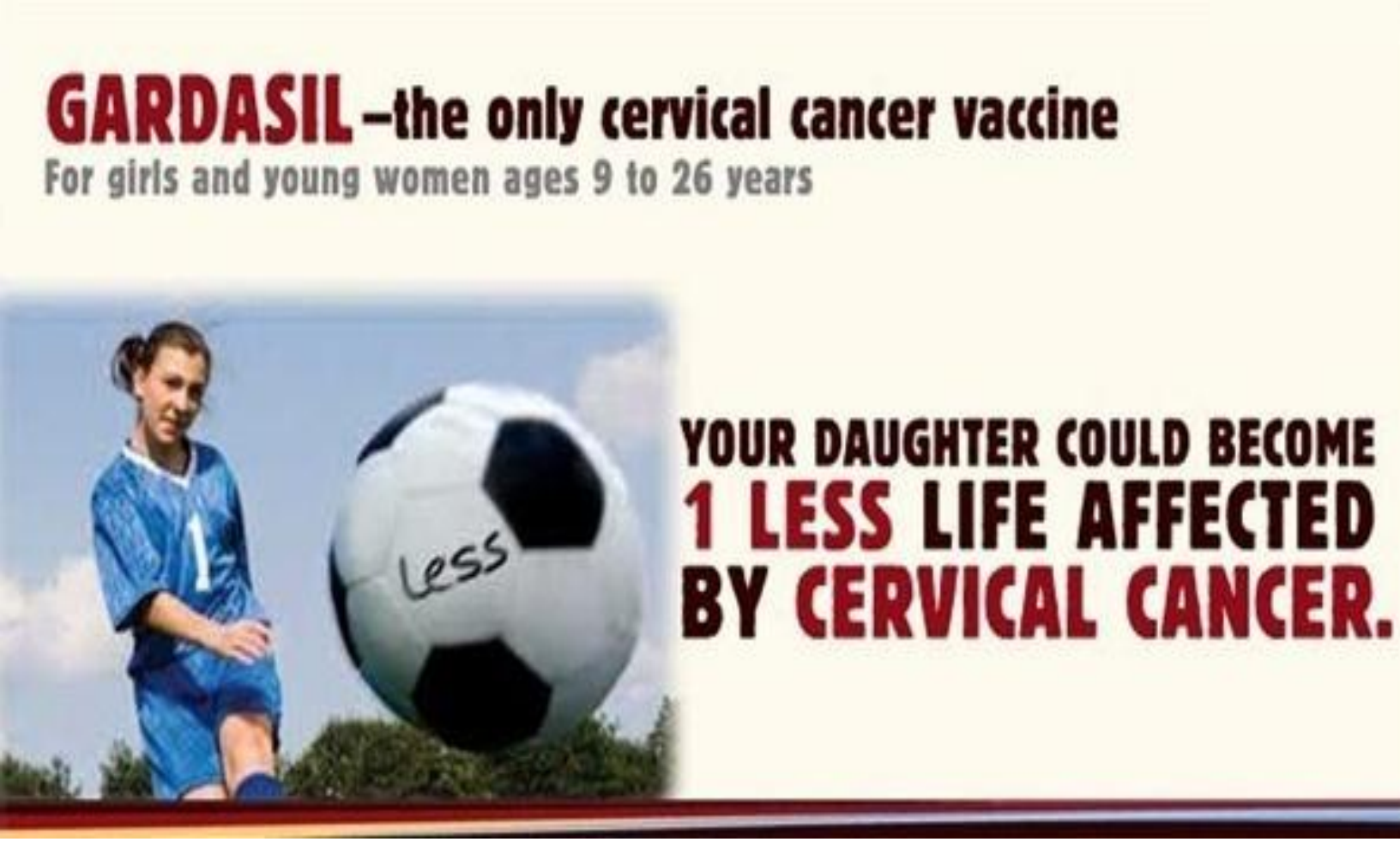
"CHARM 4 LIFE" PRINT ADVERTISEMENT 2

http://www.alexandani.com/store/product_info.php?products_id=150

“TELL SOMEONE” PRINT ADVERTISEMENT 1

“TELL SOMEONE” PRINT ADVERTISEMENT 2

“ONE LESS” PRINT ADVERTISEMENT 1



“ONE LESS” PRINT ADVERTISEMENT 2

PROTEST/PARODY PRINT ADERTISEMENT OF GARDASIL® 1

Appendix C

LINKS TO THE MERCK & CO TELEVISION COMMERCIALS REGARDING GARDASIL®

Make the Connection

- http://www.parallaxproductions.com/videogallery.php
- http://www.parallaxproductions.com/videogallery.php

Tell Someone

- http://www.youtube.com/watch?v=4yV7SpHOcrw
- http://www.youtube.com/watch?v=JUEGhRn5D8c&feature=related

One Less

- http://www.youtube.com/watch?v=hJ8x3KR75fA
-

Parody/ Protest Commercials

- http://www.youtube.com/watch?v=Tvam_2s0Sq8