

GENDERED PUBLIC POLICY: A FEMINIST RHETORICAL ANALYSIS OF TEXAS  
LEGISLATION AND PUBLIC COMMUNICATIONS REGARDING THE HUMAN  
PAPILLOMAVIRUS VACCINE

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By

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## **CHAPTER I: THESIS INTRODUCTION**

### **Finding a Topic**

My thesis topic actually developed from a phone conversation I had with my younger sister, who was 21 at the time. She had just returned from her gynecologist visit and had received her third human papillomavirus (HPV) shot. She was complaining of the pain in the injection site but also that she regretted the choice of getting the vaccination because her physician had informed her that the shot would not be as effective because my sister was no longer considered the “ideal candidate.” I asked her why her physician had said this to her, and my sister said it was because she had been with her boyfriend for the past five years, so the shot was somewhat pointless. I was slightly confused by what she was telling me and decided to look further into the HPV vaccine because whenever I had gone to the gynecologist I had never been offered the vaccination.

While browsing the Internet about the topic, I also gave my mother a call to see if she had any insight into the HPV vaccine. My youngest sister was 16, so I had assumed she had not received the injection. During this phone call with my mother, she reminded

me about the Executive Order RP65 that Texas Governor Rick Perry signed on 2 February 2007. This Executive Order would have required all sixth grade females in Texas to be immunized against HPV prior to school attendance. In 2007, I was a sophomore in college in Indiana, and as the vaccine is most effective for females in their adolescent years because of the body's antibodies' response to the vaccine and has the best longevity if given before sexual activity ("Vaccines, Blood & Biologics: Gardasil"), I knew why my doctor had never recommended the vaccine for me as I was outside the recommended age group. I also went to a Catholic college so sexually transmitted diseases were not discussed with the nurses.

However in 2007, my youngest sister was 12, in seventh grade, and the Executive Order would have applied to her. My mom told me that my father and she had to have the "sex talk" with my youngest sister before they thought she was ready for it to help her understand the purpose of the vaccine which is to prevent HPV, a sexually transmitted disease. After this conversation with my mother, I decided to research HPV, the vaccine, and Perry's Executive Order. I began to find that apparently Perry used rhetoric to describe Gardasil, the HPV vaccine, that could mislead and misguide the public into thinking that HPV was a deadly virus that immediately and directly led to cervical cancer and, subsequently, death. Perry also solely directed the Executive Order and rhetoric toward females, never at males, even though males can also contract and pass on HPV and get cancer from it ("HPV and Men").

There is no cure for HPV. Ninety percent of infections are fought off by the individual body's immune system and do not result in any further medical issues ("Genital HPV Infection"). Once an individual becomes infected with HPV, it can

eventually lead to cervical cancer in females and various other cancers in males, such as anal, penile, head, and neck (“HPV and Cancer”).

### **Introduction to Executive Order RP65**

Executive Order RP65 titled “Relating to the immunization of young women from the cancer-causing Human Papillomavirus” would have mandated that all Texas female students entering into the sixth grade must have the HPV vaccination prior to school attendance. Within the Executive Order, there was a stipulation that allowed for parents and guardians to opt out of the vaccination for their daughters via a form on the Internet. Governor Perry was the first politician to try to implement this kind of mandatory vaccination with a vaccine that safeguards against a sexually-transmitted disease rather than an airborne or viral illness, such as the chickenpox. Gardasil vaccinations are recommended during adolescent years rather than the infancy or childhood years, which, when Perry tried to make the vaccinations mandatory for young teen girls created an immediate backlash from the public (“Vaccines, Blood & Biologics: Gardasil”).

When Perry signed the Executive Order in 2007, there were other states with similar legislation:

24 states and the District of Columbia introduced legislation specifically to mandate the HPV vaccine as a condition for school entry . . . [and] in total, 41 states and D.C. introduced legislation addressing HPV vaccination in some manner during the 2007 legislative session, and 17 of these states enacted laws relating to HPV vaccination. (Javitt et al. 386-7)

The Executive Order was to take effect the following school year in 2008; however, House Bill 1098 overturned the mandate. House Bill 1098 went into effect in September 2007. Legislators, in 2007, were frustrated that Perry went the route of an Executive Order rather than placing a bill on the floor, especially because the Legislature was in session. Republican State Senator Jane Nelson from the Lewisville District said, “Executive orders should be used in extreme circumstances, during times of emergency and when the Legislature is not in session” (Office of Senator Jane Nelson). Legislators were not only troubled that Perry had used his Executive power as Governor, but also that Executive Order RP65 took away parents’ rights in deciding medical decisions for their daughters. Other Legislators voiced concerns about the vaccine’s effectiveness and safety (Office of State Senator Glenn Hegar). Legislators were also concerned because Perry had received campaign contributions from Merck, Gardasil’s manufacturer, and Perry’s former chief-of-staff Mike Toomey was a lobbyist for Merck (Krumholz and Beckel; “In Texas, Perry’s Vaccine Mandate”). All these reasons culminated in a resounding vote of 165-3 in favor of House Bill 1098, which overturned Executive Order RP65.

### **Feminist Theoretical Lens**

My thesis uses a feminist rhetorical lens to analyze and examine the rhetoric used by Perry in his Executive Order and the rhetoric in the subsequent public communications and how his rhetoric targets, labels, undermines, and oppresses females by presenting information and statistics that misguide young women and girls to think that without the vaccine death is a certainty. Feminism allows a route for analysis that

provides for a better understanding of the emphasis and meaning rhetoric can have on females, the legislation's intended audience (Foss et al. 5). For example, Perry created, in his rhetoric, a metaphor that HPV and cervical cancer are synonymous which could be daunting for females to think that an HPV infection invariably meant a cervical cancer diagnoses. Perry also stated that Gardasil prevents cancer. Gardasil prevents four strains of HPV infection ("Vaccines, Blood & Biologics: Gardasil"). Perry's rhetoric implied that Perry never viewed Gardasil as a treatment for HPV, but as a treatment for eradicating cervical cancer and saving females. In this instance, a feminist rhetorical analysis provides a way to deconstruct and expose the societal structures and norms, such as hegemony and the value system, that are in place so females can understand and challenge the rhetoric and public policy.

The questions, then, regarding the rhetorical focus of the legislation are these

- How and why females were targeted for the vaccine?
- How was female bodily autonomy brought into legislation's control?
- Why was HPV seen only as a female-targeted disease?
- How did all these factors, when combined, create larger effects of how rhetoric could influence how young women and girls should be viewed in regard to female health care and vaccinations?
- What rhetorical strategies were used to accomplish the above-stated goals?

My goal is to analyze and expose how Perry obscured facts and information through rhetoric and to explore ways to protect females, primarily, from being subjected to rhetoric as a scare tactic to make parents of teen girls and other young females think they had no other option but to be vaccinated. The vaccination, itself, is a medical

innovation, protecting females from four strains of HPV, and should be addressed as such, not as a mandatory health immunization that, if not given, results in cervical cancer.

### **Introduction to Perry's Rhetoric**

The rhetoric used in Perry's Executive Order and public communications placed females as the focal subjects for the HPV vaccine because of the possible future diagnosis of cervical cancer; however, males can also contract HPV, and consequently, suffer from genital warts, anus cancer, penile cancer, and oropharynx (head and throat) cancer ("HPV and Men"). Females, and males, most commonly contract HPV through sexual contact with an infected partner ("Genital HPV Infection").

Matthew Wynia, author of the article, "Public Health, Public Trust and Lobbying," sums up the importance of rhetoric when used in conjunction with the HPV vaccine. Wynia states that rhetoric can more easily label and define a solution for a disease—vaccination—than to explain and define those who do not or chose not to receive vaccination (5). Therefore, rhetoric can be used to make the public see how the lack of vaccination can lead to something worse: the very thing that the vaccine can prevent, rather than offer ways to discuss alternatives, such as regular pap screening or education on the causes of HPV. In the Executive Order, Perry focused on the benefits of the vaccine when it is stated,

immunization from vaccine-preventable diseases such as Human Papillomavirus (HPV) protects individuals who receive the vaccine; and **WHEREAS**, HPV is the most common sexually transmitted infection-causing cancer in females in the United States; and

**WHEREAS**, the United States Food and Drug Administration estimates there are 9,710 new cases of cervical cancer, many of which are caused by HPV, and 3,700 deaths from cervical cancer each year in the United States; and

**WHEREAS**, the Texas Cancer Registry estimates there were 1,169 new cases and 391 deaths from cervical cancer in Texas in 2006; and

**WHEREAS**, research has shown that the HPV vaccine is highly effective in preventing the infections that are the cause of many of the cervical cancers. (Office of the Governor Rick Perry)

In the Executive Order, statistics were provided that implied HPV and cervical cancer are a real danger to young women's health, thus helping promote the need for vaccination. However, specific statistics of how cervical cancer develops and how many HPV cases actually lead to cervical cancer were not mentioned. Males, who can also contract HPV, were not mentioned at all throughout the entire Executive Order. Clearly, the order was directed solely toward females. At the time of Perry's Executive Order, Gardasil was the only vaccine approved by the FDA to prevent HPV and was only approved for use in females ("Vaccines, Blood & Biologics: Gardasil").

After the Executive Order became public knowledge and legislators began to voice their opinions, the Office for the Governor Rick Perry issued several press releases showing Perry's disapproval of the other legislators and later, after House Bill 1098 arrived on his desk, Perry gave a speech announcing his displeasure at the reversal of the mandatory vaccination. For example, in his Speech titled "Governor Rick Perry's Remarks Regarding the HPV Vaccine Legislation" on 5 May 2007, Perry stated,

Those legislators who claim this is about their right to determine public policy have succeeded in overturning my order. But if they care about succeeding in stopping the spread of the second most deadly cancer among women, and not just asserting their power, then they will turn around and pass legislation to make access to the HPV vaccine as widely available as possible.

Perry used rhetoric as a scare tactic rather than simply informing the public of the benefits of the vaccine. In the above statement, when Perry talks about “the second most deadly cancer,” he is referring to cervical cancer. Cervical cancer, while it is the second leading cause of cancer deaths for females worldwide, the majority of deaths occur in developing countries where access to medical resources, such as pap screening, are uncommon (Zimet 390). Perry also used statistics that associated HPV and cervical cancer while disregarding accuracy and the full facts about HPV, such as

- HPV, most often, goes away on its own.
- With regular, annual pap-screening, HPV and cervical cancer can be prevented.
- Not all HPV strains lead to cervical cancer.
- Gardasil does not protect against all the strains that cause cervical cancer.
- Not all cervical cancer is caused by HPV. (“HPV and Cancer”)

Perry had an opportunity to educate people through his public addresses, but instead his rhetoric focused on forcing the idea of compulsory vaccination which may have scared people away from the vaccine rather than encouraged further investigation into the advantages Gardasil can offer. The rhetoric that Perry used placed the

responsibility and burden of vaccination solely on females which is especially problematic because the injections would be mandatory for enrollment into sixth grade for young girls. These young girls may not have even understood the necessity or purpose of the vaccination.

While the facts about HPV and Gardasil advocate that Gardasil provides health benefits against four strains of HPV, Gardasil is not a cancer vaccine as Perry tried to stress repeatedly in his rhetoric. Legislators were concerned with Perry implementing an Executive Order instead of putting a bill to the floor, and also that Perry had received campaign contributions from the manufacturer of the vaccine. Overall, Perry must have known his Executive Order was going to be overturned shortly after he signed it, but tried to use rhetoric in his public communications to further his agenda of trying to frighten females to believe that without the vaccine they could contract HPV which would result in cervical cancer and then death.

While Perry's rhetoric cannot be changed, the meanings and values associated with HPV can be altered. Feminist theorist Mary Daly defines this as redefinition. Redefinition means reclaiming a word or words, such as HPV, and giving these words new meanings, such as detaching HPV from females and cervical cancer and redefining the word to be non-oppressive (Foss et al. 148). Ultimately, females, and males, need to make the choice about vaccination knowing all the facts and not be misguided or bullied by Perry's rhetoric that without vaccination, death is a real possibility.

The following chapters will present the facts about HPV, Gardasil, and what other legislators had to say about the Executive Order. In addition, this thesis analyzes Perry's rhetoric to try to sell the mandatory vaccination plan to the State and its citizens and, in

doing so, Perry's rhetoric uses scare tactics that could have mislead young women into thinking that without the vaccination that an HPV infection meant cervical cancer and then death. And finally, the thesis concludes by posing that females redefine HPV and cervical cancer to better understand that the two are not synonymous. Ultimately, women and girls have a choice about whether to take the vaccination or not.

## **CHAPTER II: THE FACTS ABOUT HPV AND GARDASIL**

### **Human Papillomavirus (HPV)**

HPV is the “most common sexually transmitted infection in the United States” (“Human papillomavirus”). HPV has no cure. More than 90% of those who contract and become infected with HPV fight off the virus with their own immune systems within two years, with no further medical issues (“Genital HPV Infection”; O’Beirne 20). Therefore, the majority of HPV infections do not lead to cervical cancer.

HPV consists of more than 100 different viral strains; more than 30 strains infect the genital area and more than 40 viral strains can be sexually transmitted—by sexual intercourse or just genital-to-genital contact (Javitt et al. 385; Zimet 389; “Genital HPV Infection”). This genital-to-genital contact does not necessarily have to be through intercourse: the contact can merely involve an infected genital area touching another exposed genital area and no penetration occurs. This contact can still result in HPV infection. Condoms, therefore, do not provide complete protection (“Genital HPV Infection”).

Out of the more than 100 different viral strains, 15 strains have been labeled

as high-risk and 12 have been labeled as low-risk. High-risk strains are labeled as such because they can lead to life-threatening cancers such as cervical cancer while low-risk strains can lead to infections or side-effects that are non-lethal such as genital warts (Garnock-Jones and Giulano 592). Both strains, however, can be fought off by the body's immune systems and may produce no further complications. The most prevailing "high-risk strains are 16, 18, 45, and 31" (Melo-Martín and Intermann 81).

While most HPV strains are non-lethal, benign, and will disappear on their own because of the body's immune system, there are two high-risk strains 16 and 18, that, when not fought off by the body's immune system, cause 70% to 90% of cervical cancer (Zimet 389; Phillips and Alves 70). Those who become diagnosed with cervical cancer, almost 100% (99.7) "have detectable levels of HPV DNA" (Garnock-Jones and Giulano 592). This means that females who are diagnosed with cervical cancer have been infected with HPV at some point in their lives, either knowingly or unknowingly. Once a female is diagnosed with HPV, if the body does not fight off the virus, the virus takes anywhere from 10-20 years for it to develop into a tumor, but even these tumors do not always lead to cancer ("How do high-risk HPVs cause cancer?"). However, most HPV infections are a-symptomatic so a female may not know she is even infected. Males are also mostly a-symptomatic ("Genital HPV Infection").

According to the American Cancer Society, on its website titled "Do we know what causes cervical cancer" last medically updated on April 2013 states,

HPV causes the production of 2 proteins known as E6 and E7 which turn off some tumor suppressor genes. This may allow the cervical lining cells to grow too much and to develop changes in additional genes, which in some cases will lead to cancer.

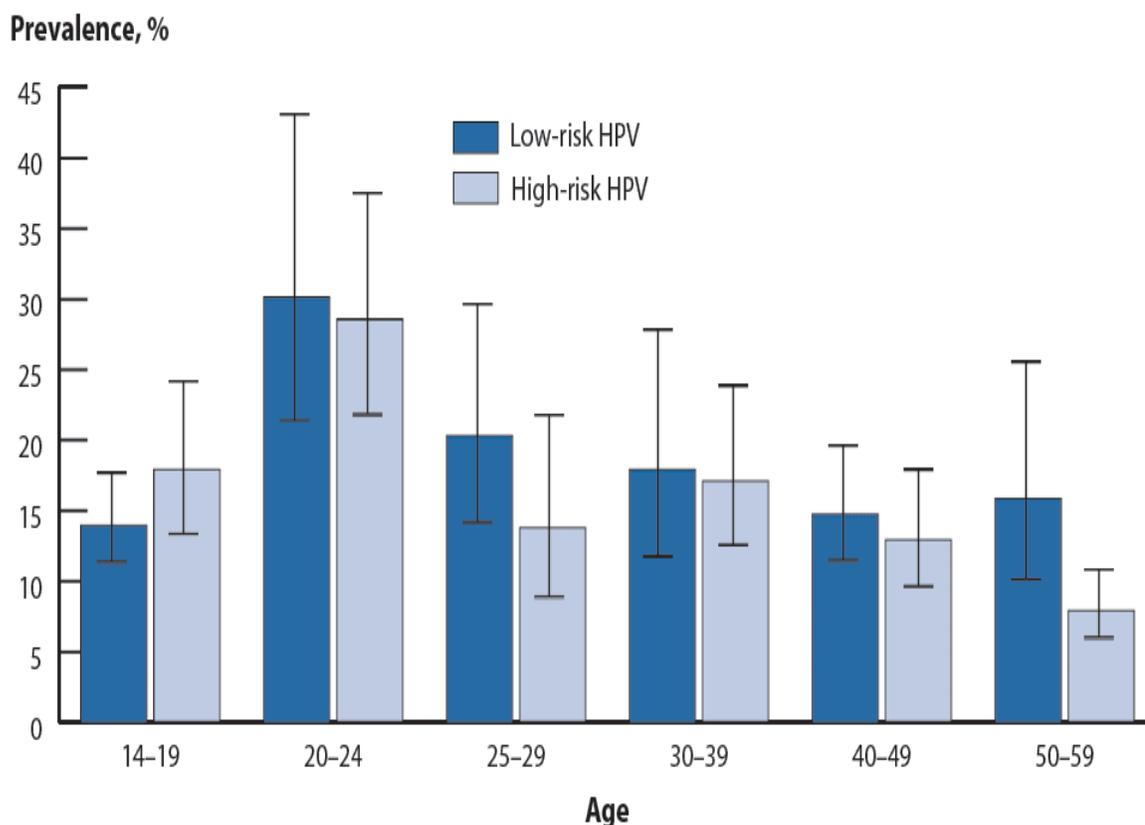
But HPV does not completely explain what causes cervical cancer. Most women with HPV don't get cervical cancer, and certain other risk factors, like smoking and HIV infection, influence which women exposed to HPV are more likely to develop cervical cancer.

Even researchers within the medical field cannot conclusively state that HPV is the sole cause for cervical cancer, and recommend that the best prevention for early detection and diagnosis of HPV and cervical cancer is regular pap screening ("Cervical Cancer Screening").

### **HPV: Cause of Infection**

Dr. Anne Schuchat, the Director of the National Center for Immunization and Respiratory Diseases (NCIRP) at the Centers for Disease Control and Prevention (CDC), provided statistics about HPV infection in a Press Briefing on 25 October 2011. Schuchat stated that in 2011 some 20 million Americans were infected with HPV. Annually, 5.5 to 6.2 million new infections occur in the United States (Siddiqui and Perry 1264; Roll 422). Schuchat also verbalized that 18,000 HPV-associated cancers affect women each year, while 7,000 HPV cancers affect men. The statistic is higher for females because they visit their doctors more frequently

and are checked for HPV more often. For men, “the CDC estimates that more than half of sexually active men in the United States will have HPV at some point in their lives” (Lindberg et al. 45). High-risk strains 16 and 18, while they contribute to the majority of cervical cancers, are low in prevalence within the United States sexually active population: 7.8% (Javitt et al. 385). These infections, both involving high-risk and low-risk strains, occur mostly in men and women ages 14 to 24: the age when sexual activity is most frequent with numerous partners (Garnock-Jones and Giulano 592). See Figure 1 for a breakdown of the prevalence of low-risk HPV and high-risk HPV in females ages 14 to 59.



**Figure 1. “Human papillomavirus (HPV) Prevalence of high-risk and low-risk types among females 14 to 59 years of age from a national survey, 2003–2004”**

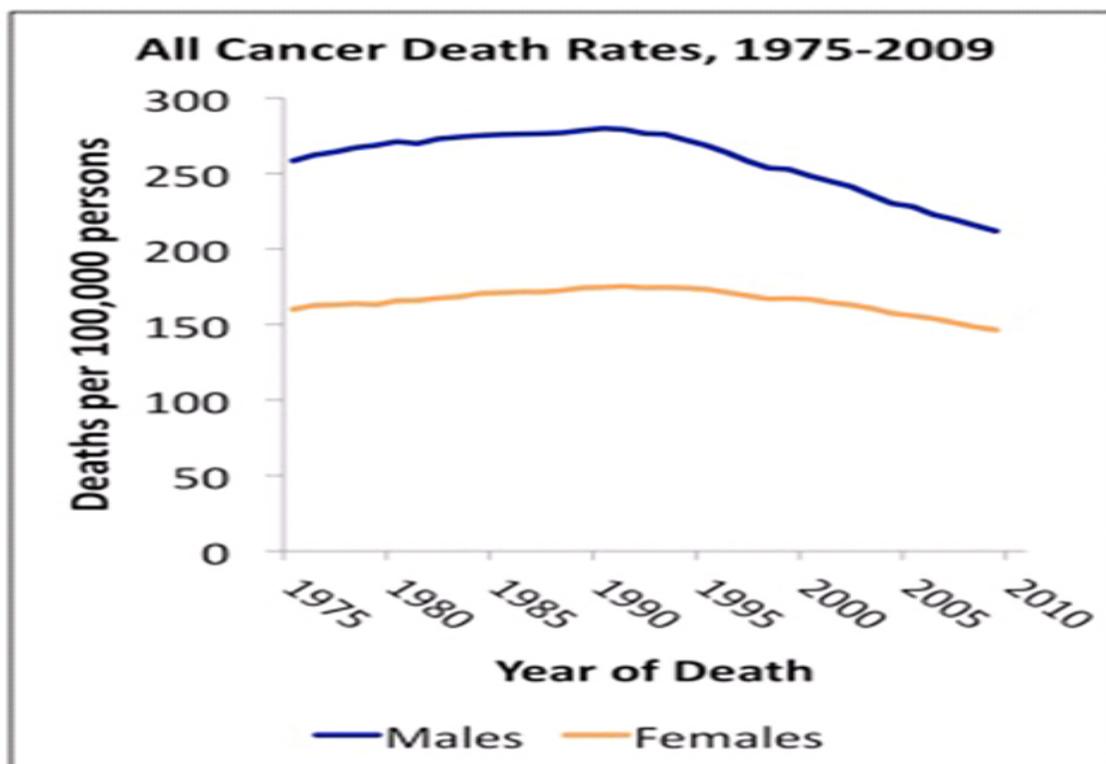
Source: National Health and Nutrition Examination Survey CDC, 2007. The highest prevalence for both high-risk and low-risk HPV types occur in females ages 20-24 years. The extending line graph out of the bar graphs shows the variance in the statistics. The CDC calls these lines “error bars.”

In January of 2013, an annual report co-authored by researchers from the American Cancer Society, the CDC, the National Cancer Institute, and the North American Association of Central Cancer Registries stated:

[O]verall cancer death rates continued to decline in the United States among both men and women, among all major racial and ethnic groups, and for all of the most common cancer sites, including lung, colon and rectum, female breast, and prostate . . . incidence rates are [also] increasing for HPV-associated oropharyngeal and anal cancers. (“Report to the Nation”)

One of the HPV cancers that increased was oropharyngeal cancer, cancer of the back of the throat, which is primarily caused from oral sex. Oropharyngeal cancers are mostly found in “non-Hispanics and men” (“HPV-Associated Oropharyngeal”).

Schuchat also gave statistics in “Press Briefing” which showed U.S. cancer death rates among cancer trends. Schuchat stated, “[While] more than 80% of anal cancers are caused by the HPV types included in the vaccine . . . Cervical cancer trends have been decreasing over the past few decades.” Anal cancers are found in both males and females; therefore, the vaccine would protect both sexes. Below, Figure 2 shows the decrease in cancer death rates within the United States from 1975 to 2009. Overall, females have a lower cancer death rate than males.



**Figure 2. All Cancer Death Rates within the United States for both Males and Females between 1975-2009.** Source: CDC “Report to the Nation shows U.S. cancer death rates continue to drop,” 2013. Both death rate percentages have decreased for males and females. The annual number of deaths for males remains higher than that for females.

Yet where cervical cancer is concerned, the largest factor for developing cervical cancer is persistent, or recurring, HPV infection (Javitt et al. 385). If a female is infected with HPV more than once, the likelihood of developing cervical cancer increases, especially if the HPV infections are high-risk strains.

Other risk factors for developing cervical cancer include “giving birth to many children, smoking, using oral contraceptives, having many sexual partners, and a weakened immune system,” (Dowling 71) such as those diagnosed with human immunodeficiency virus (HIV), which can become autoimmune deficiency syndrome (AIDS).

## HPV Symptoms and Results

HPV infections can also result in various other cancers: cervix, vulva, vagina, penis, anus, head, and neck (Schuchat “Press Briefing”). Head and neck cancer are found to occur mostly in non-Hispanic males: “more than 2,370 new cases of HPV-associated oropharyngeal [head and neck] cancers are diagnosed in women and nearly 9,356 are diagnosed in men each year in the United States” (“HPV-Associated Oropharyngeal”). In a study conducted by the CDC from 2003 to 2006, statistics were reported which correlated HPV with cardiovascular disease in women (Rowan “HPV may raise women’s risk”). HPV also results in 90% of vaginal cancers, 80-85% of anal cancers (males), and almost 50% of penile cancers (Garnock-Jones and Giulano 592). HPV is also the leading cause of 90% of genital warts in both males and females (Melo-Martín and Intermann 81). Genital warts are caused by low-risk strains of HPV (81). Schuchat stated that “cervical cancer trends have been decreasing over the past few decades, but the increasing trends of these other cancers [head, throat, and anus] was something that was important to the [Advisory Committee on Immunization Practices] committee” (“Press Briefing”).

Even though cervical cancer trends have been decreasing, each year in the United States about 3 million females have abnormal pap smears which require further testing, treatment, or medical procedure, such as a biopsy (Wynia 4). These abnormal pap smears can be pre-cancerous lesions, HPV, a simple vaginal chemical imbalance, or a misread. Abnormal pap smears, which are the first medical step in finding HPV, do not always indicate or translate into an HPV infection. Once a

female has an abnormal pap smear she must return to the doctor for further testing. If the pap smear comes back with conclusive results of an HPV infection, then the doctor can recommend the next logical steps or procedures for that particular patient.

In the instance of HPV screening, when a female goes in for her annual pap smear HPV screening can occur simultaneously with her pap smear to test for “precancers or cell changes on the cervix,” or through an HPV test which checks for the virus directly on the cervix cells (“Cervical Cancer Screening”). The CDC states, “Cervical cancer is the easiest female cancer to prevent, with regular screening and follow-up” (“Cervical Cancer Screening”). As long as females are going regularly to see their gynecologists or general physicians for pap screening, HPV can be caught early and cervical cancer can be prevented.

In the United States, each year about 10,000 females are diagnosed with cervical cancer; of these 10,000 females that are diagnosed, approximately 3,700 females die (Javitt et al. 385). Cervical cancer is “the second leading cause of cancer deaths among US women” (Wynia 4). However, this statistic is reported “disproportionately among poor and minority populations” within the United States (Zimet 390). The Guttmacher Institute, a non-profit policy and education research institute focused on sexual and reproductive health, states that Latina and African-American females are 1.5 times more likely to develop cervical cancer because they have not received proper health care and prevention (Houppert 20). These females have not received pap smears in the previous few years because they lack the medical resources and finances (20). Yet, even these statistics within the United

States are markedly lower than the 440 million people worldwide who are diagnosed with HPV annually. Annually, out of the 440 million who are diagnosed with HPV, 500,000 are diagnosed with cervical cancer, and 288,000 of these females die, mostly due to unavailability of medical resources, information, and screening programs in the developing countries in which they reside (Melo-Martin and Intemann 81; Javitt et al. 385; Zimet 390).

### **Treatment Options**

For an infection of HPV, there is no treatment. However, treatment is available for the side-effects or resulting afflictions that HPV may cause. Genital warts can be treated with medication or with help from a physician to remove them. Abnormal cervical cells, usually found during a pap smear, require further testing from a physician. Depending on the severity of the abnormality of the cervical cells and on the medical history of the patient, sometimes the cells will return to normal on their own and other times the cells will need to be removed so as not to develop into cervical cancer. Only a physician can determine which course of action is needed (“Treatment”).

If a woman is diagnosed with cervical cancer, depending on the progression of cancer, there are treatment options. Treatment options include surgery, usually a hysterectomy; radiation therapy; and chemotherapy (“What You Need to Know About Cervical Cancer: Treatment”). Depending on how far the cancer has advanced and spread—if the cancer is confined to the cervix or has spread to other

organs—will determine the severity or aggressiveness of treatment.

If a man or woman is diagnosed with another HPV-related cancer, treatment options are also available. The best advice that the CDC gives is “prevention.” Prevention comes from regular physician visits and testing (“Cervical Cancer Screening”). The concern and need for education and awareness of the seriousness of HPV is necessary, including information about the only vaccine approved for both males and females: Gardasil.

### **Gardasil: HPV Vaccine**

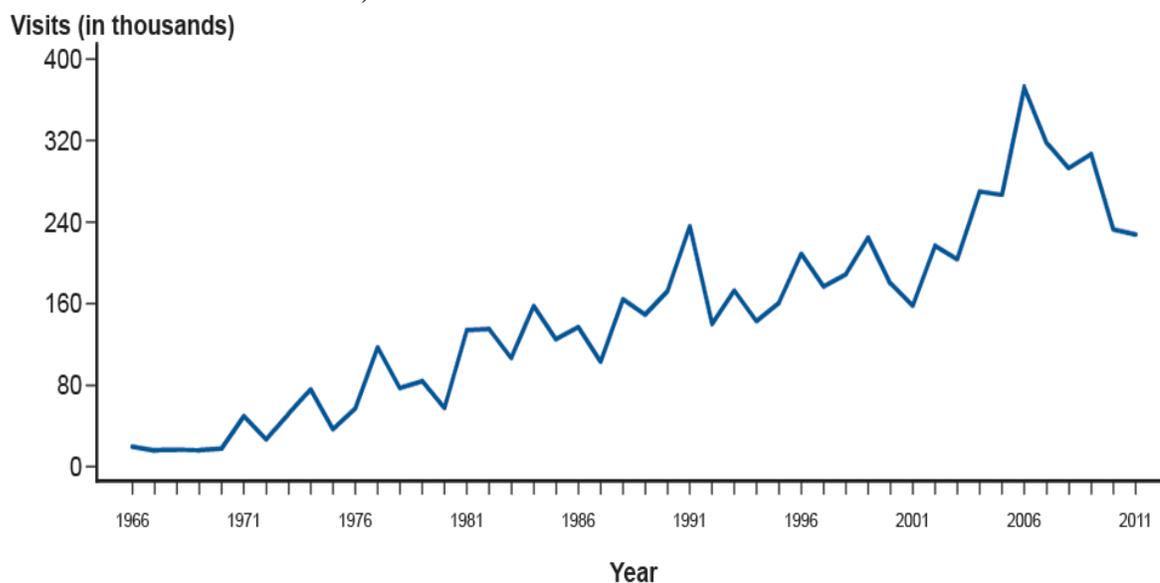
On 8 June 2006, the United States Food and Drug Administration (FDA) announced its approval of Gardasil for use in females 9 to 26 years in age in a Press Release titled “FDA Licenses New Vaccine for Prevention of Cervical Cancer and Other Disease in Females Caused by Human Papillomavirus – Gardasil.” The vaccine is a quadrivalent, recombinant vaccine. A quadrivalent vaccine means that the vaccine protects against four different viral strains. A recombinant vaccine means the vaccine uses surface proteins of the HPV virus but does not use actual live virus DNA (Pyeon, Lambert, and Ahlquist).

Within a few weeks after the FDA’s approval, Gardasil was “added to the federal list of recommended routine immunizations for eleven- and twelve-year-old girls” by the Advisory Committee on Immunization Practices (ACIP) (O’Beirne 18; Schuchat “Press Briefing”). The FDA’s rationale for giving the vaccine to girls at such an early age was to prevent HPV infection before sexual

activity began and HPV could be contracted.

Studies done by ADIS, a scientific research database, show that young adolescents, both male and female, respond to the vaccine at a younger age (pre-adolescent 11 or 12) due to high immunogenicity levels (Garnock-Jones and Giuliano 593). The vaccine was not approved for use in males until 16 October 2009 (Phillips and Alves 70; “Vaccines, Blood & Biologics: Gardasil”). At the same time Gardasil was approved for use in males, the FDA approved another HPV vaccine, Cervarix. Cervarix is only approved for use in females (“Vaccines, Blood & Biologics: Cervarix”).

In 2009, the FDA also approved Gardasil to prevent genital warts and for use in males (Schuchat “Press Briefing”; “FDA Approves New Indication”). Below is a line-graph, from the CDC, showing the prevalence of individuals going to physicians for genital warts within the US population (“2011 Sexually Transmitted Surveillance”).



**Figure 3. Number (in the thousands) of Individuals Visiting Physicians in the United States regarding Genital Warts between 1966-2011.** Source: CDC “Sexually Transmitted Surveillance, 2011.”

A year later in 2010, the FDA, CDC, and ACIP expanded their approval of the vaccine to include prevention of anal cancer in both females and males. In 2011, Gardasil was strongly recommended for males to prevent HPV and added to the list of vaccines to be routinely administered (Schuchat “Press Briefing”; Phillips and Alves 71). Schuchat stated that the strong push for males to be vaccinated was two-fold: males would be protected from HPV-related cancers and genital warts as well as also, hopefully, protecting females from contracting HPV as female turn-out for the vaccine was low in the United States. The hope was that if males start to become vaccinated, females would also return to vaccinations (Schuchat “Press Briefing”). As of November 2012, the CDC stated that vaccination among both males and females for HPV remained low within the United States (“Teen Vaccination Coverage”). Also, the CDC stressed that if males are protected from HPV they cannot pass on the virus to females. This also transferred some of the burden of immunization from females to males.

Ideally, the vaccine is recommended and strongly urged by the CDC and ACIP for use primarily in females but because of low uptake percentages, the recommendations are recently being strengthened for males even though percentages of the vaccine’s uptake remain higher in females (Schuchat “Press Briefing”; “Teen Vaccination Coverage”).

### **Approval of Gardasil, its Cost, and Coverage**

When Gardasil was being approved by the FDA, the FDA used a priority or “*Fast Track*” approval process. This process occurs when a vaccine or product “target[s] a serious disease and fill[s] an *unmet medical need*” (Dowling 72; Tomlijenovic and Shaw 674). Gardasil was approved in six-months for females after the completion of clinical trials (Tomlijenovic and Shaw 673).

The cost of Gardasil is \$360 without insurance for the three-shot series. Gardasil is one of the most expensive vaccines in the country. Other vaccines cost significantly less, such as the vaccination for measles, mumps, and rubella (MMR) which costs \$124 per shot, the chicken pox vaccination costs \$77 per shot, and the tetanus vaccination costs \$20 per shot (Dowling 73). While Merck (the manufacturer of Gardasil) claims that insurance companies cover or reimburse part of the vaccine, the mean reimbursement is \$2 to \$15 (Globerson 73). Therefore, those being vaccinated are still paying (or their parents or guardians are) at minimum \$315 for the three-shot series.

For those who cannot afford the vaccine or are uninsured, the vaccine is covered for both males and females under the Federal Vaccines for Children Program (VFC), a program based upon need but cannot decline or refuse any individual who wishes to receive Gardasil, as long as they are 18 or younger (O’Beirne 18; Dowling 73). However, physicians and vaccine providers must enroll in the program to receive free vaccines. Sometimes an administration fee is applied, but, according to the VFC, this fee is not required for patients to pay

(Dowling 73). If an individual wants to receive the vaccine for free, he or she must find a physician who is enrolled in the VFC and then he or she does not have to pay anything for the three-shot series.

### **Targeted Vaccine Groups, Warnings, and Side Effects**

#### *Targeted Vaccine Groups*

According to the USPPI Patient Information that comes with any Gardasil vaccination, any female or male ages 9 through 26 should receive the vaccine (1). Another targeted group, specifically, are men who sleep with men (MSM). These individuals are, supposedly, at greater risk of becoming infected with HPV. And, if both males and females receive the vaccination in the United States, the incidence of HPV infection is predicted to decrease because of “herd immunity” which is when enough of a certain population receive a vaccine and thus cannot pass on the virus to others (Garnock-Jones and Giuliano 592). “Herd immunity’s” foundational premise is that if enough males, or enough females, receive vaccination then both sexes would be protected because they cannot pass on HPV to the other sex, almost like a blanket effect (592).

### *Warnings and Side Effects*

However, the Patient Information is explicitly clear that Gardasil does not protect individuals against other HPVs and diseases caused by other HPV strains, and Gardasil does not treat a current HPV infection (1). The vaccine does not protect against cervical, vulvar, vaginal, and anal cancers that are caused by other diseases or viruses. Gardasil does also not replace a woman's need to continue pap smears or recommended cervical cancer screenings ("Highlights of Prescribing Information" 1). The most common side effects include "pain, swelling, itching, bruising, and redness at the injection site; headache; fever; nausea; dizziness; vomiting; [and] fainting" ("USPPI Patient Information" 2).

Individuals who should not get the vaccine are anyone who has had an allergic reaction to Gardasil or has had a severe reaction to yeast, Amorphous aluminum hydrophosphate sulfate (AAHS) (an active ingredient in Gardasil), or polysorbate 80. Pregnant women are also not recommended for the vaccine because studies have not been done to test the vaccine's effects on a fetus. Because the vaccine is not made of the actual virus, unlike an influenza vaccination, the vaccine can never infect an individual with HPV (1).

The CDC confirms that 34 people in the United States have died after receiving Gardasil, but more than 40 million doses of the vaccine have been given in the United States (Schuchat "Press Briefing"). The Patient Information does stress the importance of receiving the three shot series in accordance with the mandated time-table of six months (1).

## **Merck Sharp & Dohme Corporation**

Merck Sharp & Dohme Corp. is a subsidiary of Merck & Company, Incorporated (Merck) and is the manufacturer of Gardasil (“USPPI Patient Information” 1). Outside of the United States, Merck is known as MSD (“Company Fact Sheet”). The company develops, manufactures, and distributes many vaccines globally. Merck is responsible for filing with the FDA to have vaccines approved, must also perform clinical trials, and then provide this information to the FDA (“Vaccines, Blood & Biologics: Vaccine Product Approval Process”).

### *Merck’s Lobbying Campaign*

Merck strongly lobbied and marketed for Gardasil’s acceptance and use when it first became available for public use in 2006. However, its marketing and lobbying strategies received harsh criticism from many in politics and within public and private spheres (Dowling 75). Merck employed Perry’s former chief of staff, Mike Toomey, and Perry had accepted thousands of dollars in campaign contributions from Merck. Merck was also a financial contributor to Women in Government (WIG) who were strong supporters and advocates for Gardasil (Houppert 17-8).

After Merck’s lobbying campaign became widely known because of the media, Merck issued a statement in February 2007 stating how thrilled the company was for Gardasil’s acceptance, but that Merck would no longer lobby for

mandatory vaccination at the school-level because they did not want the message or the vaccine's medical potential to be misunderstood or wrongly accused: Merck did not want the vaccine to become associated only with its marketing campaign (Houppert 18). In a *USAToday* article written by Rita Rubin titled "Merck drops its push for vaccine mandate," Rubin quotes Richard Haupt, Merck's director for vaccine medical affairs, as stating, "[W]e care about preventing cervical cancer . . . Merck's involvement in supporting schools requirements was creating a distraction." However, even with this statement, the media did not relent on exposing the political and financial ties between Merck and Perry. Some of the doubts from the media also came from the information that was revealed from the clinical trials.

### *Clinical Studies*

Merck conducted seven clinical trials in 2005 to test the efficacy of the vaccine as well as record adverse side effects. According to the Prescribing Information for Gardasil, given to patients, seven clinical trials consisting of 18,083 individuals were given Gardasil, Amorphous Aluminum Hydroxyphosphate Sulfate (AAHS) (an active ingredient within Gardasil), or a saline placebo. The individuals in the clinical trials were girls and women ages 9 through 45, and boys and men ages 9 through 26. Ten thousand and eighty-eight individuals received Gardasil, and 7,995 individuals received either AAHS or saline placebo. The majority of the individuals were Caucasian, especially those ages 9 through 26 for

both males and females. Females who were older than 26 years of age in the clinical trials were primarily Hispanic (“Highlights of Prescribing Information” 4).

Two weeks after each injection, the clinical trials followed-up with each individual to record side effects. Following the first six months after the clinical trials were concluded, the individuals were followed-up for two, three, or four years. At the beginning of the trials, 73% of 16-to-26-year-old women, 33% of 24-to-45-year-old women, and 83% of 16-to-26-year-old men had never had any of the four HPV strains Gardasil vaccinates against. During the clinical trials, if any of the individuals were found with genital warts, pre-cancerous cells, or persistent infection with HPV, then these individuals were recorded as already having HPV. Individuals that were found to have an HPV not covered by Gardasil were excluded from the analysis and statistics of the clinical trials. Individuals who were found to have HPV (one that was covered by Gardasil) were still included in the clinical trials’ analysis and statistics, but the side effects of the HPV strain they already were infected with were not recorded, only if infections of a new HPV strain occurred (“Highlights Prescribing Information” 15).

Efficacy, or effectiveness of prevention of HPV infection, was recorded after 7 months of the clinical trials commencement. Gardasil was found to be “efficacious in reducing the incidence of CIN [pre-cancerous cells and lesions] and genital warts. . . related to the vaccine HPV types 6, 11, 16, or 18” (“Highlights Prescribing Information” 15). For males, efficacy was found in the reduction of genital warts related to HPV strains 6 and 11. However, the efficacy of reducing and prevention of penile neoplasia and penile cancer “was not demonstrated as the

number of cases was too limited to reach statistical significance” (17). But, Gardasil was found to reduce the occurrence of anal neoplasia in males.

The specific levels of immunogenicity, the body’s ability to build and sustain immunity to HPV, of Gardasil were not determined during the clinical trials. However, over 97% of females and males were found with antibodies for all four HPV strains. The clinical trials state that in three out of the seven of the studies (“Highlights Prescribing Information” 2-4), comprised of 18,150 females, Gardasil had “reduced definitive cervical therapy procedures by 23.9%” (24-5). This statistic is showing that further cervical cancer procedures were reduced because of HPV prevention.

Albeit, studies have shown that the vaccine has better receptiveness and success—antibodies, immunogenicity, and efficacy—in females and males when given to young, pre-adolescents than when the vaccine is given to late teens or young adults, studies have also shown that the vaccine only lasts in its effectiveness in preventing HPV for approximately five years (Zimet 391; Wynia 4). This would require young girls to get a booster shot five years after the initial vaccination, and all this must occur before sexual activity or infection occurs (Wynia 4). However, the trials did show that Gardasil is only effective when given before infection occurs (Javitt et al. 386).

## Significance

Gardasil is a revolutionary vaccine for the prevention of four types of HPV. Gardasil has many health benefits for both males and females. The clinical trials showed Gardasil to be effective in preventing infection of four strains of HPV. Gardasil is most effective when administered to males and females before sexual activity begins and may require a booster shot five years after initiation vaccination. Gardasil protects against four types of HPV which can lead to several different cancers for both males and females. While many different studies have since been released regarding the efficacy of Gardasil, the information is still somewhat polarized.

Statistics can be found that both argue for its efficacy and argue for its unwarranted acceptance in the medical field. One example is an article written by Peter Lind on 10 April 2013 in *The Washington Times*. He states that the National Vaccine Injury Compensation Program (VICP) “has awarded \$5,877,710 to 49 victims in claims made against the highly controversial HPV vaccines.” Whereas, the FDA and Merck have both put out statements saying that Gardasil does not result in any serious adverse side effects (“Vaccines, Blood & Biologics: Gardasil”).

While HPV affects both males and females, females were the focal point in Executive Order RP65. Therefore, an analysis behind the reasoning and effects of the apparent and underlying messages must be done to expose how females were oppressed and subjected to carry the burden and responsibility for a virus that affects both sexes, simply because HPV can lead to cervical cancer. But first, a timeline of HPV legislation and the corresponding political responses are needed because most Texas legislators were against the Executive Order.

### **CHAPTER III: PERRY, LEGISLATORS, AND THEIR COMMUNICATIONS: WHAT WAS THE POLITICAL DIALOGUE SURROUNDING THE EXECUTIVE ORDER?**

Perry ran for the Republican candidacy for President in 2011 and was asked to discuss his Executive Order about the HPV vaccination mandate he signed on 2 February 2007. However, he withdrew from the race because he was not going to win the nomination, but not before his Executive Order was brought up repeatedly in public political debates. Similar criticism and concerns that were voiced in 2007 were rehashed. By providing Perry's rhetorical statements from both 2007 and 2011, I intend to demonstrate that the arguments for why legislators overturned the Executive Order were still valid to many Texas legislators. Even in 2011, legislators were still not willing to mandate HPV vaccination.

To understand the context of the controversy, currently in Texas in 2013, the vaccination requirements prior to students' attendance in middle school, grades 6 through 8, are comprised of seven vaccines. According to the Texas Department of State Health Services, the seven vaccines that are required before admission into the seventh grade are

1. Meningococcal Conjugate Vaccine (MCV4);
2. Tetanus, Diphtheria, acellular pertussis (Tdap), if last dose was more than five years prior

3. Varicella (VAR) or documentation of overcoming the disease; first dose was given at or after 12 months in age, second dose is required for school attendance
4. Hepatitis B
5. Measles, Mumps, and Rubella (MMR), first dose was given at or after 12 months in age, second dose is required for school attendance
6. Polio, usually all doses received prior to elementary school
7. Hepatitis A, only one dose is required and is usually received on or after 12 months in age (“Immunization Requirements”)

As all these vaccines protect children against diseases and infection that are not commonly sexually transmitted (even though Hepatitis B is spread through infected body fluids, mostly through infected needles and is found most commonly among adult drug users) (“Hepatitis B”), the HPV vaccination brought new concerns and questions about the government’s role in mandating the type of vaccination requirements for school attendance.

While Perry was the first to enact a mandate requiring HPV vaccination, Texas was not the first state to introduce HPV legislation (“HPV Vaccine”). According to the National Conference of State Legislatures (NCSL), the Michigan Senate was the first to place a bill on the floor in September 2006, but the bill was not passed (“HPV Vaccine”). Also in 2006, Ohio tried to pass a bill, but it failed. The NCSL stated in 2013,

Since 2006, legislators in at least 41 states and D.C. have introduced legislation to require the vaccine, fund or educate the public about the HPV vaccine and at least 22 states have enacted legislation, including Colorado, Indiana, Iowa, Louisiana, Maine, Maryland, Michigan,

Minnesota, Missouri, Nevada, New Mexico, New York, North Carolina, North Dakota, Oregon, Rhode Island, South Dakota, Texas, Utah, Virginia, and Washington. (“HPV Vaccine”)

Virginia enacted legislation, in 2007, that required females to receive vaccinations prior to attending the sixth grade, which is still in effect today (“HPV Vaccine”). However, in 2011, Rosalind S. Helderman of *The Washington Post* stated this about the mandatory vaccinations in Virginia after a Senate panel had just killed a bill that would have eliminated the vaccinations, “Just 17.3 percent of eligible girls had received the first of three vaccinations, as envisioned by the law, at the start of the school year. . . Only 23 percent of this year’s [2011] eligible sixth-graders in the District received the vaccine.” Helderman pointed out that even though vaccinations were a requirement, the majority of families with adolescent daughters were opting out of the mandate. The Virginia Department of Health states on its website, “[T]he parents or guardians, at the parent’s or guardian’s sole discretion, may elect for the child to not receive the HPV vaccine” (“School and Day Care Minimum Immunization Requirements”). Yet, according to the NCSL, “As of June 2013, 8 states [have] proposed HPV-related legislation for the 2013-2014 sessions” (“HPV Vaccine”). Obviously, the subject of HPV legislation is still a prevalent and current issue.

Yet in 2011 during his Presidential campaign when Perry was asked again by Texas legislators about his Executive Order, he both defended the Executive Order while he also admitted his mistake in not including the House and Senate in the legislation process. During a Presidential GOP debate in 2011 Perry stated, “ ‘If I had it [the Executive Order] to do over again, I would have done it differently’ ” (qtd. in Tomlinson

“Perry facing new criticism”). While Perry admitted that he would have not over-stepped the legislators of the House and Senate, he never backed down in his belief that what the Executive Order was going to implement—mandatory HPV shots for sixth-grade females—was a crucial step in protecting young women’s health against cervical cancer. Perry stated he would have wanted to work with legislators to implement a program that would help young women become vaccinated (Tomlinson “Perry facing new criticism”). But in 2007, Perry never once admitted that he should have consulted with legislators about the Executive Order.

### **The Executive Order**

When Perry signed the Executive Order titled “RP65 – Related to the immunization of young women from the cancer-causing Human Papillomavirus<sup>1</sup>” on 2 February 2007, the main focus was “the newly approved HPV vaccine is a great advance in the protection of women’s health.” Perry’s mandate of Executive Order RP65 says,

by virtue of the power and authority vested in me by the Constitution and laws of the State of Texas as the Chief Executive Officer, do hereby Order the following:

*Vaccine.* The Department of State Health Services shall make the HPV vaccine available through the Texas Vaccines for Children program for eligible young females up to the age of 18, and the Health and Human Services Commission shall make the vaccine available to Medicaid-eligible young females from age 19 to 21.

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<sup>1</sup> The RP in the title stands for Rick Perry and the 65 is just the next consecutive number for the legislation

*Rules.* The Health and Human Services Executive Commissioner shall adopt rules that **mandate** the age appropriate vaccination of all female children for HPV prior to admission to the sixth grade. (emphasis added)

The Executive Order laid out the conditions of the mandate and how the vaccine would be made available to the public. The Executive Order also presented statistics about HPV and cervical cancer, cervical cancer deaths within the United States, and cervical cancer deaths within Texas to support the vaccination mandate:

[T]he United States Food and Drug Administration estimates there are 9,710 new cases of cervical cancer, many of which are caused by HPV, and 3,700 deaths from cervical cancer each year in the United States; and **WHEREAS**, the Texas Cancer Registry estimates there are 1,169 new cases and 391 deaths from cervical cancer in Texas in 2006.

After the Executive Order stated these statistics, they were followed with statements about HPV research and effectiveness: “[R]esearch has shown that the HPV vaccine is highly effective in preventing the infections that are the cause of many cervical cancers; and **WHEREAS**, HPV vaccine is only effective if administered before infection occurs” (Office of the Governor Rick Perry “Executive Order RP65”).

While the vaccine is shown to only be effective before HPV infection (“HPV Vaccines”), the Executive Order presented a unique problem for parents and guardians of adolescent females. Parents and Guardians had to decide whether or not to vaccinate their daughters against a primarily sexually-transmitted disease. However, the Executive Order gave parents the right to choose whether their daughters received the vaccine or not when it stated,

The Department of State Health Services will, in order to protect the right of parents to be the final authority on their children's health care, modify the current process in order to allow parents to submit a request for a conscientious objection affidavit form via the Internet while maintaining privacy safeguards under current law. (Office of the Governor Rick Perry "Executive Order RP65")

Therefore, within the Executive Order, a problem was stated backed statistics from the FDA and the Texas Cancer Registry, a solution was provided for this problem, and then this solution was explained how it could be best implemented within Texas: a mandatory school vaccination for all females entering the sixth grade with the ability to opt-out via a form on the Internet.

Immediately after the public announcement of the Executive Order, many legislators began to respond to Perry's action: some in support, but most in disagreement. Legislators were befuddled by Perry's Executive Order as Congress was in session and he could have sent a bill to the floor to be discussed, debated, and influenced by public opinion. Shortly after legislators found out about the Executive Order, motions were put into action to overturn the mandate, especially as legislators began to find out more information.

## **Legislators' Responses to the Executive Order**

### **Texas Senators' Responses on 5 February 2007**

Within three days of the announcement of the Executive Order, the offices of Texas Senators released press releases which stated the Senators were going to file legislation to reverse the Executive Order. Many Senators expressed similar concerns about the Executive Order: parental concern and autonomy of their daughters, safety of the vaccine, and the political nature of the Executive Order itself.

A Press Release from Senator Glenn Hegar's office, a Republican from Katy, had the subtitle "Says Texas children's health and safety, as well as parental rights at risk." Hegar stated, "Unfortunately, Governor Perry's executive order mandating that 11 and 12 year old children receive the Gardasil vaccine or not be able to attend school is not in the best interest of our state, nor in the interests of Texas parents and their children." Hegar further explained that the Executive Order overstepped parents' rights to determine medical decisions for their children. "This vaccine should be made available for those parents who want it for their daughter[s], but it should not be forced upon those who don't," Hegar explained (Office of the State Senator Glenn Hegar). Hegar had voiced a concern that many parents also had when the Executive Order was signed.

Another view that Hegar expressed was that the public was too uninformed about the vaccine which could cause the public to "engage in risky behavior because they think they are no longer in danger of contracting the HPV virus" (Office of the State Senator Glenn Hegar). Hegar could have been alluding to how Perry used rhetoric to suggest that

the vaccine was a cervical cancer “cure”: Perry would state that the vaccine would prevent infection from the two high-risk strains that cause 70- to- 90% of cervical cancer, thus eliminating cervical cancer (See Chapter Four for more about Perry’s rhetoric and its implications).

Hegar was concerned with the public making decisions from limited information. Hegar solidified this argument when he said,

Governor Perry’s mandated vaccine may only lessen the risk and does not prevent women from getting cervical cancer. . . Unlike all the other mandated vaccines in Texas, Gardasil will not eliminate a preventable disease in our State. Instead, parents will be given false hope that their daughters will never contract cervical cancer, which is a grave injustice to these young girls and their families. (Office of the State Senator Glenn Hegar)

Hegar wanted Perry to rescind his Executive Order and work with the legislators to find a compromise that could provide the greatest health benefit to all Texans. Similar thoughts about the Executive Order were voiced by Republican State Senator Jane Nelson of Lewisville, and Republican House Representative Jim Keffer of Eastland who put out a collaborative news release.

Both Nelson and Keffer asked for Perry to reverse his Executive Order. Along with similar views as Hegar, Nelson and Keffer expressed a concern about how Perry used his power as Governor to supersede the Legislature. Nelson wrote,

This is a decision that should not be made by one person. Citizens have been left out of the process, and I respectfully call on the Governor to

rescind this emergency order. . . Executive orders should be used in extreme circumstances, during times of emergency and when the Legislature is not in session. We need to be afforded the opportunity to carefully study [how] this would affect our budget, parental rights, and most importantly, the health of our daughters. (Office of State Senator Jane Nelson)

Both Nelson and Keffer voiced their dismay about how Perry issued an Executive Order when the Legislature was in session: the perfect time when a bill could be put to the floor for debate (Office of State Senator Jane Nelson). Nelson and Keffer were not alone in their convictions.

Senator Dan Patrick, a Republican from Houston, also issued a Press Release with the subtitle, “Is this the new black plague? If not, let’s debate these issues. Like Nelson’s and Keffer’s apprehensions, Patrick echoed frustration that Perry chose an Executive Order instead of working with legislators. Patrick stated, “I am disappointed in the Governor’s recent decision. There are many questions left to be answered concerning this vaccination, its effectiveness, its cost, its application and its long term effect” (Office of State Senator Dan Patrick). He also used statistics, much like in the Executive Order, to support his argument that an optional vaccination was the best route:

The American Cancer Society reports most women do not get cervical cancer from HPV and the National Institutes of Health report more than 90% of all HPV cases are harmless and go away without treatment. . . At this point, I believe the optional vaccination alternative is the correct approach. (Office of State Senator Dan Patrick).

Because Patrick believed optional vaccination was the best route, he stressed HPV statistics whereas Perry stressed cervical cancer statistics. And, as previously mentioned in Chapter Two, the American Cancer Society, on its website titled “Do we know what causes cervical cancer” last medically updated in April 2013 states,

HPV causes the production of 2 proteins known as E6 and E7 which turn off some tumor suppressor genes. This may allow the cervical lining cells to grow too much and to develop changes in additional genes, which in some cases will lead to cancer.

But HPV does not completely explain what causes cervical cancer. Most women with HPV don’t get cervical cancer, and certain other risk factors, like smoking and HIV infection, influence which women exposed to HPV are more likely to develop cervical cancer.

Patrick’s statements demonstrate that Perry’s rhetoric could be seen as trying to mislead the public into believing this vaccine could prevent a cancer when even the medical community does not fully understand the connection between HPV and cervical cancer. What the medical community does know is that most HPV infections go away on their own (“Genital HPV Infection”). Patrick’s comments display that Perry had used rhetoric to misinform the public about HPV and cervical cancer, and Patrick provided statistics from the American Cancer Society which vastly differed from those that Perry provided.

Patrick then expressed his frustration with Perry, frustration that other legislators felt as they were unaware of the Executive Order until Perry made it public: “With no communication prior to the order from the Governor’s office about the immediate health impact many are left wondering ‘what’s the rush.’ . . . Governor, is HPV the new black

plague? If not, then we should respect the elected representative process” (Office of State Senator Dan Patrick). While Patrick used rhetoric, such as comparing HPV to the Black Plague, which was cynical, he, also, criticized Perry for the Executive Order and called for the Legislature to overturn the mandate.

Lastly, Republican Senator Kevin Eltife of Texarkana stated in a Press Release, titled, “Eltife Opposes HPV Vaccine Mandate, that he was “adamantly opposed to the Governor’s Executive Order mandating the HPV vaccine” (Office of State Senator Kevin Eltife). He said he was “not opposed to the State providing funding for those who want the vaccine, but to mandate the vaccine is government interference at its best” (Office of State Senator Kevin Eltife). He also echoed what the other Legislators had stated, that Perry should have brought the issue to the floor to be discussed and debated rather than signing an Executive Order (Office of State Senator Kevin Eltife). Eltife said “There are moral issues involved in the vaccine, and these are issues at the heart and soul of parenting and the right to have discussions with your child should not be taken away by a Governor’s Executive Order” (Office of State Senator Kevin Eltife). Eltife wanted Perry to revoke the Executive Order.

However, one of the few supporters of Perry was Chris Bell, a former one-term Democratic House Representative who ran against Perry for Governor in 2006. In an email that he released to the press, Bell offered his support of Perry even though he stated his disappointment with “the overall direction he [Perry] is taking our state, in this particular instance Rick Perry has done the right thing. This is about protecting women’s health, not about politics” (qtd. in McClelland). Bell used similar rhetoric that Perry used in response to other politicians who felt the Executive Order was not the proper function

of government and would promote promiscuity. He answered these politicians by stating, “Punishing women for having pre-marital sex is not a proper role of government. In fact, protecting women from unknowingly contracting a cancer-causing virus protects their lives, not to mention their liberty. That is a proper role of government” (qtd. in McClelland). Bell asked his “Fellow Texans,” as he addressed his email, to support Perry and the Executive Order because “if we don’t, then we’re the ones putting politics ahead of women’s health” (qtd. in McClelland). Bell was one of the few to support Perry.

### **Jim Dunnam, Texas House Democratic Leader in 2007**

In 2011, when Perry was running for his GOP Republican candidacy for President, National Public Radio (NPR) did a segment on the Executive Order in 2007; the transcript was labeled “In Texas, Perry’s Vaccine Mandate Provoked Anger.” During the segment, NPR host Wade Goodwyn asked Jim Dunnam, the Texas House Democratic Leader in 2007, to reflect back on his initial reaction and those of the other legislators when they first got word of Perry’s Executive Order. Dunnam told Goodwyn that,

I went around the House floor and to some senators, and [asked] have you heard about this[?] And I [sat] next to someone who’s very, very involved in health care, has been for 20 years, and I said, well what’s this all about? And no one knew. (“In Texas, Perry’s Vaccine Mandate”)

Dunnam then went on to explain that Mike Toomey, Perry’s former chief of staff, was brought into the conversation: “It came out pretty quick that Toomey had been paid several hundred thousand dollars to lobby for Merck [Gardasil’s manufacturer], and as

soon as we heard that, it was like, OK, now we know what's going on" ("In Texas, Perry's Vaccine Mandate"). Clearly, the opinion among the legislators was that the Executive Order was founded on Perry's friendship with Toomey and solidified by a monetary gain for both of them. Perry had received \$28,500 in campaign contributions from Merck since 2001. Merck had also given \$377,500 to the Republican Governors Association, one of the largest backers of Perry's campaign, since 2006 (Krumholz and Beckel "HPV vaccine, Merck and Rick Perry's money").

Dunnam also stated that Perry went the route of an Executive Order because a bill never would have passed in the House and Senate: "We had strong Republican majorities in both chambers. And I do think anybody that thought about it ahead of time would have felt that they [Perry's administration] couldn't have gotten it through the legislature" ("In Texas, Perry's Vaccine Mandate"). Legislators had come to the conclusion that Perry signed the Executive Order because he had no other alternative to reach his goal.

### **Political Criticism during Perry's Presidential GOP Run, 2011**

An article titled, "Perry facing new criticism for Texas vaccine order," written by Chris Tomlinson for the Associate Press in 2011, recounted the Presidential GOP debates as well as the criticism that Perry faced because of the mandated vaccinations in 2007. Tomlinson wrote "the governor quickly found that Texas parents didn't like the idea of the government telling pre-adolescents to be vaccinated against a sexually transmitted disease" ("Perry facing new criticism"). Also in 2011, during the Presidential GOP debates, one of Perry's biggest critics was Republican and Presidential GOP candidate

Michele Bachmann, a Congresswoman from Minnesota. In a Presidential GOP debate, the Executive Order came up as a topic, and Bachmann said that “the governor [Perry] acted for political reasons, noting that the maker of Gardasil . . . contributed to his campaigns, and that his former chief of staff lobbied for the company. She also said that the drug maker, Merck & Co., stood to make millions of dollars” (Simon and Hanna “The five things”). Bachmann also said of Perry’s Executive Order that “ ‘To have innocent little 12-year-old girls be forced to have a government injection through an executive order is just flat out wrong’ ”(qtd. in Tomlinson “Perry facing new criticism”). Bachmann was not the only critic to say that Perry was using his political power for the wrong reasons.

Another criticism came from former Pennsylvania Republican Senator Rick Santorum. He told Perry at a Presidential GOP debate, “ ‘This is big government run amok. It [the Executive Order] is bad policy, and it should not have been done’ ” (qtd. in Tomlinson “Perry facing new criticism”). Also in 2011, another Republican Texas Senator, Bob Deuell, who is also a physician, stated, “ ‘His [Perry’s] heart was in the right place . . . We disagreed about the mandate, but he was just so wrapped up in eliminating this [cervical cancer], I couldn’t criticize him’ ” (qtd. in Tan “Texas Has Offered HPV Vaccine For Years”). These criticisms were similar to the criticism Perry heard back in 2007 when the Executive Order was signed. Legislators understood the awareness and severity of HPV, but did not agree with Perry’s decision to mandate the vaccinations via the Executive Order.

And in 2007, after the press releases and criticisms from legislators were circulated, the Governor's Office released several statements with Perry's reactions to the vaccine mandate and to other legislator's comments.

### **Perry Responds: Public Communications Regarding the Executive Order**

#### **Perry's Press Releases**

After the Executive Order was signed, the Office of the Governor of Rick Perry published a Press Release titled "Governor Perry Establishes HPV Vaccination Program for Young Women: Vaccine will save lives of Texas women by preventing cervical cancer caused by HPV," which quoted Perry about his initial reactions about the mandate:

The HPV vaccine provides us with an incredible opportunity to effectively target and prevent cervical cancer . . . Requiring young girls to get vaccinated before they come into contact with HPV is a responsible health and fiscal policy that has the potential to significantly reduce cases of cervical cancer and mitigate future medical costs.

The Press Release also stated that "Texas has the second highest number of women suffering from [cervical cancer] in the nation," and that "one in four 15 to 24 year olds" are infected with HPV in the United States (Office of the Governor Rick Perry "Gov. Perry Establishes HPV").

After other Texas legislators had released several press releases about the Executive Order on 5 February 2007, the Governor's Office issued another Press Release

titled “Statement of Governor Rick Perry on HPV Vaccine Executive Order” with the following statement:

Never before have we had an opportunity to prevent cancer with a simple vaccine. While I understand the concerns expressed by some, I stand firmly on the side of protecting life. The HPV vaccine does not promote sex, it protects women’s health. In the past, young women who have abstained from sex until marriage have contracted HPV from their husbands and faced the difficult task of defeating cervical cancer. This vaccine prevents that from happening.

Perry addressed the concerns of those who believed that the HPV vaccine promoted promiscuity in females by making an analogy with the Hepatitis B vaccine stating that the Hepatitis B vaccine does not promote illicit drug use (Office of the Governor Rick Perry “Statement of Governor Rick Perry”). Hepatitis B is primarily contracted through bodily fluids or through the use of infected needles, primarily used for illicit drug use (“Hepatitis B”).

Perry also posed the scenario that if a vaccine became available for lung cancer, would people not accept this vaccine because then people would think it promoted smoking? He also stressed the advancement of the vaccine that had never been possible for females before: a chance to not have to battle cervical cancer (even though the vaccine is for HPV not cervical cancer). He concluded by restating that parents have the final decision in choosing whether their daughters receive the vaccine, and they may choose to opt out of the mandate (Office of the Governor Rick Perry “Statement of

Governor Rick Perry”). A few days later, Perry had the opportunity to express his stance to the entire state.

### **State-of-the-State Address: A Plea to the Public**

With the public’s eyes now fixated on Perry, as the Executive Order was in the headlines, Perry addressed the entire state during his State-of-the-State Address, five days after the Executive Order, on 7 February 2007. This is also within days after many legislators have released press releases expressing their concerns about the Executive Order. While Perry’s address covered many different topics, he touched upon his Executive Order as he began talking about future medical issues in Texas. He talked about increasing money for cancer research and bringing university scientists together to make advancements on cancer research. He then transitioned over to the HPV vaccine. He stated:

For the first time ever we have a vaccine that can prevent a cancer – a vaccine that prevents the spread of HPV, the leading cause of cervical cancer in women. I understand the concern some of my good friends have about requiring this vaccine, which is why parents can opt out if they so choose. But I refuse to look a young woman in the eye ten years from now who suffers from this form of cancer and tell her we could have stopped it, but we didn’t. Others may focus on the cause of this cancer. I will stay focused on the cure. And if I err, I will err on the side of protecting life. (Office of the Governor Rick Perry “Governor Rick Perry’s State-of-the-State Address”)

Again, Perry addressed the concerns other politicians and policy makers were having because during this time legislation was already being set in motion to overturn the Executive Order (Texas Cong. House “House Bill 1098”). By the end of April, House Bill 1098 had been voted through both the House and Senate to overturn the Executive Order and awaited action from Perry (“Texas Legislature passes bill”).

### **Perry’s Speech: His Swan Song on the HPV Vaccine**

The final vote tallied 165 in favor of House Bill 1098 with only 3 against, in both the House and Senate (“Texas Legislature pass bill”). On 5 May 2007, Perry gave a speech titled “Governor Rick Perry’s Remarks Regarding the HPV Vaccine Legislation” addressing House Bill 1098 that would overturn the Executive Order and was sitting on his desk awaiting his decision to either veto and send it back to the House and Senate for an override debate; to sign and have become law; or for it to become law without his signature. Perry focused his speech on addressing those politicians who passed through House Bill 1098. Perry also highlighted several females who were currently battling cervical cancer, several who were sitting near Perry in the audience as he personally addressed them, and he used their personal stories as examples for why the House Bill 1098 was a travesty in his opinion (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”).

Perry was adamant that he thought House Bill 1098 was a power struggle between the legislators and himself, rather than the issue of saving young women’s lives. He stated,

Those legislators who claim this is about their right to determine public policy have succeeded in overturning my order. But if they care about succeeding in stopping the spread of the second most deadly cancer among women, and not just asserting their power, then they will turn around and pass legislation to make access to the HPV vaccine as widely available as possible. Instead, they have sent me a bill that will ensure three-quarters of our young women will be susceptible to a virus that not only kills hundreds each year, but causes great discomfort and harm to thousands more. Instead of vaccinating close to 95 percent of our young women, and virtually eliminating the spread of the most common STD in American, they have relegated the lives of our young women to social Darwinism, where only those who can afford it, or those who understand the virtue of it, will get access to the HPV vaccine. (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”)

However, what Perry did not include in his speech was House Bill 1379 which was sent to his desk on 2 May 2007. The Bill passed both the House and Senate and was an HPV Education Bill (Office of State Senator Jane Nelson “HPV Education”). House Bill 1379, as indicated in a News Release by Republican Senator Jane Nelson who sponsored the Bill in the Senate, directed the Department of State Health Services to educate and inform the public on HPV in the following ways:

- Produce educational materials on HPV, the vaccine, its effectiveness, and contraindications;

- Develop and maintain an Internet website on which the public and health care professionals can access information about how women can protect themselves against cervical cancer, including information about pap smears, HPV and the HPV vaccine;
- Collaborate with the Texas Cancer Council or its successor entity to develop educational programs for parents regarding cervical cancer, HPV, and related preventative health measures. (Office of the State Senator Jane Nelson “HPV Education”)

Yet, Perry was berating other legislators for passing House Bill 1098 which voided mandatory vaccinations, but the legislators instead passed House Bill 1379 because they agreed with Perry about the importance of bringing awareness to the public about HPV.

However, throughout his speech Perry commented and tried to correct false or misleading information that he believed had been spread through the campaign following his Executive Order: “I have never seen so much misinformation spread about a vital public health issue . . . my order always has been and always will be about protecting women’s health” (Office of the Governor of Rick Perry “Governor Rick Perry’s Remarks”).

Perry went on to correct the misinformation he believed had been spread. He began by addressing the fiscal side of the vaccine. He stated that the cost of the vaccine through the Vaccines for Children program and through Medicaid would have cost “less than \$13 million in general revenue each year, while the cost of treating HPV-related cervical diseases [would have been] \$173 million in direct medical costs” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). Perry gave a further argument

that even if young women abstain from sex and “risky behavior” that “they could still become a victim of HPV, either from a marriage partner, or worse yet, as a victim of rape” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). He then introduced Amanda Vail, a victim of rape who “now must forever fight HPV” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”).

Perry then tried to connect with his public audience by addressing them personally. He provided rhetorical situations such as,

if you or I had a family member suffering from cervical cancer, there is no treatment we would rob them of if it could take away the pain and bring them back to health. And yet, we won’t provide them the vaccine that can prevent all that pain and suffering, that death sentence, because of the message it might send? What about a message of grace, compassion and forgiveness for anyone who has made wrong choices? (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”)

After this scenario, Perry described several other women, some who survived, some who still battled, and some who had died, from cervical cancer. He rebuked the political rhetoric that had “misguided and mislead” the public about the issue. Perry said that he had decided to allow House Bill 1098 to become law without his signature rather than veto the Bill and drag out the process of it being sent back to the House for a veto override debate. “It is time to extract this issue from the political arena to the court of public opinion where real lives are at stake, and it is time to do so without delay,” Perry said. He concluded the “political” part of his speech by adding, “Every day that goes by,

another Texas woman loses her battle with cervical cancer. That is a tragedy” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”).

He lastly described the experience of Heather Burchman, a Houston resident who could not come to Austin because she was too weak because of the “cancer [that was] ravaging her body,” and used her experience as a final attempt to counteract “the empty political rhetoric that has emanated from this building on this issue” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). Perry ended with reiterating to the public that the legislators had the opportunity “to eliminate the leading cause of the second most common cancer in women,” but that House Bill 1098 would create obstacles in making the vaccine available to women and elongate the fight against cervical cancer (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”).

### **House Bill 1098**

House Bill 1098, authored by Republican Dennis Bonnen, overturned Perry’s Executive Order (Elliott “Bill set to reverse”). In April of 2007, the House and Senate had both passed House Bill 1098: the Senate passed the Bill with a vote of 30-1 and the House with a vote of 135-2 (“Texas Legislature passes bill”). The House Bill came into effect on 1 September 2007. The background and purpose of the House Bill stated,

Under Executive Order RP65 . . . The Governor of the State of Texas mandated that all female children be vaccinated for the Human Papillomavirus (HPV) prior to admission to the sixth grade with provisions for a parent to opt out. There is only one vaccine currently available on the market to meet this mandate and its effectiveness and long

term effects remain unclear. While this order brings much-needed focus to a serious infection, some believe such a vaccine requirement is premature and potentially puts at risk the health and safety of young girls. (Texas Cong. House)

House Bill 1098 then proclaimed, “C.S.H.B. specifies that HPV immunization is not required for admission to any elementary or secondary school and preempts any contrary executive orders of the governor” (Texas Cong. House). House Bill 1098 restated the purpose and intent of the Executive Order while also addressing the concerns of the vaccine’s effectiveness, side effects, and longevity. House Bill 1098 reiterated that the Executive Order did bring awareness to HPV, a “serious infection,” but that mandating the vaccine was “premature” (Texas Cong. House). House Bill 1098 also provided a stipulation that allowed for the House and Senate to review the issue of mandatory vaccination in 2011, but the issue never came back to the floor (Elliott “Bill set to reverse”).

A spokesperson for Perry, Krista Moody, commented on House Bill 1098. She said, “ ‘The governor looks forward to a day when cervical cancer is eradicated and Texas women no longer have to cope with the devastating effects of the disease’ ” (qtd. in “Texas Legislature passes bill”). And while Perry was disappointed by the legislators’ decision to overturn his Executive Order, the rhetoric that Perry used in his Executive Order and subsequent public communications needs to be uncovered for the oppressive language toward females and the misleading message of how HPV equates to cervical cancer, merely so Perry could try to achieve his goal of mandating Gardasil vaccinations.

## **CHAPTER IV: ANALYSIS OF PERRY'S UNDERLYING RHETORICAL MEANINGS THROUGH FEMINIST FOUNDATIONS AND MEDICAL RHETORIC**

### **Theoretical Introduction**

As can be determined from the House and Senate vote 165-3 in favor of House Bill 1098, the Executive Order was never going to take effect (“Texas Legislature passes bill”). But, the media attention and public discussion which surrounded Perry’s Executive Order and his public communications continued even after the Executive Order was overturned. As demonstrated in Chapter Three, the political debate about the Executive Order was rehashed during Perry’s Presidential GOP run in 2011. Clearly, the mandate caused quite a controversy amongst legislators and within public spheres. Therefore, an analysis of Perry’s rhetoric, underlying meanings, and implications is needed.

My following analysis will reveal that the rhetoric used by Perry, and found in corresponding public communications that quote Perry, had a subliminal meaning. Perry’s rhetoric was supported by the culture of domination, the current value system and normalization, and hegemony. The rhetoric also used fear tactics to oppress, subject, and coerce females into believing that without the Gardasil vaccine that their physical health, primarily their sexual well-being, was vulnerable, and they were likely to contract HPV

which would result in cervical cancer which—according to the rhetoric—ends in mortality.

I will also use a medical rhetorical analysis to show how Perry's rhetoric created fear as a persuasive technique, especially when a women's livelihood was concerned. I will provide analogies between HPV and human immunodeficiency virus (HIV) and autoimmune deficiency syndrome (AIDS) to expose how HPV and cervical cancer became the new taboo for women, just as HIV and AIDS were for homosexual men in the 1980s and 1990s (Edelman 10). Just as homosexual men were labeled as highly likely to contract AIDS, Perry's rhetoric labeled females as equally likely to contract cervical cancer. By using rhetoric that labeled and created fear, females were defined, separated from the rest of society, and classified as the gender needing protection because of their biological susceptibility. This labeling, fear, and classification occurred within Perry's Executive Order RP65 and later in public communications because of Perry's rhetoric which constantly reminded, through the repetition and focus of cervical cancer rather than on the more immediate effects of HPV which target and affect both males and females.

The purpose of my analysis is to expose the hidden meanings and implications of the rhetoric so the public, primarily females, is more aware and educated in regard to the Gardasil vaccine, HPV, and cervical cancer. Only then can females and males make a better, more informed decision about whether to receive or not receive the vaccine, and also females and males can be more aware of how legislators use rhetoric to misinform the public about an action or law that may be oppressive. The culmination of the public policy rhetoric, used by Perry, became not about the "protection of women's health," but

rather to scare females and young girls into thinking that without this vaccine, this “cure,” that they would likely suffer and die (Office of the Governor Rick Perry “Executive Order RP65”). By using different rhetorical strategies, Perry stated what can be said in legislation and taken as the truth (Tirell 141). In this thesis, Perry’s “truth” is that females are the sole focus of the legislation and are in need of assistance in regard to HPV and cervical cancer.

### **Perry’s Audience**

In Executive Order RP65, Perry’s rhetoric tried to define his audience by providing a collective identity for all Texas females. Perry’s language spoke to and about Texas females as if he was their guardian and protector, coddling Texas females to try and make them believe he was working in their best interests. By using rhetoric such as “great advance in the protection of women’s health,” “saving of lives,” “deadly human papillomavirus,” and “cervical cancer,” Perry’s rhetoric could be seen as shaping and defining his role as protector for his audience. Maurice Charland, a Communication Studies Professor whose work focuses on power, politics, and public communication, writes “about the rhetorical force of speeches addressed to an audience whose very identity is formed in the act of address” (Charland “Professor; qtd. in Segal 64). Therefore, by addressing his audience with the abovementioned rhetoric, it could be said that Perry had already defined females as “at risk” and in need of protection and saving (Leach and Dysart-Gale 3). By having females identify themselves as “at-risk,” females would be more likely to seek avenues to prevent cervical cancer. Therefore, the vaccine

would be seen as a legitimate choice, to save their own lives; however, Perry's language was overly emphatic about cervical cancer and misled his audience by using rhetoric that only suited his own legislative needs.

To suit his purpose, Perry used medical rhetoric to persuade his audience by providing rhetorical situations that defined the female audience members as "at risk." Judy Segal wrote about rhetoric and medicine in her book *Health and the Rhetoric of Medicine* in 2005, and within this book she connected how rhetoric with a medical focus and lens can more easily persuade an audience. This persuasion occurs because the audience pays closer attention to issues that are personal: their health, for instance. Segal writes, "The very terms in which persuasion takes place in health and medicine themselves condition outcomes" (2). The conditioning of outcomes could be anything ranging from funding for medical research to mandating a vaccine. By trying to persuade females to believe that cervical cancer was not only a real possibility but an imminent threat that must be addressed, Perry's rhetoric "conditioned" his intended outcome: Acceptance of Executive Order RP65.

Even when Perry explained some of the sources of HPV and cervical cancer, the cause of the virus was never explicitly stated. Perry was only addressing heterosexual females in his Executive Order, but males were never explicitly named as having any responsibility for passing on the virus, the blame remained on the females. While Perry's rhetoric focused on trying to protect females from HPV, males were left uninformed about the dangers that HPV poses to them.

### **Perry's "Truth" and Reality**

Perry used rhetoric to create an image for the public, and this image was intended to be a depiction of truth that had a factual solution—cervical cancer could be cured through vaccination. Paul Dombrowski discusses Stephen Toumin's ideas, both technical communicators, about rhetoric and how rhetoric is based on fact. However, these facts are only one part of the rhetoric; "[e]qually, important are the 'warrants' that justify drawing interpretations and conclusions from factual information. These warrants are, in effect, social conventions that have been repeatedly assented to and so are assumed" (Toumin qtd. in Dombrowski 28). The social conventions within the rhetoric that Perry used were that the government is an entity that is supposed to protect and safeguards its citizens and to use its power for the betterment of society. Therefore, Perry could have assumed that his rhetoric would be interpreted as truth because of the facts he, as an authoritative government official, provided and the very nature of the legislation itself. However, Perry omitted several facts and only used statistics that fit his rhetorical purpose.

If rhetoric should be used to express the truth in a rhetorical situation, in the case of Perry's Executive Order and subsequent public communications, the rhetoric should have provided the audience with all the facts and statistics that solidified the statements, assertions, and individual accounts provided (Perry introduced several women in his Speech who were or had suffered from HPV or cervical cancer). Perry used these women's experiences as "a symbolic way to express the truth" (Foss et. al 6). By allowing these women to express their personal accounts of cervical cancer or HPV,

Perry symbolically used their testimonies as truthful accounts to back up his own statements regarding the validity and necessity of the Executive Order and Gardasil. But Perry's rhetoric focused on the worst case scenario: cervical cancer, not HPV.

While Perry's rhetoric was trying to persuade his audience about the necessity of Gardasil, he was constructing a rhetorical reality for the audience. This rhetorical reality was a world in which females were in serious danger of dying from cervical cancer. Foss et al. state, "Rhetoric...does create reality... the study of rhetoric, then, enables us to understand and articulate the various ways individuals create and enact the worlds in which they choose to live" (7). Perry's rhetoric created a world in which females were susceptible to cervical cancer and were in desperate need of this "great advance in the protection of women's health" because "HPV is the most common sexually transmitted infection-causing cancer in females in the United States"(Office of the Governor Rick Perry "Executive Order RP65"). Perry then chose to act in this reality by mandating a vaccine to save lives.

From a medical rhetorical analysis perspective the use of "great advance" was a persuasion technique of Perry's. Segal writes, "the word *breakthrough* persuades the public to imagine medical research as a dramatic sort of enterprise" (2). Perry used the term "great advance" to persuade his female audience that Gardasil was revolutionary in the battle against cervical cancer. However, as Chapter Two stated, the best way to prevent cervical cancer is with regular pap screenings ("Cervical Cancer"). Yet, Perry's language stressed this new, advanced vaccine was for females to use to prevent them from ever developing cervical cancer.

## Why Feminism?

This analysis was conducted with a feminist theoretical lens because feminism provides a route for analysis that allows for better understanding of the emphasis and meaning the rhetoric has on women, the legislation's intended audience. A feminist theoretical lens allows for Perry's rhetoric to be deconstructed to show the true gendered, sexist implications behind his words. Karen Foss, Sonja Foss, and Cindy Griffin, editors of *Feminist Rhetorical Theories*, provide definitions and commentary on theory, rhetoric, and feminism within their "Introduction." Feminism provides a way for rhetoric to be examined from a perspective which focuses on the issues central to females because historically analysis has been male-centered and dominated. Foss et al. write

Feminism . . . is important because it gives voice to individuals marginalized and devalued by the dominant culture and thus provides a more holistic understanding of the world . . . The result is a greater repertoire of options for living and communicating for all individuals . . . feminism is important because it establishes and legitimates a value system that privileges mutuality, respect, caring, power-with, interconnection, and immanent value. (5)

Ultimately, feminism provides a different way to view the world and how different structures (in the case of this thesis, Perry and his public policy rhetoric) need to be analyzed to expose the oppressions and insinuations that undermine females affected by the outcome.

For this thesis, feminism provides a lens that allows the rhetoric to be analyzed to permit discussion on how societal constructions, such as governmental power over health policy, can have negative impacts on females. Feminism exposes the current value system that Perry relied on to validate his rhetorical claims and statements. Hence, legislation and public policy become gendered through Perry's rhetoric which targeted females. By targeting only females, Perry's rhetoric created a public platform that validated and reinforced controlling and asserting power over females as acceptable and expected.

### **Perry's Past Legislation: Texas Women's Health Program**

Perry has a legislation history of women's health initiatives. For example, in 2007, at the same time as the Executive Order, he implemented the Texas Women's Health Program (TWHP) (Office of the Governor Rick Perry "Women's Health Program Facts"). According to the Office of the Governor Rick Perry, the TWHP provides preventative health care to more than 100,000 low-income women annually. Low-income women include women who qualify and/or have Medicaid (Office of the Governor Rick Perry "Women's Health Program Facts"). This health care includes breast cancer screening, cervical cancer screening, diabetes screening, among other services. The TWHP does not include or provide funding to any health care providers who provide access or information about abortion, such as Planned Parenthood (Office of the Governor Rick Perry "Women's Health Program Facts").

However in 2012, President Barak Obama refused to renew Texas's federal funding for TWHP unless the TWHP started to include state funds to Planned Parenthood and other health care centers that provided abortions. Perry, along with 19 senators and 77 house members, signed statements which refused to agree with Obama's new health care. Texas currently funds the TWHP solely through state revenue (Office of the Governor of Rick Perry "In Case you Missed It"). In 2013, Planned Parenthood tried to place a temporary injunction on Texas's new law in order for Planned Parenthood to still receive federal funding. However, Judge Stephen Yelenosky denied this request as the only solution he saw would be to stop state funding to all health care clinics, not to include Planned Parenthood, as federal funds were no longer even an option (Kuo "Judge denies Planned Parenthood"). Perry was quoted in a *CNN* article, titled "Judge denies Planned Parenthood effort to be in Texas women's health program" written by Vivian Kuo, as stating, " "This is great news for Texas women and further proves that Planned Parenthood's case attempting to derail the Texas Women's Health Program lacks merit . . . with this ruling, our state can continue caring for Texas women.' " The law went into effect in 2012 and prohibited state funding to go to any clinic, or their affiliates, that provided abortions, and exempted Texas from receiving federal funds (Kuo "Judge Denies Planned Parenthood").

Before this law, Planned Parenthood had "obtained 90% of their money through the Social Security Administration and other federal funding" (Kuo "Judge Denies Planned Parenthood"). Planned Parenthood stated that "more than 90% of the services its clinics provide are for preventative measures aimed towards cancer screenings, birth control and testing for diseases": all preventative measures that Perry advocates are the

goal and focus of TWHP (Kuo “Judge Denies Planned Parenthood”; Office of the Governor Rick Perry “Women’s Health Program Facts”).

Perry has a history of enacting laws that limit women’s choices of health services, and now with Planned Parenthood and similar institutions without federal funding, women’s bodily autonomy is once again being controlled by the government. Perry had enacted legislation that would not allow women the option to have an abortion or even to receive birth control. This is important especially for women who are uninsured and rely on Planned Parenthood for these services. Cecile Richards, President of Planned Parenthood commented on Perry’s new law that would strip away funding for Planned Parenthood:

“This case isn’t about Planned Parenthood—it’s about the women who rely on Planned Parenthood health centers for basic care every day.

Ending funding for birth control, annual exams, or cancer screenings at Planned Parenthood would hurt the millions of American women and families that rely on Planned Parenthood health centers.” (qtd. in Kuo “Judge denies Planned Parenthood”)

While Perry reinforced that denying Planned Parenthood funding was in the best interest for Texas women because Planned Parenthood offered abortion services (Kuo “Judge Denies Planned Parenthood”), which is only necessary after a women has sex or raped, his Executive Order mandated a vaccine for a virus that is most commonly contracted through sexual activity. But Perry continuously advocated that his actions were so Texas women could receive the best health care, much like his rhetorical stance in his Executive Order was to “protect” the lives of women.

## Culture of Domination

When the Executive Order was signed, if the rhetorical statements and assertions that Perry made were valued as accurate and credible because they were stated by an authoritative power—a governor, a man whom the people elected in office—then what bell hooks defines as “the culture of domination” was in effect (Foss et al. 77). Within this culture of domination, bell hooks states that both females and males are responsible and liable for values, beliefs, and significances associated within the culture of domination (77), in the case of this thesis, the meanings and values behind Perry’s rhetoric and language. Perry’s rhetoric in the Executive Order could be seen as conditioning individuals to “perpetuate and maintain its [society’s] systems” (77). These systems were the primary reinforcements for keeping those who were privileged and in power, to stay privileged and in power while those who were oppressed or disadvantaged (in this scenario, females) to remain oppressed and disadvantaged because society reinforced and perpetuated this cycle, this culture of domination, over and over (77). For example, the majority of elected officials were white males; therefore, the value system of white males was reinforced within society. This culture of domination kept males in a position of power (a form of oppression as males were conditioned to this “power”), and placed females as the weaker, subservient sex. It was a culture of inequality and oppression.

In the Executive Order, Perry’s frequent reference to cervical cancer was a source of oppression and inequality within this culture of domination. Joseph Dumit, as quoted in Segal’s book, writes about how illness is partially socially constructed and has been for

centuries. He is quoted as saying, “ ‘We may not like the implication that a person is sick in one place but not in another, but socially this may be a fact’ ” (qtd. in Segal 21). Perry continually stated that cervical cancer kills hundreds of Texas women annually (Office of the Governor of Rick Perry “Governor Rick Perry’s Remarks). By restating that cervical cancer was the end result for a small percentage of women, the culture of domination was established that all females were in need of assistance. This assistance would come in the form of the vaccine which was being advocated and marketed through Perry’s Executive Order to not only save females, but also to protect them.

Many advances in technology that have been praised and advocated as advantageous for females, such as Gardasil, also have advantages for males, tangentially or otherwise (Wacjman 67-8). For example, if females receive the HPV vaccine, males are also protected from contracting HPV and do not have to necessarily see a physician regarding their sexual behavior (especially if females are going annually and maintaining a relationship with their gynecologist or physician). Therefore, the Executive Order not only placed females as the sex responsible for receiving the vaccine and not contracting HPV, but also kept males tangentially protected and allows them to not explicitly have to take precautions, be educated, or be sexually responsible. Even in 2011, when the vaccine started to be advocated for males, the reasons behind the push for male vaccination were that, hopefully, more females would be protected from HPV and would return to receiving the vaccinations. Schuchat stated, “Some providers think by having a recommendation that’s universal uptake in boys and girls may improve substantially. We might even see better use of the vaccine in girls” (“Press Briefing”). Even when males

were encouraged to receive the vaccine, the focus was still on vaccinating females, maintaining the responsibility and burden on females.

When Perry's rhetoric stated that women could contract the virus from their future husbands or through rape, young girls were still the ones to receive the burden of the vaccine rather than address the issue of where and how the infection began (office of the Governor Rick Perry "Governor Rick Perry's Remarks"). Obviously, the girls entering into the sixth grade were not the women contracting HPV from their husbands that Perry was referring to in his rhetoric. Instead, the rhetoric could have addressed education and awareness for young females and males, who also could be carriers of the virus. But instead, the rhetoric reinforced that females were at a disadvantage merely because of their sex.

While the vaccine was supposed to save and protect females, the rhetoric of the Executive Order and public communications placed the burden of vaccination only on females. In her book, *Feminism Confronts Technology*, Judy Wacjman writes that technology has been viewed as a way to liberate women, such as the invention of the washing machine and birth control. But yet, at the same time as technology liberates, it also oppresses because the burden of this type of technology remains solely on women (13). At the same time, a lot of technology has been valued as the work of men, rather than the work of women which strengthens the culture of domination that men's work and technology is valued above the work of women's (13). The vaccine, because it was targeted for use for only females, was just another form of oppression.

Therefore, an ironic paradox arose. On one hand, Perry could be seen as liberating women from a "female problem," but Perry was the one who had rhetorically defined this

problem as a “female problem”; he was operating within this patriarchal culture of domination further creating more oppression rather than addressing that HPV affects both males and females (Wacjman 24). But because Perry’s rhetoric focused on cervical cancer, it is not his problem; but, he can provide females with a solution to theirs.

### **Value System and Normalization**

Buried within Perry’s rhetoric are a value system and the normalization of the perspectives, beliefs, and ideas of the culture of domination. A value system is defined by Foss et al. as a set of principles and morals that are set as the norm for society (5). Therefore, Perry’s value system includes principles that place females as the sex that needed male protection and guidance. This definition of Perry’s value system aligns with Cheris Kramarae’s normalization theory in which adjectives and labels that are given to women are more plentiful and have a greater and wider depth of definition and significance compared to those adjectives and labels given to men, if any are given at all (Foss et al. 41). For example, while men may have only one label to describe their positions, ages, or statuses (such as Mr.), women will have many (such as Miss, Ms., Mrs.). The differences in the labels are to differentiate women and specify the current social status and value a woman has; whereas, a man’s status remains unchanged. Consequently, a woman’s bodily autonomy changes more than a man’s because the woman’s autonomy has socially become defined to belong to more than just herself—it belongs to her husband, children, and now the legislation—hence the various labels, while a man’s autonomy is always his own ( Foss et al. 41).

Because Perry was the author of the Executive Order, his value system— defined and constructed by his identity of an upper-class, white male—is the value system that can be seen through his rhetoric. This value system supplies the adjectives and rhetoric that defines and also shapes the normalization. This normalization was then expected to be followed by everyone within the command and reach of the Executive Order: all females entering the sixth grade. This is problematic for many reasons. However, the main concern regarding the rhetoric is that the value system and normalization are oppressive and convey a meaning to the public that is meant to be taken as truth. The truth that was intended within the Executive Order and public communications was that young girls needed protecting from imminent, deadly cervical cancer.

In a Press Release on 5 February 2007 titled “Statement of Governor Rick Perry on HPV Vaccine Executive Order,” Perry’s language indicated that a woman’s bodily autonomy did not only belong to herself but also to that of her future marriage partner (who may give her HPV) when he stated, “Young women who have abstained from sex until marriage have contracted HPV from their husbands and faced the difficult task of defeating cervical cancer.” Women would need to protect themselves from future infection and, in doing so, protect their future partners. Even women, who remain chaste until marriage, are responsible for receiving the vaccine because their future husbands may have gotten HPV from a previous sexual partner before marriage and then pass on the virus. There was no mention that males should have any responsibility for the transference of HPV or that they should abstain from sex; but, instead, Perry’s rhetoric implied that the real importance was the issue of getting females to become vaccinated. Even if females remained virgins, which was another aspect of the culture of domination

and a high-held belief of Perry's value system, their bodily autonomy and sexual well-being did not just belong to them but also to their future husbands which was why vaccination was necessary. Therefore, even though the focus was on females getting vaccinated, the purpose also tangentially relieved any burden and responsibility on males in regard to HPV.

Through Perry's rhetoric, young women's bodily autonomy had also become subject to public policy and the government. Perry made the decision for all young girls, and he said he was doing so for their "protection" (Office of the Governor Rick Perry "Executive Order RP65"). By making female bodily autonomy public, Perry was tapping into a value system that made young women's private lives open to debate and subject to legislation. However, because the public was not comprised of individuals who are all upper-class, white males, this value system and normalization was not applicable and should not be set or recognized as the norm. Therefore, this value system became another form of oppression.

The Executive Order cemented that females are in danger of contracting HPV, that HPV is a deadly virus that leads to cervical cancer, and many women die annually. Sontag writes that "Nothing is more punitive that to give a disease a meaning—that meaning being invariably a moralistic one" (58). Perry's language gave HPV a moral meaning: that to have sex and get HPV meant death.

In Perry's final Speech, "Governor Rick Perry's Remarks on the HPV Vaccine Legislation," three months after the Executive Order, the value system that young women should remain virgins until they were married was reinforced when he stated, "We won't provide them [females] the vaccine that can prevent all that pain and suffering, that death

sentence, because of the message it might send? What about a message of grace, compassion and forgiveness for anyone who has made wrong choices?” Earlier in his speech, Perry spoke of how females can “still become a victim of HPV, either from a marriage partner, or worse yet, as a victim of rape” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”).

Both of these statements demonstrate what the value system and normalization say about females: young women need protection, should remain virgins, and even if females do everything they are supposed to (remain chaste), they should receive the vaccine because they could still make a wrong choice: have pre-marital sex or contract the virus from a future husband. Males had no fault in any of these scenarios, even though in each instance they were the carriers and the reasons why these young women became infected. But, Perry’s rhetoric implied that society would provide “grace, compassion and forgiveness” to those females who chose to have sex by providing a vaccine which would allow these young women to not have to fight cervical cancer (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”).

The above statement also suggests how Perry felt about women’s involvement in HPV—he passes judgment. Sontag writes about how certain illnesses, especially sexually transmitted ones, are viewed by the public as deserving: essentially, the judgment is that those who end up contracting the disease are receiving their punishment, for making a “bad decision”; similar to how those who contracted HIV were and are viewed (especially as HIV does not always develop into AIDS but is commonly contracted through sexual activity) (39, 114). Perry then, fundamentally, stated that while these young women “made wrong choices,” he can rectify their situations with a vaccine: in

essence, he had a way to cleanse young women of their sins (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). Therefore, the value system and normalization are reinforced in society.

This value system and normalization are similar to people who were diagnosed with HIV. Sontag writes in her 1989 *AIDS and Its Metaphors*, “The obvious consequence of believing that all those who ‘harbor’ the virus will eventually come down with the illness is that those who test positive for it are regarded as people-with-AIDS, who just don’t have it . . . yet. It is only a matter of time, like any death sentence” (120). Perry, just as Sontag writes about people with HIV, rhetorically stated that females who have HPV will get cervical cancer and die. This created a normalization of females as in need of saving because they were under a death sentence.

Gender classification becomes another form of oppression within the value system because being a female is being defined as being a member of the inferior sex. In his book, *Technology and Culture*, Allen W. Batteau provides an insight of how gender and technology influence each other. He writes, “Like class, status, and rank, gender differences are inscribed in technologies in ways that reinforce and obscure their social construction” (15). Perry reiterated the need for the vaccine for young women—gendering the technology—because females have a cervix when he stated, “my order always has been and always will be about protecting women’s health,” even though HPV itself is not deadly only, if and when, HPV develops into cervical cancer do women need to become concerned (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”; “Genital HPV Infection”). By gendering the vaccine, society placed a value on Gardasil as being only a female vaccine. This value remained even when the vaccine

became approved for males (Batteau 15). This occurred because Perry's rhetoric connected HPV, cervical cancer, and Gardasil so intricately within the Executive Order and his public communications.

There is an important similarity between breast cancer and cervical cancer. There are more factors involved with development of these cancers than the mere biological entities of having breasts and having cervixes (Segal 128). Many women who come to discover they have the genes BRCA1 and BRCA2, which are associated with breast cancer but are not found in more than 90% of breast cancer cases (much like 90% of HPV infections go away on their own), will opt to have mastectomies instead of the future possibility of battling breast cancer ("Genital HPV Infection"; Segal 128). Apparently, Perry did not view cervical cancer as more than a biological risk. Instead, Perry must have viewed females only as likely to contract and develop cervical cancer.

By "assigning" power to the vaccine rather than to females, Perry could be seen as stripping young women of their power over their bodies. Lerman et al. caution that "We must recognize also that both gender and technology are about power: social, cultural, economic, political" (7). By mandating Gardasil, Perry asserted power over girls and young women because the vaccine controls a private aspect of their lives. Many see that the vaccine was not about saving or protecting women's health, but rather was a power play of Perry's to assert authoritative power over females.

## Fear

### Labels and Particularization

The use of labels and particularization—defined and explained by feminist Mary Daly, as an issue or specific aspect of a situation that is deemed and fortified as only a “woman’s problem”—can cause women to become classified as an entity or category that they are not. Particularization is a blanket concept to include all women about a certain concept, idea, or issue, and define it as only a female entity (Foss et al. 145). And, fear can paralyze women from doing anything to change their situation.

The world in which individuals live, Daly defines as the foreground. While Daly was writing in the 1960-70s, her work is still relevant and provides a solid foundation for a feminist rhetorical analysis. Daly defines the foreground as oppressive, limiting, and destructive for women. She writes, “This realm is a ‘male-centered and monodimensional arena where fabrication, objectification, and alienation take place’ ” (qtd. in Foss et al. 134-5). Within the foreground, women are subservient to men, but this image and its value are reinforced constantly (134-5). Perry reinforced the foreground through his rhetoric to the point that both males and females did not even realize that this world can, and should, be changed.

The primary reason that the foreground was not challenged when the Executive Order was signed was because of fear. Females did not challenge the oppressive nature of the Executive Order nor the rhetoric used by Perry in his subsequent public communications because females could have been too afraid because of misinformation

about HPV and cervical cancer. Daly states that because of fear women's voices are silenced or erased (Foss et al. 143). This fear can come from labels, such as cervical cancer, sexually active, or slut: "fear of sexuality is the new, disease-sponsored register of the universe of fear in which everyone now lives" (Sontag 161). Fear of sex and being labeled as being sexually active or having a sexually transmitted disease may have prevented both males and females from speaking out against these labels. Nonetheless, Perry used other kinds of labels as well to create fear in his rhetoric.

In the Executive Order, Perry linked HPV, cancer, and females almost immediately, thus placing cancer as a label on females. He stated within his second statement, "HPV is the most common sexually transmitted infection-causing cancer in females in the United States" (Office of the Governor Rick Perry "Executive Order RP65"). Not only did Perry connect cancer, HPV, and females in a single breath, but he had also mentioned that HPV was sexually transmitted without explicitly mentioning that males were involved. He left this fact implied. Therefore, the label of cancer was solely placed on females; but, as stated in Chapter Two, males can develop cancer from HPV too ("Genital HPV Infection").

Along with the label of cancer came the label and fear of death. Susan Sontag writes in her 1978 *Illness as Metaphor*, "cancer equals death" (7). And despite advances in cancer treatment and prevention, to many today this equation of cancer equaling death is still considered true (7). Perry had informed young women that HPV would give them cervical cancer which would kill them, unless, of course, they received the Gardasil vaccination (Office of the Governor Rick Perry "Governor Rick Perry's Remarks"). This label created another particularization of all females because they were now at risk of

dying unless they received this vaccine which, in 2007, was only approved for use in females.

The terms “woman” or “female” were other labels within Perry’s rhetoric because females were the only sex mentioned. These labels did not provide encompassing, unified definitions, but were rather categories and classifications of sex (Phillips 514). Females are all different: race, ethnicity, sexual preference, socio-economic status, but Perry’s rhetoric placed a collective label on all females. This was similar to when AIDS was first defined in the early 1990s. AIDS was first defined as only a homosexual male illness, the same way Perry implied HPV was only a female virus (Edelman 10). Later, of course, persons of all ethnicities, genders, and races, were found to be carriers of HIV and AIDS; the same can be said for HPV. And just like unprotected sex for homosexual men meant AIDS and AIDS equaled death, unprotected and unvaccinated sex for females meant HPV, and HPV meant death.

This collective “woman” label set the precedent for any female to become subjected to particularization in which she was now grouped in with other women simply because of her sex. So the conclusion is that if an individual was a female, she was, therefore, susceptible to cervical cancer and hence, must be vaccinated. Perry used particularization because cervical cancer only affects females; therefore, because HPV can cause cervical cancer, HPV was a female’s problem, much like AIDS was a homosexual man’s problem (Bowmen 141). Because Perry spoke of HPV and cervical cancer, and only mentioned females, young women and girls could have been under the impression that the virus could and would only affect and target them. But, as stated in Chapter Two, females most affected by HPV are those who lack the education, resources,

and availability to medical screening to undergo routine pap screening. These women are “disproportionately among the poor and minority populations” (Zimet 390). Instead, of Perry stating these facts, which could have helped these women become more educated and understand the complexity of HPV, Perry chose rhetoric that collectively defined and labeled all females as equally susceptible to becoming infected with HPV and ultimately cervical cancer.

Perry made HPV and cervical cancer synonymous. He made the two a metaphor: HPV equals cervical cancer. From a medical rhetoric aspect, Laurence J. Kirmayer writes about the power of metaphors when he states, “[w]hen values are explicit, they may be openly debated but rhetoric uses metaphor to smuggle values into discourse that proclaims itself rational, even-handed and value-free” (qtd. in Segal 115). By Perry suggesting the metaphor HPV equals cervical cancer, the public would most likely make the conclusive jump, that yes, HPV always does lead to cervical cancer. Through his dogged use of “deadly virus” and “cervical cancer,” and his statements in his Executive Order and public communications, the metaphor was solidified. For those females who were not aware of the facts about HPV and cervical cancer, they could have easily believed that HPV would become cervical cancer. Therefore, the vaccine that Perry proposed would indeed seem life-saving for females. Perry’s rhetorical use of this metaphor is unrealistic as HPV does not always lead to cervical cancer, and even if cervical cancer cells are found on the cervix, cervical cancer cells take 10 to 20 years for a tumor to develop and this tumor may not even lead to cancer (“How do high-risk HPVs cause cancer?”).

On 5 February 2007 in a Press Release, Perry continued to use rhetoric that placed cancer as a label on females when he stated, “[n]ever before have we had an opportunity to prevent cancer with a simple vaccine...I stand firmly on the side of protecting life” (Office of the Governor Rick Perry “Statement of Governor Rick Perry”). Females were now labeled as in danger of dying because of cervical cancer, and Perry was positioning himself on the side of protecting young women’s lives. He repeated this rhetoric in his State-of-the-State Address on 7 February 2007:

For the first time ever we have a vaccine that can prevent a cancer – a vaccine that prevents the spread of HPV, the leading cause of cervical cancer in women . . . I refuse to look a young woman in the eye ten years from now who suffers from this form of cancer and tell her we could have stopped it, and we didn’t.

Again, cervical cancer and HPV became synonymous and a label for females, creating a particularization for young women and girls to all being susceptible to cancer and in need of the vaccine to save them. The fear was then created and reinforced because if any female was to speak out against this label, then she could be seen as standing on the side of destroying life, of “looking a woman in the eye” and telling that woman there was a vaccine that could have saved her life but she was refused it (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). Yet, with regular pap screening that woman could have been prevented from ever having developed cervical cancer (“Cervical Cancer”).

The most prevalent and frequent use of fear through labels and particularization was in Perry’s Speech on 5 May 2007 when House Bill 1098 awaited his decision to

overturn his Executive Order RP65. He used adjectives such as “deadly” and “most common” to refer to HPV which also labeled and synonymously tied HPV to cervical cancer. Perry’s words stood to create and instill fear in females that the issue of cervical cancer and HPV are an imminent and serious threat to young women’s sexual well-being. Perry said “[The vaccine] protects women from the deadly human papillomavirus that serves as the most common cause of cervical cancer” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). Females could have been taken aback because Perry, the state’s highest official, had already stated that HPV was the most common sexually transmitted disease that was also the leading cause of cervical cancer (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). Young women and girls could become fearful that HPV was a deadly virus, even though an HPV infection is never terminal (“Genital HPV Infection”).

To further impart fear in females, in his final Speech Perry stated that House Bill 1098 “will ensure three-quarters of our young women will be susceptible to a virus that not only kills hundreds each year, but causes great discomfort and harm to thousands more” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). Perry had stated that House Bill 1098, a piece of legislation, would now cause hundreds to die and thousands to suffer, all of which would be female. The rhetoric’s intention could be seen as trying to scare young women and girls into vaccination because females would not want to be one of the hundreds to die or thousands to suffer from the most common sexually transmitted disease. But yet, the truth of the vaccine was again skirted over: the vaccine prevents four strains of HPV not cervical cancer, and no one dies from HPV (“Genital HPV Infection”).

Yet, further into his speech, Perry stated, “Each day that goes by, another Texas woman loses her battle with cervical cancer” (Office of the Governor of Rick Perry “Governor Rick Perry’s Remarks”). This statement was powerful. This sentence also depicted a very sad and gloomy image of loss. While the truth is, on average, in the United States, ten women die from cervical cancer each day (Globerson 70). Yet, these deaths are “disproportionately found in minority and poor women” (Zimet 390). However, the primary focus of HPV had been lost. The vaccine is for the prevention of four HPV strains, not cervical cancer. But, the Governor’s language could make females think the issue of cervical cancer was pressing, urgent, and truly life-threatening.

One final label Perry employed in his rhetoric, to further his hidden agenda, was females as “victim.” He stated, “[Females] could still become a victim of HPV, either from a marriage partner, or worse yet, as a victim of rape” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). Females were labeled as victims in two different instances within the same sentence: as a victim of HPV and as a victim of rape. Both of these instances labeled females as powerless; these young women would get HPV regardless. Because Perry used victim twice in this sentence—once as reference of being a victim of HPV through a future marriage partner (male) and the other as a victim of rape which also resulted in HPV—his language could be seen as an implication that contracting HPV was equally as evil and malicious as rape because he used victim interchangeably in two vastly different scenarios with the same consequence. There was no blame or burden placed on anyone but the female; the young woman’s role is to stay protected by being vaccinated, never mind that males also carry the virus and can infect

females. Thus, the fear could be solidified that HPV was as pernicious as being raped and therefore, the vaccine could be seen as a necessity because of Perry's rhetoric.

Fear of getting cervical cancer because of not receiving the vaccine was a hidden agenda and meaning behind Perry's rhetoric. The rhetorical tactics of labels and particularization, present in Perry's public policy, did exactly what feminist theorists predicted it would, it "successfully deflect[ed] and prevent[ed] conversation and analysis from occurring and move[d] women's energies away from challenging the foreground" (Foss et al. 145). Females would have been more concerned about the possibility of developing cervical cancer than about Perry's rhetoric.

### **Statistics**

Another way Perry instilled fear was through statistics: statistics that were misleading, false, or ambiguous. For example, statistics can be one-sided which can lead individuals to think falsely about their situations because they do not have all the facts. This was exactly what Perry's rhetoric could have created; Perry did not provide all the facts in regard to HPV and cervical cancer. In the Executive Order, some very specific statistics about cervical cancer and some ambiguous statistics about HPV were provided from the FDA and the Texas Cancer Registry:

there are 9,710 new cases of cervical cancer, many of which are caused by HPV, and 3,700 deaths from cervical cancer each year in the United States; and

**WHEREAS**, the Texas Cancer Registry estimates there were 1,169 new cases and 391 deaths from cervical cancer in Texas in 2006. (Office of the Governor Rick Perry)

These statistics, while accurate, could provoke fear in females because they focused solely on young women and cervical cancer and cervical-cancer-related deaths. The statistics were also ambiguous because the numbers of cervical cancer cases were given, but the exact number of HPV-related cervical cancers was not given: the only rhetoric used was “many” to describe how many cases of cervical cancer were caused by HPV. Dombrowski writes about the use of statistics in rhetoric, “The numbers themselves can be of less importance than the interpretation that explains what they mean” (176). Because the specific numbers were not given for HPV-related cervical cancer, females had to interpret and absorb the numbers of cervical cancer cases and deaths which could have been shocking to an uninformed audience. Perry used more statistics to further strengthen young women’s fear.

Further misleading statistics were given in the Executive Order about the effectiveness of the vaccine. The Executive Order stated,

[R]esearch has shown that the HPV vaccine is highly effective in preventing the infections that are the cause of many of the cervical cancers; and

**WHEREAS**, HPV vaccine is only effective if administered before infection occurs...

**WHEREAS**, the Advisory Committee on Immunization Practices and Centers for Disease Control and Prevention recommend the HPV vaccine

for females who are nine through 26 years of age. (Office of the Governor Rick Perry).

To stress that females needed to take notice of the severity of these statistics, several agencies were quoted to help validate and strengthen Perry's rhetorical claims that cervical cancer was a grave concern. The agencies cited also helped warrant his objective to push for the vaccine. By providing facts and statistics that are backed by these well-known government agencies, Perry continued to construct his rhetorical context for defining who and what defined the truth for the implementing and mandating of the vaccine. Perry then could be seen as placing himself as the omniscient benefactor for females, providing Gardasil as the cervical cancer "cure."

However, the Executive Order did not include all the statistics, only the ones which suited Perry's purpose of trying to mandate the vaccine. While HPV is the most common sexually-transmitted disease, and can cause cervical cancer, the rhetoric Perry used implied that cervical cancer was an almost immediate consequence after HPV infection. However, as stated in Chapter Two, an HPV infection takes anywhere from 10 to 20 years to develop into lesions which do not always lead to cancer ("How do high-risk HPVs cause cancer?"). HPV can also cause other cancers which can affect males (anal, penile, head, neck) (Schuchat "Press Briefing"), but none of these statistics were given because then the urgency and focus would shift from solely females, and the mandate could be seen as not as effective or urgent. By only giving statistics that could be seen as intending to intimidate females into believing that the vaccine was the only solution to avoiding infection with HPV and cervical cancer, Perry's rhetoric continued

to create and construct for the public what individuals should think and know about the “cure” for HPV and cervical cancer.

### **Hegemony**

Trinh T. Minh-ha, a feminist, writes about how rhetoric and hegemony are intertwined. Hegemony, she states, becomes a belief system which validates only one way of thinking and excludes any other form of communication or thought (Foss et al. 234). Hegemony and rhetoric, then, when combined construct a dominant ideology that prescribes for the public how to think and view a certain stance. Minh-ha’s work focuses on the “questioning and challenging of existing frameworks and boundaries of any kind” (227). In the case of this thesis, hegemony and Perry’s rhetoric constructed HPV as a life-threatening disease that females could easily prevent through vaccination. Males were not even considered as part of the cause or solution but, rather, HPV could and must be stopped only by the females of society even if they “become a victim of HPV . . . from a marriage partner, or worse yet, as a victim of rape” (Office of the Governor Rick Perry “Executive Order RP65”). Even when a female contracts HPV from a male, she is still responsible and liable because she could and should have gotten the vaccination.

However, Minh-ha also warns that hegemony has gotten its power from those who would likely seek to stop it. Females participate in hegemony and are the very same people who oppose its oppression, but are blind to their willingness in the system. Minh-ha states, “ ‘Hegemony is established to the extent that the world view of the rulers is also the world view of the ruled. . . the colonizer and the colonized have come to speak the

same language' ” (qtd. in Foss et al. 234). The belief system of hegemony becomes so engrained in women's daily lives that to change how things are done requires a deconstruction of the current beliefs and ideas. In regard to Texas public policy, the stripping away of current accepted beliefs and ideas must come from both the people who voted for Perry as well as from the other Texas legislators. The Senators and Representatives who opposed the Executive Order must additionally admit to the *oppressive* nature of the Executive Order, not just their objections, otherwise the hegemony will not change.

For this deconstruction to occur, Minh-ha argues that feminism must be involved. Her feminism involves thinking about issues, such as how rhetoric creates beliefs that include and exclude people in certain groups. Rather than trying to include those whom are missing from the public policy, or trying to include marginalized people, the rhetoric must not exclude them from the beginning (Foss et al. 236). Therefore, Perry should not have mentioned females only, but rather he should have focused on the effects that HPV has on all individuals, girls or boys, who became infected with the virus. Therefore, because those who were excluded, males, did not fit within the parameters of the rhetoric could have viewed HPV with no personal responsibility which is tragic because HPV affect males too.

Perry's rhetoric could be viewed as trying to establish that only females would be responsible for how to prevent HPV or how HPV was transferred, while males were excluded from this responsibility. As Governor and an authoritative person whose Executive Order could become law, Perry had become the definer of roles and boundaries within society. Minh-ha defines these individuals as the rhetors. Rhetors are primarily

privileged, dominant, white males, which further cement hegemony in society and in the rhetors' corresponding language. These rhetors view through a lens of "otherness" (Foss et al 238). This "otherness" forces and allows rhetors to view individuals as different to avoid feeling guilt or blame. Rhetors must assign identities to these "others" which then translates into his or her rhetoric (238). Because Perry's focus was cervical cancer; he used rhetoric to place females as vulnerable, and he was their protector. Examples of this kind of rhetoric can be found in his final Speech when he says, "my order always has been and always will be about protecting young women's health," and "ensuring that other women don't have to face the same suffering" (Office of the Governor Rick Perry "Governor Rick Perry's Remarks"). Females are seen as "others" and are given identities that allow public policy to establish laws that maintained the power and privilege of the white, male, upper-class.

While the rhetoric was used in a way to supposedly protect and save females, the rhetoric also became another force of trying to implement and reinforce a patriarchal hegemonic society where females must follow the rules and bear the burden of being the weaker, susceptible, and ultimately, the sex that was solely responsible for the spread of HPV and, hence, in need of the vaccination against HPV. Perry never opened up the discussion to ask for female's opinion on the vaccination. There was never, during the entire political debate, a moment that Perry considered that young girls would not want to receive the vaccine. Young girls were being required to receive the vaccine, and many of them may not have understood what the vaccine was for and what its benefits were because the only words they could have repeatedly heard were "deadly," "common," and "cancer." And ultimately, even these young girls did not have the final say because their

parents or guardians were the ones who the power to opt-out of the vaccine. Because Perry never considered that parents of teen girls and young women may not want the vaccine, hegemony within his rhetoric is made visible.

However, some could see that the patriarchal hegemonic society could have been further supported through his rhetoric when Perry spoke about the Public Information campaign. Instead of addressing the awareness of HPV and how both males and females could be carriers and transmitters, the Public Information campaign was focused on “educat[ing] the public on the importance of vaccination, the availability of the vaccine, and the subsequent requirements of the rules that will be adopted” ( Office of the Governor Rick Perry “Executive Order RP65”). Each of these stipulations was addressing only females: the vaccine was for females, was being made available only for females, and the rules were mandating that females were vaccinated before entering the sixth grade. Perry used rhetoric to try to reinforce into females’ minds that HPV was only a female’s concern. Albeit at the time of the Executive Order, Gardasil had only been approved for use in females, the Public Information campaign did not include educating and addressing how males could become infected and transmit the virus to females.

In addition, within two years Gardasil was to be approved for boys, and Perry and his staff probably knew this, especially as Perry’s former chief of staff Toomey was a lobbyist for Merck (Houppert 17); yet, that information was left out of any communications. If Perry had anticipated that by insisting a vaccination mandate for both teen girls and boys would that have created an even stronger controversy? Would the reactions from legislators and parents been different, if the rhetoric went from protecting young women to also protecting young men? Or is there a stigma that only women need

to be saved and men are the sex that save others? Or was the issue about mandating a vaccination for a sexually transmitted disease for young teen adolescents? Nevertheless, Perry was using rhetoric that avoided information about males and HPV behind the vaccine's advantageous benefits for young women's health.

### **The End Result**

In Perry's final speech, before House Bill 1098, which overturned the Executive Order mandating vaccinations for adolescent girls against HPV, became a law without his signature, Perry stated, "And while I respect the voice of the legislature, this issue has never been about the separation of power, but the saving of lives" (Office of the Governor Rick Perry "Governor Rick Perry's Remarks"). While Perry passed judgment at other Texas politicians when he stated, "if they [legislators] care about succeeding in stopping the spread of the second most deadly cancer among women, and not just asserting their power," he also thanked the few legislators, all three of them, who voted against House Bill 1098 when he said, "I want to thank those legislators who voted against this bill [House Bill 1098]. They will never have to think twice about whether they did the right thing. No lost lives will occupy the confines of their conscience, sacrificed on the altar of political expedience" (Office of the Governor Rick Perry "Governor Rick Perry's Remarks"). Perry continued to argue that the vaccine would save young women's lives against cervical cancer.

While the vaccine is an advancement in young women's health care for the prevention of four strains of HPV which can lead to cervical cancer, HPV does not result

in mortality (“Genital HPV Infection”). But Perry continued to impart this gruesome, drastic image of dying when he said, “And yet, we won’t provide them [females] the vaccine that can prevent all that pain and suffering, that death sentence” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). Again, Perry used rhetoric that misconstrued the facts that the vaccine is a cancer vaccine and not a vaccine that prevents the infection of four strains of HPV.

Later in his speech, Perry ironically stated, “but we [politicians] just didn’t have the gumption to address all the misguided and misleading political rhetoric” (Office of the Governor Rick Perry “Governor Rick Perry’s Remarks”). However, Perry also did not have the “gumption” to address his own “misguided and misleading political rhetoric” that informed the public that HPV was synonymous with cervical cancer, that females were the only sex responsible for receiving the burden of the vaccine, and that without vaccination

three-quarters of our young women will be susceptible to a virus that not only kills hundreds each year, but causes great discomfort and harm to thousands more... they [politicians] have relegated the lives of our young women to social Darwinism, where only those who can afford it, or those who understand the virtues of it, will get access to the HPV vaccine.

(Office of the Governor Rick Perry “Governor Rick Perry’s Remarks)

Without his Executive Order, mandating that all females receive vaccination, Perry stated that young women and girls would not have the money, knowledge, or initiative to seek out the proper health care on their own volition.

Perry should have used the Executive Order and his subsequent communications to focus on how socially HPV, and cervical cancer, targets the poor and how the vaccine would have been beneficial to this demographic. Perry should have discussed how the vaccine would have been available to females through public funding. Perry also should have discussed the effects of HPV for both males and females. But instead Perry's rhetoric used the culture of domination; value system and normalization; fear, through labels, particularization, and misleading statistics; and hegemony to get this simple, oppressive message across: without Perry and his Executive Order protecting, providing, and outlining how women must maintain their sexual well-being and bodily autonomy, females will suffer and die.

## CHAPTER V: CONCLUSION AND FUTURE RESEARCH QUESTIONS

### Conclusion

While the goal of this thesis has been to expose and deconstruct Perry's rhetoric in the Executive Order RP65 and the subsequent public communications about the mandating of HPV vaccinations for young adolescent girls to reveal the actual meanings, implications, and hidden agendas hidden, there is still much rhetorical analysis to be done. And, although traditionally females have been disadvantaged (in the political and private sphere) from receiving benefits, in this case health care, the HPV vaccine does promote young women's health and places females as the focal point. Yet, ironically at the same time females are to have been given access to a vaccination for HPV, their bodily autonomy and personal choice over their health care options would have been taken from them (Sherwin 427).

Perry constructed a rhetoric where "the personal [became] political and there [were] no private solutions" (425). Young teen's health became a topic for public debate but the mandate would take away young females' personal choice of deciding whether or not to receive the vaccine.

Perry used rhetorical strategies, mostly fear, to try to mislead the public into thinking that without receiving Gardasil vaccinations that cervical cancer was a likely and imminent outcome. However, Perry did not sufficient provide medical research and statistics (that can be found in Chapter Two) to fully back his claims. He selectively chose which statistics to provide to further his agenda to mandate the vaccine. These statistics were primarily statistics about cervical cancer cases and mortality rates. Perry rarely connected HPV cases with cervical cancer cases except when the HPV infection resulted in a cervical cancer death.

Death was a recurrent theme in Perry's rhetoric. He used death as a way to advocate Gardasil as a cancer "cure" and a life-saving vaccine. However, as the vaccine only prevents infection from four strains of HPV, only two of which can lead to cervical cancer, Perry's rhetoric once again misconstrued the vaccine's purpose. The CDC states that the vaccine is not a cancer vaccine ("Vaccines, Blood & Biologics: Gardasil").

As the Executive Order was overturned by a staggering percentage of legislators, 165-3 in favor of House Bill 1098 ("Texas Legislature passes a bill"), perhaps Perry knew a bill would die on the floor and therefore that is why he chose to go the route of an Executive Order. Maybe Perry thought once the Executive Order was made public, he would have females' support behind him because he thought his rhetoric would demonstrate that the vaccine would prevent the "second most deadly cancer among women" (Office of the Governor Rick Perry "Governor Rick Perry's Remarks"). However in 2011, Perry did renege his Executive Order saying, " 'If I had it [Executive Order RP65] to do over again, I would have done it differently' " (qtd. in Tomlinson "Perry facing new criticism").

However, as plans for Gardasil vaccinations continue to be implemented and advocated by the medical field, new laws and rhetoric will be used by those in power to address, mandate, and educate the public. This rhetoric that is used must continually be monitored and analyzed to ensure that females are not being oppressed or marginalized.

And, the rhetoric must also be analyzed so males are not forgotten or marginalized either. As of 2010, the CDC estimated that “fewer than 2% of males age[s] 13-17 had had at least one dose of the HPV vaccine” (Cates et al. 39). After data became available in 2011 from the CDC correlating the vaccine with preventing anal cancer, the Advisory Committee on Immunization Practices strengthened its recommendation for males to receive the vaccination. However, Perry’s political rhetoric had excluded males from the conversation about HPV, and both males and parents were unaware of the benefits of vaccination (39). If Perry had used his political platform to educate both sexes about HPV back in 2007, perhaps both males and females would be more educated about HPV and the benefits of vaccination. Therefore, males must be brought into the conversation as Gardasil provides advantages and health benefits for males as well.

The vaccine is a great advancement in females’ and males’ health, and the goal of this thesis is not to dissuade or oppose vaccination, but merely to bring awareness and expose the rhetorical agendas and implications of Perry’s Executive Order and public communications. Perry’s rhetoric can be seen as trying to force mandatory vaccination through fear tactics and misleading, ambiguous statements and statistics. Instead, Perry could have used his position and power to educate and bring awareness to females and males about a very serious health concern. If Perry had chosen to educate rather than force a mandate, maybe the number of both males and females receiving vaccinations

would be higher today. But instead, Perry chose to use rhetoric that oppressed females by taking away their choice. Yet, because House Bill 1098 overturned the Executive Order RP65, young girls were not mandated to receive vaccinations. However, misinformation about what HPV meant in relation to cervical cancer could still be misconstrued.

Daly provides a solution to this rhetorical problem: redefinition (Foss et al. 148). Redefinition means reclaiming a word or words, such as HPV, and giving these words new meanings: detaching HPV from females and cervical cancer and redefining the word to be non-oppressive and unbiased. Redefinition challenges societal norms and conventions, and is difficult because of the rigid structure and confirmed value systems, but Daly argues that redefinitions can and must be done for females to be able to improve their daily situation and change the effects of rhetoric (148). Redefinition will help change the public's, males', and females' views and attitudes of what HPV signifies. HPV and cancer need to be seen as related but not as synonymous. Females need to understand that HPV can lead to cervical cancer but that HPV, itself, is not fatal. Males need to understand that HPV can lead to cancer as well. Ultimately, females, and males, need to make the choice about vaccination knowing all the facts and not be misguided or bullied by Perry's rhetoric that without vaccination, death is a real possibility.

### **Future Research Questions**

This thesis covered a feminist rhetorical analysis of Perry's Executive Order and public communications, but more research and analysis is needed as new data and

statistics surface. Further questions for future research include, but are not limited to the following:

1. Once longevity studies arise that conclusively state Gardasil prevents four strains of HPV (likely around the year 2016-18 when the vaccine has been in distribution for more than 10 years), will Texas legislation once again make an attempt for mandatory vaccination?
  - a. Will the rhetoric of the legislation still focus primarily on females, and if so, are there any differences or changes from past rhetoric?
  - b. If the rhetoric focuses on both sexes, what will the basis and foundation for vaccination be built upon? Will cancer still be a main rhetorical focus?
2. What can be accomplished through education to liberate and inform the public—both female and male—about the construction and effect of public policy rhetoric that pertains to bodily autonomy?
3. Would the vaccine have been better received if Perry had not signed an Executive Order but started a bill in the House of Representatives for debate?
4. If cervical cancer was taken out of all the rhetoric, how would the Executive Order been received by the public?
5. If vaccination had been required for only males, how would have legislators and the public responded?
6. Are there any rhetorical similarities between Perry's and other state's legislation which require or recommend vaccination?

## APPENDIX A: EXECUTIVE ORDER RP65

### **RP65 – Relating to the immunization of young women from the cancer-causing Human Papillomavirus.**

BY THE  
GOVERNOR OF THE STATE OF TEXAS  
Executive Department  
Austin, Texas  
February 2, 2007

**WHEREAS**, immunization from vaccine-preventable diseases such as Human Papillomavirus (HPV) protects individuals who receive the vaccine; and

**WHEREAS**, HPV is the most common sexually transmitted infection-causing cancer in females in the United States; and

**WHEREAS**, the United States Food and Drug Administration estimates there are 9,710 new cases of cervical cancer, many of which are caused by HPV, and 3,700 deaths from cervical cancer each year in the United States; and

**WHEREAS**, the Texas Cancer Registry estimates there were 1,169 new cases and 391 deaths from cervical cancer in Texas in 2006; and

**WHEREAS**, research has shown that the HPV vaccine is highly effective in preventing the infections that are the cause of many of the cervical cancers; and

**WHEREAS**, HPV vaccine is only effective if administered before infection occurs; and

**WHEREAS**, the newly approved HPV vaccine is a great advance in the protection of women's health; and

**WHEREAS**, the Advisory Committee on Immunization Practices and Centers for Disease Control and Prevention recommend the HPV vaccine for females who are nine years through 26 years of age;

**NOW THEREFORE, I, RICK PERRY**, Governor of Texas, by virtue of the power and authority vested in me by the Constitution and laws of the State of Texas as the Chief Executive Officer, do hereby order the following:

*Vaccine.* The Department of State Health Services shall make the HPV vaccine available through the Texas Vaccines for Children program for eligible young females up to age 18, and the Health and Human Services Commission shall make the vaccine available to Medicaid-eligible young females from age 19 to 21.

*Rules.* The Health and Human Services Executive Commissioner shall adopt rules that mandate the age appropriate vaccination of all female children for HPV prior to admission to the sixth grade.

*Availability.* The Department of State Health Services and the Health and Human Services Commission will move expeditiously to make the vaccine available as soon as possible.

*Public Information.* The Department of State Health Services will implement a public awareness campaign to educate the public of the importance of vaccination, the availability of the vaccine, and the subsequent requirements under the rules that will be adopted.

*Parents' Rights.* The Department of State Health Services will, in order to protect the right of parents to be the final authority on their children's health care, modify the current process in order to allow parents to submit a request for a conscientious objection affidavit form via the Internet while maintaining privacy safeguards under current law. This executive order supersedes all previous orders on this matter that are in conflict or inconsistent with its terms and this order shall remain in effect and in full force until modified, amended, rescinded, or superseded by me or by a succeeding governor.

Given under my hand this the 2nd day of February, 2007.

**RICK PERRY**(Signature)

Governor

Attested by:

**ROGER WILLIAMS**(Signature)

Secretary of State

## WORKS CITED

- “2011 Sexually Transmitted Disease Surveillance: Genital Herpes—Initial Visits to Physicians’ Office in the United States, 1966-2011.” Chart. *IMS Health Report*. Centers for Disease Control and Prevention, 13 Dec. 2012. Web. 1 Feb. 2013.
- “All Cancer Death Rates, 1975-2009.” Chart. “Report to the Nation shows U.S. cancer death rates continue to drop: special feature highlights trends in HPV-associated cancers and HPV vaccination coverage levels.” *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 7 Jan. 2013. Web. 15 Feb. 2013.
- Batteau, Allen W. *Technology and Culture*. Long Grove: Waveland Press, Inc., 2010. Print.
- Bowmen, Peter M. “AIDS 101.” Eds. Timothy F. Murphy and Suzanne Poirier. *Writing AIDS: Gay Literature, Language, and Analysis*. New York: Columbia UP, 1993. 140-160. Print.
- Cates, Joan R., Rebecca Ortiz, Autumn Shafer, LaHoma Smith Romocki, and Tamera Coyne-Beasley. “Designing Messages to Motivate Parents To Get Their Preteenage Sons Vaccinated Against Human Papillomavirus.” *Perspectives on Sexual and Reproductive Health*. 44.1 (Mar. 2012): 39-47. Web. 5 Dec. 2012.

- “Cervical Cancer.” *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 2012. Web. 20 Oct. 2012.
- “Cervical Cancer Screening.” *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 2012. Web. 20 Oct. 2012.
- Charland, Maurice. “Professor,” *Department of Communication Studies: Faculty of Arts and Sciences*. Concordia University, 6 Mar. 2012. Web. 2 May 2013.
- “Company Fact Sheet.” *Merck*. Merck Sharp & Dohme Corporation, 2013. Web. 3 Mar. 2013.
- “Do we know what causes cervical cancer?” *Cervical Cancer: American Cancer Society*. American Cancer Society, 11 Apr. 2013. Web. 30 Apr. 2013.
- Dombrowski, Paul. *Ethics in Technical Communication*. Boston: Allyn and Bacon, 2000. Print.
- Dowling, Tracy Solomon. “Mandating a Human Papillomavirus Vaccine: An Investigation into Whether Such Legislation is Constitutional and Prudent.” *American Journal of Law & Medicine*. (2008): 65-84. Web. 2 Sept. 2012.
- Edelman, Lee. “The Mirror and the Tank: ‘AIDS,’ Subjectivity, and the Rhetoric of Activism.” Eds. Timothy F. Murphy and Suzanne Poirier. *Writing AIDS: Gay Literature, Language, and Analysis*. New York: Columbia UP, 1993. 9-39. Print.
- Elliott, Janet. “Bill set to reverse Perry’s vaccine order.” *Houston Chronicle*. Hearst Corporation, 26 Apr. 2007. Web. 9 Mar. 2013.
- Foss, Karen A., Sonja K. Foss, and Cindy L. Griffin, eds. *Feminist Rhetorical Theories*. 1999. Long Grove: Waveland Press, Inc., 2006. Print.

- Garnock-Jones, Karly P., and Anna R. Giuliano. "Quadrivalent Human Papillomavirus (HPV) Types 6, 11, 16, 18 Vaccine: For the Prevention of Genital Warts in Males." *Drugs*. (2011): 591-602. Web. 14 Oct. 2012.
- "Genital HPV Infection – Fact Sheet." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 2012. Web. 20 Oct. 2012.
- Globerson, Micah. "Protecting Women: A Feminist Legal Analysis of the HPV Vaccine, Gardasil." *Texas Journal of Women and the Law*. 17. (2008): 67-107. Web. 14 Nov. 2012.
- Helderman, Rosalind S. "Senate panel kills bill to end Virginia's HPV vaccine mandate." *Washingtonpost.com*. The Washington Post, 17 Feb. 2011. Web. 4 Dec. 2012.
- "Hepatitis B." *Texas Department of State Health Services*. Texas Department of State Health Services, 18 Apr. 2013. Web. 30 Apr. 2013.
- "Highlights of Prescribing Information." *Gardasil*. Merck Sharp & Dohme Corporation. (2006): 1-30. Web. 12 Jan. 2012.
- Houppert, Karen. "Who's Afraid of Gardasil?" *The Nation*. (26 Mar. 2007): 17-20. Web. 30 Dec. 2012.
- "How do high-risk HPVs cause cancer?" *HPV and Cancer: National Cancer Institute Fact Sheet*. National Cancer Institute at the National Institutes of Health, 13 Mar. 2012. Web. 25 Feb. 2013.
- "HPV and Cancer." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 2012. Web. 20 Oct. 2012.
- "HPV and Men – Fact Sheet." *Sexually Transmitted Diseases (STDs)*. Centers For Disease Control and Prevention, 23 Feb. 2012. Web. 12 Sept. 2012.

- “HPV Vaccine.” *HPV Vaccine: State Legislation and Statutes*. National Conference of State Legislatures, June 2013. Web. 5 Apr. 2013.
- “HPV Vaccines.” *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 2012. Web. 20 Oct. 2012.
- “Human papillomavirus (HPV).” *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 2012. Web. 20 Oct. 2012.
- “Human papillomavirus (HPV) Prevalence of high-risk and low-risk types among females 14 to 59 years of age from a national survey, 2003-2004.” Chart. *National Health and Nutrition Examination Survey*. Centers for Disease Control and Prevention, 2007. Web. 10 Oct. 2012.
- “Immunization Requirements.” *2013-2013 Texas Minimum State Vaccine Requirements for Students Grades K-12*. The Department of State Health Services, 24 Jan. 2012. Web. 3 Mar. 2013.
- “In Texas, Perry’s Vaccine Mandate Provoked Anger.” *NPR*. National Public Radio, 16 Sept. 2011. Web. 14 Mar. 2013.
- Javitt, Gail, Deena Berkowitz, and Lawrence O. Gostin. “Assessing Mandatory HPV Vaccination: Who Should Call the Shots?” *Journal of Law, Medicine & Ethics*. (Summer 2008): 384-95. Web. 12 Dec. 2012.
- Krumholz, Sheila, and Michael Beckel. “HPV vaccine, Merck and Rick Perry’s money.” *CNN.com*. Cable News Network, 20 September 2011. Web. 12 September 2012.
- Kuo, Vivian. “Judge denies Planned Parenthood effort to be in Texas women’s health program.” *CNN.com*. Cable News Network, 11 Jan. 2013. Web. 1 May 2013.

- Leach, Joan, and Deborah Dysart-Gale. "Why Ask Rhetorical Questions?" Eds. Joan Leach and Deborah Dysart-Gale. *Rhetorical Questions of Health and Medicine*. Lanham: Lexington Books, 2011. 1-8. Print.
- Lerman, Nina E., Ruth Oldenziel, and Arwen P. Mohun, eds. *Gender & Technology: A Reader*. Baltimore: The Johns Hopkins UP, 2003. Print.
- Lind, Peter. "US Court pays \$6 million to Gardasil victims." *TheWashingtonTimesCommunities.com*. The Washington Times, 10 Apr. 2013. Web. 20 Apr. 2013.
- Lindberg, Laura Duberstein, Adam Sonfield, and Alison Gemmill. "Reassessing Adolescent Male Sexual and Reproductive Health in the United State: Research and Recommendations." *American Journal of Men's Health*. (5 Dec. 2007): 40-56. Web. 9 Sept. 2012.
- McClelland, John. "Chris Bell Responds to Rick Perry's Executive Order." *BOR: Our Eyes Are Upon Texas Politics*. Burnt Orange Report, 7 Feb. 2007. Web. 23 Mar. 2013.
- Melo-Martín, Inmaculada, and Kristen Intemann. "Feminist Resources for Biomedical Research: Lessons from the HPV Vaccines." *Hypatia*. (Winter 2011): 79-101. Web. 20 Oct. 2012.
- O'Beirne, Kate. "A Mandate in Texas: The story of a compulsory vaccination and what it means." *National Review*. (5 Mar. 2007): 18-20. Web. 25 Nov. 2012.
- Office of the Governor Rick Perry. Texas. *Executive Order RP65- Relating to the immunization of young women for the cancer-causing Human Papillomavirus*. Texas: Austin, 2 Feb. 2007. Web. 10 Aug. 2012.

- Office of the Governor Rick Perry. Texas. *Governor Perry Establishes HPV Vaccination Program for Young Women*. Texas: Austin, 2 Feb. 2007. Web. 10 Aug. 2012.
- Office of the Governor Rick Perry. Texas. *Governor Rick Perry's Remarks Regarding the HPV Vaccine Legislation*. Texas: Austin, 5 May 2007. Web. 10 Aug. 2012.
- Office of the Governor Rick Perry. *Governor Rick Perry's State-of-the-State Address*. Texas: Austin, 7 Feb. 2007. Web. 10 Aug. 2012.
- Office of the Governor Rick Perry. Texas. "In Case You Missed It: Texas Legislators Support Gov. Perry on Women's Health Program." Texas: Austin, 14 Mar. 2012. Web. 1 May 2013.
- Office of the Governor Rick Perry. Texas. *Statement of Governor Rick Perry on HPV Vaccine Executive Order*. Texas: Austin, 5 Feb. 2007. Web. 10 Aug. 2012.
- Office of the Governor Rick Perry. Texas. "Women's Health Program Facts." Texas: Austin, n.d. Web. 1 May 2013.
- Office of State Senator Dan Patrick. Texas. *Statement From Senator Patrick On Gov. Perry's HPV Executive Order: "Is this the new black plague? If not, lets debate these issues."* Texas, 5 Feb. 2007. Web. 16 Apr. 2013.
- Office of State Senator Glenn Hegar. Texas. *Senator Hegar to file legislation to reverse Governor Perry's Executive Order mandating HPV vaccine*. Texas, 5 Feb. 2007. Web. 16 Apr. 2013.
- Office of State Senator Jane Nelson. Texas. *HPV Education Bill Heading to Governor*. Texas, 2 May 2007. Web. 16 Apr. 2013.

Office of State Senator Jane Nelson. Texas. *Senator Nelson & Representative Keffer Call on Governor to Pull Down Emergency Order on HPV Vaccine*. Texas, 5 Feb. 2007. Web. 16 Apr. 2013.

Office of the State Senator Kevin Eltife. Texas. *Eltife opposes HPV Vaccine Mandate*. Texas, 5 Feb. 2007. Web. 16 Apr. 2013.

Phillips, Anne. "Democracy." *A Companion to Feminist Philosophy*. Eds. Allison Jaggar and Iris Marion Young. Malden: Blackwell Publishers, Inc., 2000. 511-19. Print.

Phillips, Karen, and Victor Alves. "Immunization update: A 2011 retrospective on product changes and new recommendations." *Formulary*. (Feb. 2012): 58-74. Web. 20 Oct. 2012.

Pyeon, Dohun, Paul F. Lambert, and Paul Ahlquist. "Production of infectious human papillomavirus independently of viral replication and epithelial cell differentiation." *Proceedings of the National Academy of Science USA*. (28 June 2005): 9311-316. Web. 12 Oct. 2012.

"Report to the Nation shows U.S. cancer death rates continue to drop: special feature highlights trends in HPV-associated cancers and HPV vaccination coverage levels." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 7 Jan. 2013. 15 Feb. 2013.

Roll, Carrie A. "The Human Papillomavirus Vaccine: Should it be Mandatory or Voluntary?" *Journal of Health Care Law & Policy*. (2007): 421-44. Web. 16 Oct. 2012.

- Rowan, Karen. "HPV may raise women's risk of heart disease: New study shows women with the virus are twice as likely to have had attack or stroke." *NBCNEWS.com* National Broadcasting Company, 24 Oct. 2011. Web. 21 Mar. 2013.
- Rubin, Rita. "Merck drops its push for vaccine mandate." *USAtoday.com*. Gannett Company, Incorporated, 21 February 2007. Web. 3 March 2013.
- "School and Day Care Minimum Immunization Requirements." *School Requirements: VDH*. Virginia Department of Health, Mar. 2012. Web. 19 Dec. 2012.
- Schuchat, Anne. "Press Briefing." *Centers for Disease Control and Prevention*. Conducted by Tom Skinner, 25 Oct. 2011. Print.
- Segal, Judy Z. *Health and the Rhetoric of Medicine*. Carbondale: Southern Illinois UP, 2005. Print.
- Shanner, Laura. "Procreation." *A Companion to Feminist Philosophy*. Eds. Allison Jaggar and Iris Marion Young. Malden: Blackwell Publishers, Inc., 2000. 429-37. Print.
- Sherwin, Susan. "Health Care." *A Companion to Feminist Philosophy*. Eds. Allison Jaggar and Iris Marion Young. Malden: Blackwell Publishers, Inc., 2000. 420-8. Print.
- Siddiqui, M. Asif A., and Caroline M. Perry. "Human Papillomavirus Quadrivalent (types 6, 11, 16, 18) Recombinant Vaccine (Gardasil)." *Drugs*. (2006): 1263-71. Web. 12 Jan. 2013.
- Simon, Mallory, and Jason Hanna. "The five things you need to know about the HPV debate." *CNN.com*. Cable Network News, 14 Sept. 2011. Web. 8 Mar. 2013.

- Sontag, Susan. *Illness as Metaphor and AIDS and ITS Metaphors*. Combined ed. New York: Picador, 1989. Print.
- Tan, Thanh. "Texas Has Offered HPV Vaccine for Years." *The Texas Tribune*. The Texas Tribune, 25 June 2012. Web. 2 Jan. 2013.
- "Teen Vaccination Coverage." *Preteen and Teen Vaccines: CDC*. Centers for Disease Control and Prevention, 26 Nov. 2012. Web. 30 Dec. 2012.
- Texas. Cong. House. House Committee Report Version – Bill Analysis. *C.S.H.B. 1098*. Texas: Austin, May 2007. Web. 10 Aug. 2012.
- "Texas Legislature passes bill to halt Gov. Perry's executive order mandating HPV vaccine." *News Medical*. The Kaiser Family Foundation, 30 Apr. 2007. Web. 28 Oct. 2012.
- Tirrell, Lynne. "Language and Power." *A Companion to Feminist Philosophy*. Eds. Allison Jaggar and Iris Marion Young. Malden: Blackwell Publishers, Inc., 2000. 139-52. Print.
- Tomljenovic, Lucija, and Christopher A. Shaw. "Too Fast or Not Too Fast: The FDA's Approval of Merck's HPV Vaccine Gardasil." *Journal of Law, Medicine & Ethics*. (Fall 2012): 673-81. Web. 11 Oct. 2012.
- Tomlinson, Chris. "Perry facing new criticism for Texas vaccine order." *AP*. Associated Press, 13 Sept. 2011. Web. 6 Mar. 2013.
- "Treatment." *Human Papillomavirus (HPV): CDC*. Centers for Disease Control and Prevention, 5 Feb. 2013. Web. 3 Mar. 2013.

- US Food and Drug Administration. *FDA Approves New Indication for Gardasil to Prevent Genital Warts in Men and Boys – Gardasil*. 16 Oct. 2009. Web. 25 Oct. 2012.
- US Food and Drug Administration. *FDA Licenses New Vaccine for Prevention of Cervical Cancer and Other Diseases in Females Caused by Human Papillomavirus – Gardasil*. 8 June 2006. Web. 25 Oct. 2012.
- “USPPI Patient Information about GARDASIL.” *Gardasil*. Merck Sharp & Dohme Corporation. (2006) 1-3. Web. 12 Jan. 2012.
- “Vaccines, Blood & Biologics: Cervarix.” *US Food and Drug Administration*. US Food and Drug Administration, 19 Sept. 2012. Web. 28 Oct. 2012.
- “Vaccines, Blood & Biologics: Gardasil.” *US Food and Drug Administration*. US Food and Drug Administration, 21 October 2011. Web. 28 Oct. 2012.
- “Vaccines, Blood & Biologics: Vaccine Product Approval Process.” *US Food and Drug Administration*. US Food and Drug Administration, 18 June 2009. Web. 23 Sept. 2013.
- Wajcman, Judy. *Feminism Confronts Technology*. University Park: The Pennsylvania State UP, 1991. Print.
- “What You Need to Know About Cervical Cancer: Treatment.” *National Cancer Institute*. National Cancer Institute at the National Institutes of Health, 29 Mar. 2012. 13 Nov. 2012.
- Wynia, Matthew K. “Public Health, Public Trust and Lobbying.” *The American Journal of Bioethics*. (2007): 4-7. Web. 4 Sept. 2012.

Zimet, Gregory D. "Potential Barriers to HPV Immunization: From Public Health to Personal Choice." *American Journal of Law & Medicine*. (2009): 389-99. Web. 2 Sept. 2012.

## WORKS CONSULTED

- “Basic Information about HPV-Associated Cancers.” *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 2012. Web. 20 Oct. 2012.
- “Cervical Cancer Home Page.” *National Cancer Institute*. National Cancer Institute at the National Institutes of Health, 2012. Web. 23 Oct. 2012.
- Cook, Krisitin. “Ethical and Legal Issues Accompanying Legislation Requiring HPV Vaccination of Girls.” *Health Matrix*. 18. 209 (2008): 209-28. Web. 29 November 2012.
- “Did Bachmann’s Drug Lobbyist Claims Ring True?” *CNN.com*. Cable News Network, 13 Sept. 2011. Web. 25 Oct. 2012.
- Edwards, Jim. “Rick Perry’s Gardasil U-Turn: Here’s What Actually Happened Back in 2007.” *MoneyWatch*. CBS Interactive, Inc., 18 Aug. 2011. Web. 12 Jan. 2012.
- Erdman, Joanna N. “Human Rights In Health Equity: Cervical Cancer and HPV Vaccines.” *American Journal of Law & Medicine*. 35 (2009): 365-87. Web. 23 November 2012.
- Gordon, Linda. *Woman’s Body, Woman’s Right: A Social History of Birth Control in America*. New York: Viking, 1976. Print.

- Hanks, Craig, ed. *Technology and Values: Essential Readings*. Malden: Wiley-Blackwell, 2010. Print.
- Harrell, Heather. "Currents in Contemporary Ethics: HPV Vaccines, Privacy, and Public Health." *Journal of Law, Medicine & Ethics*. (Spring 2009): 134-8. Web. 13 Aug. 2012.
- "HPV-Associated Oropharyngeal Cancer Rates by Race and Ethnicity." *Human Papillomavirus (HPV)-Associated Cancers: CDC*. Centers for Disease Control and Prevention, 13 Aug. 2012. Web. 30 Dec. 2012.
- "HPV Vaccine Safety." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 2012. Web. 20 Oct. 2012.
- Kittay, Eva Feder. "Social Policy." *A Companion to Feminist Philosophy*. Eds. Allison Jaggar and Iris Marion Young. Malden: Blackwell Publishers, Inc., 2000. 569-80. Print.
- Lyne, John. "Contours of Intervention: How Rhetoric Matters to Biomedicine." *Journal of Medical Humanities*. 22.1 (2001): 3-13. Web. 12 October 2012.
- Mara, Miriam. "Spreading the (Dis)ease: Gardasil and the Gendering of HPV." *Feminist Formations*. (2010): 124-43. Web. 12 Sept. 2012.
- McGee, Glenn and Summer Johnson. "Has the Spread of HPV Vaccine Marketing Conveyed Immunity to Common Sense?" *The American Journal of Bioethics*. 7.7 (2007): 1-2. Web. 22 October 2012.

## VITA

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