

University of Montana

## ScholarWorks at University of Montana

---

Graduate Student Theses, Dissertations, &  
Professional Papers

Graduate School

---

2009

### Because We Have the Power to Choose: A Critical Analysis of the Rhetorical Strategies Used in Merck's Gardasil Campaign

Brittney Lee Buttweiler  
*The University of Montana*

Follow this and additional works at: <https://scholarworks.umt.edu/etd>

**Let us know how access to this document benefits you.**

---

#### Recommended Citation

Buttweiler, Brittney Lee, "Because We Have the Power to Choose: A Critical Analysis of the Rhetorical Strategies Used in Merck's Gardasil Campaign" (2009). *Graduate Student Theses, Dissertations, & Professional Papers*. 89.

<https://scholarworks.umt.edu/etd/89>

This Thesis is brought to you for free and open access by the Graduate School at ScholarWorks at University of Montana. It has been accepted for inclusion in Graduate Student Theses, Dissertations, & Professional Papers by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact [scholarworks@mso.umt.edu](mailto:scholarworks@mso.umt.edu).

BECAUSE WE HAVE THE POWER TO CHOOSE: A CRITICAL ANALYSIS  
OF THE RHETORICAL STRATEGIES USED IN MERCK'S GARDASIL  
CAMPAIGN

By

BRITTNEY LEE BUTTWEILER

BA, St. Cloud State University, St. Cloud MN, 2007

Thesis

presented in partial fulfillment of the requirements  
for the degree of

Master of Arts  
in Communication Studies

The University of Montana  
Missoula, MT

Spring 2009

Approved by:

Perry Brown, Associate Provost for Graduate Education  
Graduate School

Dr. Steve Schwarze, Chair  
Communication Studies

Dr. Joel Iverson  
Communication Studies

Dr. Ann Cook  
Psychology

Rhetorical Strategies of the Gardasil Campaign

Chairperson: Steve Schwarze

ABSTRACT

In June of 2006, Merck gained FDA approval for Gardasil, a human papillomavirus vaccine. Shortly before, Merck also launched a large campaign to advertise the vaccine, which has continued through today. Because of the vast number of women the vaccine has the potential to affect, the product has become socially significant. Therefore, this study examines the Gardasil campaign and how it is persuasive. More specifically, this paper studies the rhetorical appeals Merck uses and explores the ethical strengths and limitations of the advertisements. The study explores how the Gardasil campaign blends elements of an informative Campaign with an advertising campaign, and the implications of doing so. Finally, based on Merck's blended campaign, this study makes suggestions for future blended campaigns.

## ACKNOWLEDGEMENTS

First, I would like to thank my family for their love and support. Thank you, Mom, for showing me what it means to be a confident, passionate, and hard-working woman. Dad, thank you for always fixing my world and letting me be your princess. Thank you Grandma for being the matriarch of our family and a role model in my life. Bret, thank you for loving me unconditionally. My friends and brothers, Robby and Sam, thanks for all the texts and phone calls to keep me going. My best friends, Emma, Alexa, Carly, Lisa and Trav, thank you.

I am forever grateful to my friends and colleagues from The University of Montana and St. Cloud State University. Your wisdom and friendship has guided me throughout my project, and through my masters program. To Dr. Joel Iverson and Dr. Ann Cook, thank you for taking the time to serve on my committee and helping me with my thesis. I would especially like to thank my advisor, Dr. Steve Schwarze, who has been extremely helpful, patient and knowledgeable throughout this entire process. Thank you for sharing your time and expertise with me.

Finally, I would like to thank Dr. Debra Japp, my undergraduate advisor. You believed in me more than anyone and you are the reason I am here today. With Debra, I would also like to thank my friends Dr. Jeff Bineham, Dr. Marla Kanengieter, and Dr. Pam Secklin. Thank you for sharing your excitement and love of learning with me. I am forever changed because of what I have learned from all of you.

## TABLE OF CONTENTS

Chapter 1: Introduction	1
Chapter 2: Rhetorical Appeals	30
Chapter 3: Ethical Analysis	46
Chapter 4: A Blended Campaign	66
<b>References</b>	<b>80</b>
<b>Appendix A: Advertisement Time Breakdowns</b>	<b>85</b>

## CHAPTER 1: INTRODUCTION

“I chose to get vaccinated because my dreams don’t include cervical cancer.” This is one of the closing statements in Merck’s latest television advertisement promoting their HPV vaccine, Gardasil. While most people would likely argue that they never dreamt of contracting HPV, let alone cervical cancer, the Merck spot leaves us feeling as though it is a real possibility and that we should do something about it. The answer is that we should go out and get vaccinated. Gardasil is a vaccine for women ages 9-26 that, according to their advertisements, protects against four types of human papillomavirus (HPV). Houppert (2007) states, “Human papillomavirus is the most common sexually transmitted infection in the world, and most women have had it – 80 percent of US women, by the CDC’s estimates” (par. 2). Because of the prevalence of the infection amongst American women and its correspondence with cervical cancer, it is no wonder researchers worked to find a vaccine and no more surprising that many Americans have embraced the vaccine created by Merck.

In order to inform people about their new vaccine, Merck has developed a campaign comprised of four steps which were structured to fit the progress of the vaccination through the FDA approval process. The first part of the campaign, focused strictly on creating awareness of HPV in women, was titled “Make the Connection” and later changed to “Make the Commitment.” This first step in Merck’s Gardasil campaign was made to look like a simple health awareness campaign and did not involve any television advertisements, but was focused on a website. The [maketheconnection.org](http://maketheconnection.org) website strictly shared information about cervical cancer prevention. The Merck logo and the Gardasil brand name were not even tied to the website. The Cancer Research and

Prevention Foundation (CRPF) and the celebrity charity Step Up Women's Network (Siers-Poisson, 2007b) ran this piece of the campaign. The support of CRPF by the drug industry, including Merck was largely hidden from public view (Siers-Poisson). This relationship remained hidden as the campaign slogan changed to "Make the Commitment," a change that "nudged women along the path of demanding Gardasil when it would be FDA approved and available [...]" (Siers-Poisson, par. 7).

The next step in the campaign was the first of a series of television advertisements with the slogan "Tell Someone." These advertisements encouraged young women to tell another friend or family member about the link between HPV and cervical cancer. These advertisements did not mention the brand name Gardasil because the FDA had not yet approved the vaccination. After FDA approval in June 2006, Merck began the process of creating the third step in their campaign. "On November 13, 2006, Merck announced the launch of its direct-to-consumer advertising campaign "One Less," consisting of television, print, and online ads" (Siers-Poisson, par.12). These advertisements show young women participating in sports, playing music and dancing. The ads encourage young women to be "One Less" person affected by cervical cancer. "While some of the girls are pictured with parents or other adults, the message is clearly meant to be girls talking to other girls" (Siers-Poisson, par. 12). This step in the campaign now included Merck's name and logo and the brand name Gardasil, giving young women a chance to tell others about the vaccination by name.

Merck's Gardasil campaign is now in a fourth part, which has the slogan "I Chose," attached. These advertisements encourage young women to be vaccinated and mothers to vaccinate their daughters. These advertisements can be viewed on television,

in various women's magazines, and on the website [gardasil.com](http://gardasil.com), run by Merck. Merck's Gardasil advertisements are easily accessible via various media outlets; therefore, it is safe to say that many women have been subject to one of Merck's Gardasil health advertisements.

Merck's direct-to-consumer advertising is part of a broader effort to maximize the market share of Gardasil. Once approved by the FDA, Merck and later Women in Government, sought state mandates of the vaccine for young women entering the 7<sup>th</sup> grade (Siers-Poisson, 2007c). In addition, Merck is pursuing partnerships with The Indian Council of Medical Research and the Bill and Melinda Gates Foundation to distribute the vaccine internationally. As cited by Siers-Poisson, (2007c) Eliav Barr, MD, and head of clinical development for Gardasil said "We've been working very closely with non-governmental organizations...to put together important information that would allow access to the developing world" (par. 24).

Merck's Gardasil campaign is important to analyze for several reasons. First, the product itself is significant. Gardasil's new vaccine has been touted as "the first cure for cancer," (Siers-Poisson, 2007b) which is definitely an interesting and arousing perception. It is no surprise that this vaccine and its publicity have created controversy within the public realm. Furthermore, considering the number of women this vaccine could potentially affect, it is no wonder people are talking. The potential health benefits and scope of impact make it socially significant.

Second, Gardasil's campaign is distinctive because it blends features of a standard health information campaign with features of an advertising campaign. Media campaigns dealing health issues have the potential to be a significant source of health care

information for women. Knowing this, it is important to explore how these campaigns are functioning to persuade women about their health. The initial steps of the Gardasil campaign appear merely to be providing new information about women's health.

"Health communication campaigns evolve out of a desire to ensure that people have the right information about their health" (Wallack & Dorfmann, 2000, p. 389). Women rely on campaigns like Gardasil's for information about healthcare. Covello and Peters (2002) found that 80% of women relied on the general media for health information, while only 25% of their information came from doctors or nurses. They are inherently different than advertising campaigns, which take on the persona of a for-profit, product-wheeling other (Perloff, 2008). Due to the differing functions each of these types of campaigns hopes to fulfill, they typically each have particular features that may be different from the features of the other. Merck's Gardasil campaign, which is multipurpose in that it conveys new information about health and has a product to sell, may not clearly fit into either category. According to their website, Merck "publishes unbiased health information as a not-for-profit service." Through their advertisements they have also stressed a commitment to creating awareness about the link that exists between HPV and cervical cancer. However, the Gardasil campaign is also representative of an aggressive pharmaceutical consumer campaign, which actually won Merck Brand of the Year from *Pharmaceutical Executive* (Herskovits, 2007). Therefore, the Gardasil campaign provides an opportunity to examine a hybrid form of health campaign, one that may possess qualities of both a typical health information campaign and an advertising campaign, and learn how this type of campaign functions to inform and persuade.

Third, the Gardasil campaign raises ethical questions and concerns. Considering Merck's previous experience with Vioxx, ethical issues are especially important in analyzing the Gardasil campaign. Specifically, it is not clear whether the health information provided by the first step of the campaign is compromised by the advertising of a product in the final steps of the campaign. Also, whether the goal of the campaign is to benefit the public good is not clear. Finally, whether the audience is given all the best and possible information, including possible alternatives, is unclear.

Therefore, my thesis will examine the Gardasil advertising campaign as a whole, which is marketed through various print, television and online advertisements and began in September of 2005 and continues today through 2008. In particular, I will focus on the television advertisements produced by Merck to promote the Gardasil vaccine. They encourage young women to get the vaccination and encourage mothers to have their daughters vaccinated. More specifically, this study first will analyze the rhetorical appeals Merck uses to explain how the campaign was effective. Second, it will explore the ethical strengths and limitations of the Gardasil campaign. Third, it will explore how the Gardasil campaign blends elements of a health communication campaign with an advertising campaign.

The next sections of this chapter will discuss scholarly literature relevant to those three purposes. I will first discuss the different purposes and features of health campaigns, advertising campaigns and direct to consumer advertisements. After that, I will describe the theories useful in building effective health campaigns. Then, I will explore potential ethical criteria for evaluating a communication campaign. The remainder of the chapter will present a brief overview of the rhetorical context of the

campaign, examining Merck's experience with Vioxx and the range of audiences Merck is trying to reach with Gardasil. Both of these factors influenced the strategy of the Gardasil campaign, which I describe in more detail in the last section of the chapter.

### Communication Campaigns

Perloff (1993, 2008) divides campaigns into two basic types – information and advertising (Figure 1). Information campaigns are generally designed to promote social issues or public health. According to Fishbein and Yzer (2003) “An effective communication campaign increases the association between beliefs that are consonant with the recommended behavior and the more proximal determinants of that behavior (i.e., attitudes, norms, self-efficacy, and intention)” (p. 180). Thus, the purpose of information campaigns is to change the audience's attitudes, beliefs and behavior. For example, an information campaign attempts to get a person to quit smoking, exercise or eat healthier. “They are systematic, organized efforts to mold health or social attitudes through the use of communication” (Perloff, 2008, p. 443). Similarly, “Information campaigns are exemplars of persuasion in action. They involve the application of persuasion theory to real – world situations” (Perloff, 1993, p. 301). Therefore, information campaigns are like advertising in that they attempt to influence the audience, but with the goal of changing a personal belief or behavior rather than directing the audience to purchase a specific product.

Figure 1 – Information Campaigns vs. Advertising Campaigns

Information Campaigns	Advertising Campaigns
Purpose is to promote social ideas or improve health	Purpose is to sell a product
Some advertisement advertisements, but also uses “non-paid” media news – e.g. video news releases	Relies on paid messages
Interpersonal and organizational communication plays a more important role	Mass communication is the primary means for disseminating the message
Often try to convince an audience not to do something – e.g. not to smoke or not to use a product	Try to convince someone to buy a product than an idea
Target audience is 15% of the population that is least likely to change	Target audience is the mainstream population
More controversial and touches more closely on values	Less controversial

These strategies and topics of information campaigns generally differ from those of advertising campaigns. Advertising campaigns are different mainly because they are persuasive attempts to sell a product. They generally have smaller budgets and while they utilize advertisements, they may also utilize news forms, such as video news releases. Second, with information campaigns, “interpersonal and organizational communication plays a more important role in campaigns than in advertising” (p. 444).

Thus, differing groups within the community may act as additional means of communication. For example, according to Perloff (2008), “the McGruff ‘take a bite out of crime’ campaign supplemented media messages with supportive communication from community groups, businesses, and local police forces” (p. 444). Third, information campaigns generally involve more politically charged issues and thus are more controversial. “Campaigns frequently encounter strong opposition from powerful industries, such as tobacco companies, beer distributors, oil companies, or gun manufacturers” (Perloff, p. 445). Finally, information campaigns are often tailored for a relatively narrow audience. “Campaigns frequently target their messages at the 15% of the population that is *least* likely to change its behavior” (p. 445). In contrast, product advertising may be tailored to specific audiences but generally seeks a mass audience.

Advertising campaigns are out to sell a product and make a profit for companies. They involve paid advertisement messages that try to persuade people to do something and their task is generally easier than that of an information campaign. “Advertisement campaigns focus on the mainstream – on those who are shopping for a product or a dream” (p. 445). Therefore, the sponsor of that product pays for the advertisements. According to Perloff (2008), advertising can be thought of as “paid materialist speech – messages for which companies pay to shape, reinforce and change attitudes” (p. 394). Therefore, the ultimate goal of an advertising campaign is to get the audience to like the product it is selling and purchase it, and the characteristics of such a campaign revolve around that goal.

While the characteristics of information and health campaigns are clear, the television advertisements of the Gardasil campaign do not seem to fit nicely into either

category. They are different because they are comprised of an informational first phase followed by a consumer-product campaign. This is interesting because Perloff (2008) suggests that informative campaigns and advertising campaigns have cross-purposes. “Advertising can work at cross-purposes with health campaigns. Campaigns designed to promote healthy eating are thwarted by glitzy advertisements that hype junk food” (Perloff, p. 444). He suggests that informative campaigns must work to promote behaviors against advertising campaigns, which have people buy sometimes opposing products. Gardasil is different from these types of campaigns because it merges a typical information campaign about public health (“Make the Connection”) with a product campaign (“One Less” and “I Chose”). However, these types of persuasive messages are not uncommon.

Today, many companies advertise their medicinal drugs by using television advertisements. These types of advertisements are known as direct-to-consumer advertisements (DTCA) because the advertisements are created for and targeted at the consumers instead of those in the medical community. Before the 1980’s when DTCA were first used, drugs companies spent their time targeting physicians in an attempt to have the physicians prescribe the company’s drugs to their patients. However, by the mid-80’s pharmaceutical companies, in an attempt to give consumers a more active role in prescribing decisions, developed paid advertisements, or DTCA (Donohue, 2006). The use of DTCA has continually grown. “Expenditures for DTC advertising increased from an estimated \$47 million in 1990 to nearly \$2.5 billion in 2000” (Kaphingst et al., 2004). The prevalence of DTCA makes it an important practice to study.

Advertisements promoting medical drugs commonly merge some aspects of information campaigns and some of advertising campaigns due to the regulations imposed by the FDA. There is certain information that a product campaign in this case must include. According to Grow et al. (2009), “DTC television and print advertising which is designed to market a prescription drug should also be designed to responsibly educate the consumer about that medicine and, where appropriate, the condition for which it may be prescribed” (p. 180). Based on the FDA guidelines, these advertisements must include informative information, but do not give up their persuasive product messages.

What makes Gardasil’s campaign stand out from other direct-to-consumer advertisements is its use of the “Tell Someone” advertisement to introduce the problem of HPV before the drug was introduced to the market. Merck won “Brand of the Year” from *Pharmaceutical Executive* for their two part campaign which was divided into “the unbranded, disease awareness part, and the post-approval, branded part, which finally urged women to “get vaccinated”” (Herskovits, 2007, par. 35). The first advertisements in the Gardasil campaign were strictly informational, followed by the more common product campaigns used to promote medical drugs.

The United States, along with New Zealand are the only countries that allow pharmaceutical companies to use DTCA (Frosch et al., 2007), due to their controversial nature. There are many opponents and proponents of DTCA. Opponents, including those in the medical profession, federal drug regulators and some consumer groups, do not like DTCA because they believe it misleads consumers and prompts them to ask for prescriptions that they may not need, or for ones that are more expensive than the

alternatives (Donohue, 2006, Frosch et al.). Proponents, such as pharmaceutical companies and those in favor of consumer and patients rights, on the other hand find DTCA valuable because they provide empowerment to consumers and because they are perceived as a good source of information that can educate people about healthcare and treatments (Donohue, 2006, Frosch et al.).

The arguments of the opponents and proponents of DTC advertisements raise ethical questions about these types of advertisements. Whether the ads are misleading, empowering, factually accurate, and inclusive of a range of alternatives all shape the decision-making framework for audiences. It is important to carefully analyze these types of advertisements. Therefore, this thesis will further explore the Gardasil campaign in order to address some of these issues.

### Building a Health Communication Campaign

In order to build an effective health communication campaign, there are three theoretical approaches that are most commonly used. The Theory of Reasoned Action (TRA), the Health Belief Model (HBM), and the Extended Parallel Process Model (EPPM) are the standard theories applied in health campaigns (Dutta-Bergman, 2005, p. 104). The TRA informs about how health campaigns target the beliefs of the audience, and the HBM builds on what the beliefs of the audience are in a more specific way. Finally, the EPPM informs health information campaigns about how risk is formed due to the types of messages used within the advertisements. In my study, I use these three models to identify specific persuasive appeals in the Gardasil campaign.

*TRA.* Fishbein and Ajzen (1975) argue that messages are most likely to change attitudes when the arguments target salient beliefs, or the beliefs that are most important

to the individual. According Fishbein and Ajzen's (1975) theory of reasoned action, "the best predictor of actual behavior is behavioral intention, and behavioral intentions are, in part, a function of salient beliefs about the likelihood that a behavior will produce a desired outcome" (Nabi, Southwell, & Hornik, 2002, p. 429). Therefore, in order for a message to be most effective, the communicator should target the most significant beliefs of individuals. Based on a similar idea, Cooper, Burgoon and Roter (2001) conducted a study in order to see what salient beliefs must be addressed in order to get viewers to process news stories about health prevention topics. The researchers chose 22 beliefs to include in the experiment and hoped to discover which were more salient than others in an attempt to understand how to make prevention news stories more interesting. In their study, Cooper, Burgoon and Roter showed participants short sample news stories and were then asked how the presence of certain attributes affected their attention to the story. "Out of the 22 beliefs included in the experiment, 6 demonstrated salience. Personal relevance, novelty, shock value, and the absence of exaggeration were the core values reflected in the identified salient beliefs" (Cooper, Burgoon, & Roter, p. 227). Therefore, knowing that audiences are most affected by such attributes, health messages should try to incorporate these ideas to be effective.

TRA is also concerned with social (normative) pressure, defined as "messages influencing what the person believes are the significant others' opinions about the behavior" (Cohen, Shumate, & Gold, 2007, p. 93). Health communication campaigns may appeal to the opinions of the audience's significant others. They could do this by demonstrating or sharing what those individuals believe about the proposed health action or product.

*HBM*. This model assumes that individuals consider risks, benefits, and barriers when deciding whether they will change their behavior (Cohen, Shumate, & Gold, 2007). According to Mattson (1999), the HBM is based on several components including: perceived risk appraisal, perceived benefits and barriers, perceived self-efficacy, and cues to action. The HBM allows insight as to how a health campaign could be constructed in a way to target the audience's salient beliefs. Assuming individuals hold beliefs about risk, benefits, barriers, and self-efficacy, it is important for health campaigns to target these beliefs in order to be persuasive.

Perceived risk appraisal is composed of severity and susceptibility. "Whereas perceived severity refers to the individual's assessment of the outcomes associated with the preventative behavior, perceived susceptibility focuses on the individual's assessment of the extent to which he or she is likely to succumb to the negative outcomes" (Dutta-Bergman, 2005, p. 104). If an individual sees the risk of a disease as higher, then they would be more likely to comply with the recommended behavior (Mattson, 1999). Individuals consider the severity of risk attached to the suggested behavior and their chance of being affected, therefore, appeals to risk provide a way for health advertisements to be persuasive.

Benefits are the positive outcomes the individual perceives the preventative behavior to have, while barriers are the negative outcomes (Dutta-Bergman, 2005 & Mattson, 1999). A health communication advertisement would talk about the benefits of choosing to adopt a certain behavior or using a certain pharmaceutical product. Negative outcomes would include any negative consequences that may occur from taking the action described. Addressing what the positive and negative outcomes of the behavior or

the product of a health campaign is another persuasive appeal to use within health advertisements.

Perceived self-efficacy is an essential part of HBM. According to Perloff (1993) “to produce permanent changes in behavior, persuasive messages must convince individuals that they are personally capable of modifying their behavior” (p. 325). Bandura’s Self-Efficacy theory is based on “the likelihood that people will act on the outcomes they expect prospective performances to produce depends on their beliefs about whether or not they can produce those performances” (2001). For example, in order to motivate people to take certain actions, a campaign should also promote the idea that the individual is capable of truly accomplishing those actions. People are more likely to engage in activities if they believe that they will be proficient in doing so.

Another way to describe how self-efficacy may be addressed throughout health advertisements is by using models to demonstrate what self-efficacy might look like. A health advertisement would use characters like the audience to demonstrate that the recommended action is easy, and that they too, can make the same choice. This is consistent with TRA’s identification of social normative pressure as a persuasive appeal.

*EPPM*. According to Witte (1992), “The EPPM proposes that threat initiates and motivates message processing because the greater the threat, the greater the fear aroused, the more attention-getting the message (through depictions of the significance of severity), and the more involving the message (through depictions of susceptibility)” (p. 339). Therefore, if perceived threat is high, the individual is more likely to attempt to control the behavior by adhering to the recommended health behavior (Witte, 2002). “The underlying premise in the EPPM is that high- (or low-) threat messages elicit

perceptions of high (or low) risk” (Rimal & Real, 2003, p. 371). In a health communication advertisement, EPPM suggests that using high threat messages could persuade the audience to adopt the recommended health behavior or product.

To summarize, the TRA, HBM, and EPPM provide a framework for how to most effectively incorporate persuasive strategies into health advertisements. Understanding these theories will be helpful to my analysis of the Gardasil campaign in that they allow me to identify rhetorical strategies used by those who created the campaign. In turn, identifying these strategies will help me locate areas for analyzing the ethical strengths and limitations of the Gardasil campaign.

#### What Makes for Ethical Advertisements?

The hybrid character of the Gardasil campaign raises many ethical questions. The linkage of an information campaign with an advertising campaign reinforces Perloff’s point about the complexities of campaigns. “Although campaigns have measurable effects to be sure, they take place in real-world contexts. Social-structural factors, political complexities, and value judgments necessarily intervene” (Perloff, 2008, p. 482). In the case of Gardasil, the pre-approval period to launch what appeared to be an informative campaign about HPV and cervical cancer, and then shifted to a more traditional DTC advertising campaign after approval. What ethical standards are appropriate for evaluating this type of campaign?

Ratzan (2008) specifically addresses the ethics of media campaigns in relation to vaccinations. He says that in the past, the media, activists and unethical researchers have fueled the link between autism and the measles, mumps and rubella vaccine. However, no link has been proved or disproved. Therefore, when it comes to communication, it is

important that researchers and the media act in the most ethical way possible. “The challenge for each of us is to communicate with integrity and values so that the ideal effect of science and medicine can bear upon society with benefits and acceptable risk to humankind” (Ratzan, 2008, p. 618).

Therefore, throughout this paper, it is important to understand how the advertisements of the Gardasil campaign construct the benefits and risks of the vaccination. In order to evaluate the ethics of the advertisements, the following section outlines a list of questions, providing a framework to do so. I organized these questions by first taking broader communication ethics principles (Jaksa & Pritchard, 1988 and Perloff, 1993, 2009) and then applying more specific health communication principles (Grow et al., 2009; Johnson, 1999 & Kass, 2001 ).

#### Do the Advertisements Practice Fair Balance in the Presentation of the Risks and Benefits of the Advertised Vaccine?

The presentation of risks and benefits is a persistent ethical issue because ethicists have identified that the lay population has a hard time understanding and appreciating risks (Iltis, 2006). “There is strong evidence that most adults possess a limited ability to think in terms of probabilities and to assess information regarding risk” (Iltis, p. 185). Therefore, the presentation of risk in advertisements like Gardasil’s should be analyzed carefully for how it describes, and encourages people to think about, the risks and benefits of the product.

Fair balance is a central requirement the FDA looks for in evaluating advertisements. According to Nordenberg (1998) “FDA reviewers look at the entire advertisement to see if it is balanced. The risks as well as the benefits must be clearly

identified, with the risks presented prominently and readably so that the benefits are not unfairly emphasized” (p. 8). More simply put, Baylor-Henry and Drezin (1998) state, “fair balance refers to the disclosure of the benefits and risks associated with use of the drug” (p. C90). The pharmaceutical industry also promotes balance as an ethical standard for advertisements. According to the PhRMA Guiding Principles on Direct to Consumer Advertisements About Prescription Medicines as cited by Grow et al. (2009), “DTC television and print advertising should be designed to achieve a balanced presentation of both the benefits and the risks associated with advertised prescription medicine. Specifically, the risks and safety information in DTC television advertising should be presented in clear, understandable language, without distraction from the content and in a manner that supports the responsible dialogue between patients and health care professionals” (p. 181).

However, some direct-to-consumer advertisements do not necessarily adhere to PhRMA’s principles. In a content analysis of television prescription drug ads conducted by Kaphingst et al. (2004) they found that most of the ads they viewed “gave consumers somewhat more time to absorb the facts about benefits than those about risks” (p. 524). They also found that only neutral or positive images were shown while the information about risks related to the advertised drugs were presented. Therefore, it is worth evaluating whether the risks and benefits in the Gardasil ads are balanced, based on how each is presented.

#### Is the Campaign Designed to do More Good for Some Than Others?

Whether the campaign is designed to do more good for some than others is another ethical issue. As cited by Perloff (2008) “Should campaign resources be devoted

to target populations believed to be particularly needy or those who are more likely to adopt its recommendations?” (Guttman, 1997, p. 181). One way the Gardasil advertisements could do this is by targeting certain groups over others. It is important to consider whether there are groups who are not targeted, but could benefit from Gardasil. According to Grow et al. (2009), “Companies are encouraged to include information in all DTC advertising, where feasible, about help for the uninsured and underinsured” (p. 181). Without insurance Gardasil can cost up to \$400 for the vaccination, therefore; those without insurance would benefit from such information.

#### Do the Advertisements Provide Truthful, Relevant Information That Makes Rational, Significant Choice Possible?

Jaksa and Pritchard (1988) view truthful, relevant information as a fundamental signifier of value in a persuasive message. According to Grow et al. (2009), “In accordance with FDA regulations, all DTC information should be accurate and not misleading, should make claims only when supported by substantial evidence, should reflect balance between risks and benefits, and should be consistent with FDA approved labeling” (p. 180).

While it is obvious that truthful, relevant information is needed for such choices, it is also important that the audience is able to comprehend that information when it is given to them through the advertisements. Kaphingst et al. (2004) found that even though the FDA urges that advertisements use consumer-friendly terms when talking about medical ideas, most did not but instead used both medical and lay terminology. This suggests that it is important to assess how well ads describe medical ideas in viewer friendly language. Kaphingst et al. also notes “because individuals with limited literacy

skills might have limited health-related vocabularies in addition to more limited background knowledge, understanding of medical terms should not be assumed” (p. 524). Evaluating the extent to which the advertisements are adapted to low-literacy readers is also important for evaluating the ethics of the Gardasil campaign.

Asking what issues are omitted is essential to the idea of significant choice because in doing so, readers simply are not given all the information they could use to make that choice. For example, in Kaphingst et al.’s (2004) study, they found that most advertisements did not state that the drug might not work for everyone. They also found that most ads “did not provide any information about risk factors or symptoms that might raise awareness among undiagnosed individuals” (p. 525). This suggests one important tension between traditional information campaigns and DTC advertising campaigns.

It is also important via the “adequate provision” requirement that advertisements give ways in which the audience could obtain further medical information about the advertised drug (Kaphingst et al., 2004). In their study, Kaphingst et al. found that most advertisements did this by giving information such as website addresses or toll-free numbers, however, the additional resources were only given in print. Because print may not reach all audience members, it could be problematic. Considering these issues, the Gardasil advertisements need to also be assessed for what was omitted.

#### Do the Advertisements Provide a Range of Alternatives to Choose From?

Jaksa and Pritchard (1988) agree that when using persuasion it is reasonable to provide alternatives for the audience. They state that an ethical expectation of persuasion should be “a range of alternatives to choose from” (p. 33). In terms of direct to consumer campaigns, Grow et al. (2009) suggest that these ads “should include information about

the availability of other options such as diet and lifestyle changes where appropriate for the advertised condition” (p. 181). Similarly, Kass (2001) suggests the importance of providing alternative approaches to solving the proposed issue. “If two options exist to address a public health problem, we are required, ethically, to choose the approach that poses fewer risks to other moral claims, such as liberty, privacy, opportunity, and justice, assuming benefits are not significantly reduced” (p. 1780). Do the Gardasil ads address on the alternatives to the vaccine (if there are any) for the audience? If none are shared, the chance for the audience to make a significant choice is diminished.

This is an important tension between traditional information campaigns and DTC advertising campaigns, since ads are designed to promote the choice of a particular product. It is important to identify in DTC advertisements who might need or benefit from the product, who may not, and that other options exist. In a content analysis of television direct to consumer advertising conducted by Frosch et al. (2007), they found that “television ads were often ambiguous about whether viewers might legitimately need the product” (p. 10). If the advertised vaccine is not necessary for the audience, it should be made explicit. Similarly, as there may be other alternatives that are as effective, if not more, than the advertised vaccine, it should be made clear in the advertisements.

In summary, the questions that will be used to evaluate the ethical strengths and limitations of the Gardasil campaign’s advertisements are as follows:

- *Do the Advertisements Practice Fair Balance in the Presentation of the Risks and Benefits of the Advertised Vaccine?*
- *Are the Advertisements Designed to do More Good for Some Than Others?*

- *Do the Advertisements Provide Truthful, Relevant Information That Makes Rational, Significant Choice Possible?*
- *Do the Advertisements Provide a Range of Alternatives to Choose From?*

The answers to these questions can yield insight into the challenges and opportunities for campaigns that blend aspects of a traditional health campaign and a product campaign. These issues are especially important in light of Merck's prior experience with Vioxx and the diverse audiences they are attempting to influence through this campaign. The next two sections describe these contextual factors shaping the Gardasil campaign.

### Merck and Vioxx

The Gardasil vaccine is not Merck's first experience with a hot pharmaceutical novelty. In 1999, the company launched an epic campaign, spending \$161 million to advertise their arthritis pain-relieving drug, Vioxx (Vlad, Sallot, & Reber, 2006). However, it was later discovered that "the drug may be responsible for 28,000 deaths before it was withdrawn from the market in September 2004" (Houppert, 2007).

On top of these accusations, Merck has also been accused of withholding important information about the risks of Vioxx (Siers-Poisson, 2007a). In a clinical study Merck completed in June 2000, they found that taking Vioxx was four times more likely to cause cardiovascular complications within a patient than was Aleve, which led the FDA to order Merck to put these risks on the bottle of the prescription (Vlad, Sallot & Reber, 2006). In 2001, "results of studies at the Cleveland Clinic that Vioxx posed significant dangers if cardiovascular risk were published in *The Journal of American Medical Association*" (Vlad, Sallot, & Reber, p. 364). Instead of looking more closely at

their product, Merck attacked the researchers expertise. “In 2003, a Merck-funded study found that patients taking Vioxx were at a 39% increased risk of heart attack within the first 90 days compared with patients taking Celebrex, Vioxx’s main competitor” and “Again Merck disputed the results of its own clinical research” (Vlad, Sallot, & Reber, p. 365).

It was not until 2004 that any action was taken against Merck. Early in that year, “several Merck investors filed a class-action complaint alleging the company’s Vioxx marketing campaign presented consumers with false and misleading statements and that company insiders sold personally held shares of Merck for more than \$175 million, stopping short of charging insider trading” (Vlad, Sallot, & Reber, p. 365). Then, later in 2004, a trial of 1.4 million people funded by the FDA found that Vioxx increased cardiovascular risk by 50% when taken in doses of less than 25mg (Vlad, Sallot, & Reber). Also that month, “Kaiser Permanente, a giant health-maintenance organization, stopped prescribing Vioxx for its patients after review of records showed that patients taking Vioxx at dosages greater than 25 mg suffered more cardiovascular problems than patients on alternative medications”(Vlad, Sallot, & Reber, p, 365). Merck again responded by attacking the research methods. Finally, in 2004, Merck took Vioxx off the market. While it is clear to many that Vioxx’s safety was in question, Merck failed to overtly warn those who were taking the drug. “Merck remained silent in response to the disclosures, and when questioned, replied only that the internal documents were taken out of context” (Vlad, Sallot, & Reber, p. 365).

Merck’s questionable communication surrounding Vioxx has attracted scholarly attention in the discipline of communication. For example, in 2007, Lyon chose to

explore the controversy surrounding Vioxx more thoroughly. In his essay, Lyon argues that “Merck systematically distorted communication involving its drug Vioxx, which was prescribed to treat pain, in ways that hindered patients and physicians from making an informed choice about using and prescribing the drug” (p. 377). Because Lyon felt that consumers were not given accurate information in order to make the best choice about the drug, they were denied significant choice. “Studies using significant choice have argued that organizations ought to provide balanced, complete information to enable stakeholders to make an informed choice” (p. 378).

The idea of systematically distorted communication generally asserts that economics and power drive the functioning of an organization and its members. “Organizational and personal success becomes narrowly defined in almost purely economic objectives and terms” (Lyon, 2007, p. 379). Lyon claims that one way this was done was through the manipulation of data. Merck framed data positively, omitted unattractive data and failed to depict the most accurate version of the drug’s risks on the label as requested by the FDA (Lyon). Similarly, Merck also used topic avoidance as a way of manipulating information. For example, Lyon suggests that Merck employees were trained not to comment on the drug’s potential risks, and sales representatives were encouraged to redirect physician’s concerns with Vioxx by talking about the benefits of the drug (Lyon). Lastly, Lyon also argues that Merck distorted information by attempting to discredit any individual who questioned the safety of Vioxx. Through all of these strategies, Lyon argues that Merck intentionally influenced information about Vioxx. He concludes his argument by saying, “Merck engaged in systematically

distorted communication about Vioxx in ways that thwarted stakeholders' ability to make a significant choice" (p. 394).

The Lyon study regarding Vioxx is important to the study of Gardasil for many reasons. First of all, the behavior of Merck regarding their communication about Vioxx was detrimental for many consumers. As suggested by Lyon, Merck engaged in systematically distorted communication once, therefore, they are capable of the same violations again. Also, as suggested above, engaging in such communication prevents individuals from making a significant choice. Within the beginning stages of the Gardasil campaign, it seems that significant choice is already being compromised. In their first installment of the campaign, the "Make the Connection" advertisements do not give the consumer complete information by way of omitting both Merck's name and the drug name. Legally, they had to be left out because at the time the vaccine was not FDA approved. Those who view the advertisements do not know why it exists, therefore, they are not getting all the available information. Therefore, the study done by Lyon (2006) is directly related to the study of the Gardasil campaign; furthermore, study of the Gardasil campaign may reveal whether Merck learned any lessons from the Vioxx controversy.

#### Campaign Audiences

In analyzing Merck's Gardasil campaign as a whole, it is also important to understand the different audiences to which the vaccination is being promoted. In an article by Herskovits (2007), Merck's president of global health outlines the company's four objectives: to "support global policy recommendations, secure broad public and private funding, encourage uptake among healthcare providers, and motivate women in

the target age group (or their parents) to ask for the vaccine” (p. 2). These objectives provide useful insight as to who some of those audiences may be.

First, the most obvious audience Merck seems to be aiming at is their target age group for the vaccination. As of October 2008, the vaccine is FDA approved for women ages 9 to 26 and the Advisory Committee of Immunization Practices (ACIP) recommended that 11 and 12 year olds be targeted for routine vaccination. Therefore, this group of young women is an obvious part of their audience. To reach these young women, many of Merck’s magazine and television advertisements are directly targeted at women in that specific age group. More specifically, magazine advertisements have ran in *SHAPE*, *O: The Oprah Magazine*, *Women’s Health*, *People Magazine*, *US Weekly*, and many more magazines geared towards young women. As cited by Siers-Poisson (2008) ‘The New Jersey Star Ledger reported on June 5, 2008 that Merck bought a 60-second ad slot to be screened before the blockbuster film, “Sex and the City” – a long awaited “chick flick” that gave Merck the perfect demographic for selling its vaccine’ (par 4.).

Merck also targets parents of younger women. Herskovits (2007) says, “The disease awareness effort did more than just play on cancer fears, but drew on themes of safeguarding your children (for moms) and empowerment (for girls)” (p. 4). She then goes on to quote Merck’s vice president Lybrand who said, “Of course everyone understands cancer and is scared of cancer. We learned early on that moms really wanted to protect their daughters - that protective insight is important. For young women, they want to empower themselves to take control of their own destiny” (p. 4). Therefore, both young women who are able to receive the vaccination as well as parents, who want to protect their children, are intended audiences. Another reason Merck must target parents

is that young women ages 9-17, while approved for vaccination, would still need parental consent in order to receive the shot. While federal law does not explicitly state that parental consent is needed for vaccines, the National Childhood Vaccine Injury Act “requires provision of Vaccine Information Statements prior to each dose” (English, 2006) which need to be given to the parent or legal representative. Therefore, parental consent for vaccinations is implicitly necessary.

Healthcare providers are another part of Merck’s audience. One of Merck’s objectives was to encourage the support of the vaccination by healthcare providers, making them another audience for their campaign. Since health care providers are the ones who administer the shot to their patients, it would not be unlikely for a patient to ask their doctor’s opinion on the shot. Generally, individuals view their physicians as experts in terms of health care and would be willing to take their advice in that respect.

Merck’s audience also consists of policy makers - those who are concerned with a possible mandate of the vaccine for young women. Merck was convinced that the vaccination was effective and thought that their vaccination should be part of a child’s vaccine schedule, so they pushed for individual states to mandate it. According to Siers-Poisson (2007c) even though mandates were strongly recommended by the Advisory committee of Immunization Practices at the federal level, it would take state legislatures to enact school requirements so Merck “moved quickly to persuade policy makers with the authority to mandate vaccination for 11 to 12 year old girls” (par. 3). If states were to mandate the vaccination for school-aged girls, Merck would be guaranteed a large crop of customers getting their vaccine each year. Merck would be assured that their product would consistently sell.

While Merck proclaimed in February of 2007 that they would no longer pursue school mandates because they were a distraction to their immediate goal of reaching as many women as possible to prevent cervical cancer (Siers-Poisson, 2007c), their search for mandates is not over. “The push for mandatory vaccination continues, and many of its supporters have received money from Merck, including Women in Government” (Siers-Poisson, 2008, p. 1). Women in Government (WIG) and various Merck supporters still continue to push for school mandates.

Finally, another audience for Merck’s Gardasil campaign includes those who would possibly fund the campaign on a broader level. Because cervical cancer more significantly affects poor women in the developing world who cannot afford to purchase the vaccine (Herskovits, 2007), Merck is seeking funding to help women internationally. According to Herskovits (2007) “The Indian Council of Medical Research has partnered with Merck to host clinical studies of Gardasil. Merck is also working with PATH, on a grant from the Bill & Melinda Gates Foundation, to get lower-priced doses of the vaccine to girls who wouldn’t otherwise receive it” (par. 24). Merck benefits in having other companies fund the use of their drug for those who are less fortunate. Regardless of who is paying, Merck looks like a caring company by not disregarding those who cannot afford the true price of their drug.

Understanding of the various audiences for the Gardasil campaign plays into the analysis of the advertisements. Most importantly, Merck has different goals in targeting each specific audience, which may cause the campaign to compromise the needs of some audiences. For example, while Merck’s main target for the vaccine is a woman who is able to receive the shot, they are also targeting policy makers. Their purpose in targeting

young women is to have them get the vaccine. But for policy makers, Merck would like them to push for the shot to be mandated. If the shot is mandated, the range of alternatives for women may be diminished.

### Outline of Chapters

In the first chapter of this thesis, I discussed three types of communication campaigns, information, advertising, and hybrid campaigns like Gardasil's. I discussed TRA, HBM and EPPM theories that are useful in evaluating effective health campaigns. I will be using them as a framework and analysis tool in the later part of my study. I also established questions for analyzing the ethical strengths and limitations of health campaigns. Next, I addressed the issue of Merck's previous campaign for the arthritis drug, Vioxx. After that, I went on to talk about the different audiences targeted by the Gardasil campaign. Each of these components will help me analyze the Gardasil campaign.

In the second chapter, I reflect on the different rhetorical appeals Merck uses in their Gardasil advertisements as suggested by TRA, HBM, Social Cognitive Theory and EPPM. I will utilize the theories for creating health campaigns to guide my analysis. More specifically, I explore whether Merck uses certain appeals over others, depending on either the stage of the campaign or the targeted audience.

In the third chapter of my thesis, I address the ethics of Merck's campaign. I am especially interested in exploring how Merck's campaign illustrates specific areas of ethical concern for hybrid health campaigns. I conclude this chapter with an analysis of what I perceive to be the overall strengths and weaknesses of Merck's Gardasil campaign. The ethical criteria I have generated from Perloff (2008), Jaksa and Pritchard

(1988), Kass (2001), Johnson (1999) and Grow et al. (2009) as well as the concerns raised by Lyon in relation to Vioxx, identify some areas where Merck has improved its communication as well as areas of continued concern.

In the concluding chapter, I synthesize how Merck's Gardasil campaign blends the characteristics of information campaigns and advertising campaigns. I believe that it is important to understand this distinction because information campaigns and advertising campaigns have different purposes, which may suggest different desired ends for the campaign and its advertisements. The Gardasil campaign incorporates both types of campaigns in a unique way, making their overall purpose unclear. The question is to what extent the advertising dimension of the Gardasil campaign compromises the quality of the information the first parts of their campaign. I will conclude my thesis by discussing suggestions for creating ethical, and audience centered DTC campaigns.

## CHAPTER 2: RHETORICAL APPEALS

“I didn’t know” is one of the most prevalent lines within Merck’s first advertisement in the Gardasil series demonstrating the widely unknown connection between HPV and cervical cancer. From this first advertisement came three more, encouraging young women everywhere to get vaccinated with Gardasil. In this chapter, I will reflect on these advertisements and the various rhetorical appeals Merck uses throughout the Gardasil campaign. Figure 2 depicts the specific appeals used within each advertisement. With the use of these rhetorical appeals, Merck creates a decision-making framework for the choice of the Gardasil vaccination and through that framework shapes the choices available to the audience.

Figure 2 –Rhetorical Appeals In Gardasil Television Ads

	<b>“Tell Someone”</b>	<b>“One Less”</b>	<b>“I Chose” Mother/Daughter</b>	<b>“I Chose” Adult Women</b>
<b>Social (Normative) Pressure</b>	X	X	X	X
<b>Risk</b>	X	X	X	X
<b>Benefits/Barriers</b>		X	X	X
<b>Self-Efficacy</b>		X	X	X
<b>Fear</b>	X	X	X	X

### Tell Someone

The first advertisement in the series of four, “Tell Someone” looks very different from the rest of the campaign. Within this advertisement, there do not appear to be any women who are within the age limit for the Gardasil shot. This advertisement is set at

what looks like a convention or an informative presentation. The background shows tables and booths set up with light purple banners and balloons everywhere saying “Tell Someone.” The women who are quoted within the advertisement are set up to appear as if they are sharing with the audience what they just learned about HPV and cervical cancer at the Tell Someone event. When this advertisement came out, Gardasil was not approved and therefore could not be named. This advertisement functions only to inform the audience about the connection between HPV and cervical cancer.

As the first advertisement of the Gardasil campaign, “Tell Someone,” utilizes various rhetorical appeals. According to Cohen, Shumate & Gold (2007), it is helpful to use a communicator who may function as a significant other of those in the audience when designing a campaign, also known as an appeal to social (normative) pressure. There are many ways in which Merck’s Gardasil campaign attempts to make the audience see those in their advertisements as representations of significant others from their lives. In terms of a medical vaccine, it seems obvious that one person who might be seen as a significant other in regard to Gardasil would be a medical expert. Therefore, in their campaign advertisement (“Tell Someone”) Merck has a woman who appears to be a nurse or doctor talking about the connection between cervical cancer and HPV. Because of her occupation and connection to health, it seems that individuals would regard her as significant when talking about health issues. This woman states, “For most cases, HPV clears on its own. But in some women, cervical cancer can develop later.” The vagueness of this claim is again blurring the lines between HPV and cervical cancer. It is not clear about the actual chance of developing cervical cancer. According to the CDC (2009) 6.2 million people become newly infected with HPV each year, while the

American Cancer Society estimates that 11,070 women developed cervical cancer in 2008. The number of people who contract HPV is significantly higher than those who also develop cervical cancer and the statement does not clearly reflect that because it is too vague.

The use of appeals to risk is also clear. “I didn’t know that. About 20 million people already have the types of HPV that can cause cervical cancer and genital warts.” Using factual statements about risk appeals to the idea of scientific truth or expertise. One of the ways in which risk is understood is through expert judgments and factual evidence and there is generally trust in facts and expert claims. This factual claim is followed by the statement “20 million people. Wow. You could have HPV and not even know it. That’s scary.” Together, these statements also function as an appeal to fear. It is scary to think that the number of people who have HPV is so high and that you could have it. As cited by Herskovits (2007), franchise vice president and manager of the Gardasil campaign Lybrand said, “Of course everyone understands cancer and is scared of cancer” (par. 39). Therefore, appealing to individuals’ cancer fears was admittedly one of Merck’s appeals.

While the concept behind the “Tell Someone” advertisement is the connection between HPV and cervical cancer, the vague statements made also blur their relationship. From this advertisement, the audience learns that a lot of people (20 million) have HPV and that they should also tell someone that HPV can cause cervical cancer. However, what is not said is the likelihood of getting cervical cancer. According to the National Cervical Cancer Coalition (2008), about 10,000 women each year develop a new case of cervical cancer, but the number of people who get a new genital HPV infection each year

is about 6.2 million. In addition, the advertisement does not address the likelihood of getting other diseases as a result of HPV infection. “Most HPV infections occur without any symptoms and go away without any treatment over the course of a few years” (National Cancer Institute, 2009). While these rhetorical appeals might help in creating awareness about the connection between HPV and cervical cancer, Johnson (1999) warns about “withholding information that might help audiences make appropriate decisions for themselves” (p. 338). The “Tell Someone” advertisement elevates the appeal to cancer fears by withholding more specific, accurate information about the roles associated with HPV.

### One Less

After the “Tell Someone” advertisement, Gardasil was approved by the FDA and therefore, the name of the vaccination could then be used in the advertisements produced by Merck. The “One Less” advertisement came out advertising the vaccination by name. The advertisement begins by stating, “each year in the U. S. thousands of women find out they have cervical cancer.” However, the advertisement implies that this time, there *is* a way to be one less woman affected by cervical cancer – by getting vaccinated. The advertisement states, “Because now there’s Gardasil. The only vaccine that may help protect you from four types of human papillomavirus that may cause 70 percent of cervical cancer.”

Naming Gardasil is not the only difference from the “Tell Someone” advertisement. Instead of pushing the connection between HPV and cervical cancer, “One Less” focuses more on just the cervical cancer piece. Instead of using the common abbreviation HPV, this advertisement only uses the entire medical term human

papillomavirus once throughout the entire advertisement. All information that is shared throughout this advertisement is related to cancer. For example, “Because now there’s Gardasil. The only vaccine that may help protect you from four types of human papillomavirus that may cause 70 percent of cervical cancer,” followed by “I want to be one less woman who will battle cervical cancer. One less,” and “Gardasil does not prevent all types of cervical cancer so it is important to continue routine cervical cancer screenings. Gardasil will not treat cervical cancer.” Again, this is the first advertisement which talks about Gardasil by name, but instead of being called a HPV vaccination, the advertisement suggests, “Ask your doctor about getting vaccinated with the only cervical cancer vaccine.”

Social (normative) pressure is used as a rhetorical appeal in this advertisement. Merck does this by utilizing various young girls throughout this advertisement. Merck uses the girls participating in various sports and activities. While these women are not necessarily significant others to the audience, they could function to represent those who are, such as a friend or sister. In doing so, the message works to share the opinions of these replicated significant others with the audience.

Another appeal clearly made throughout the “One Less” advertisement is an appeal to risk. A young woman in the advertisement talks about the fact that many women get cervical cancer. She states, “Each year in the US, thousands of women learn they have cervical cancer. I could be one less.” Risk is partly composed of susceptibility which focuses on how likely the individual feels they are to acquire the negative outcome. Talking about the chances of obtaining HPV or cervical cancer appeals to an individual’s perceived susceptibility and perceived risk.

The “One Less” advertisement also appeals to the benefits and barriers to using Gardasil. The young women in the advertisement often refer to the benefits, or the positive outcomes of the Gardasil vaccine. For example, one young woman says, “Because now there’s Gardasil. The only vaccine that may help protect you from four types of human papillomavirus that may cause 70 percent of cervical cancer.” The advertisement also refers to some of the barriers, or negative outcomes, of getting vaccinated with Gardasil. “Like all vaccines, Gardasil may not fully protect everyone. The side effects include pain, swelling, itching and redness at the injection site, fever, nausea or dizziness.” Appeals to the benefits and barriers of the vaccine are clear throughout the “One Less” advertisement.

Another persuasive appeal used throughout the Gardasil campaign is an appeal to self-efficacy, “designed to influence the individuals’ belief that he or she can accomplish the desired behavior” (Cohen, Shumate, & Gold, 2007, p. 94). For example, the “One Less” advertisement ends with a woman who states, “With Gardasil you could be one less.” The implication of this message is that a woman who simply received the Gardasil vaccination would be someone who would not get cervical cancer. Borrowing from Bandura’s (1997) Self Efficacy Theory, Cohen, Shumate, and Gold (2007) state that “one way that health communication message designers encourage action is by providing models of successful behavior to promote vicarious learning” (p. 94). The Gardasil advertisements frequently use models like their target audience who suggest they received the vaccination, therefore modeling the behavior Merck would like the audience to take.

Furthermore, the women in the advertisement appear to have easily made the choice to get the Gardasil vaccination. Within the advertisement, the decision to get vaccinated is depicted as simple. The advertisement first presents a problem, such as “Each year in the US, thousands of women learn they have cervical cancer.” Subsequently, a solution is presented, “I could be one less. Because now there’s Gardasil.” The advertisement then goes on to state, “I want to be one less woman who will battle cervical cancer.” Therefore, the implication is that there is an easy solution to the problem of cervical cancer, get vaccinated.

Self-efficacy can also be seen within the “One Less” advertisement in the actresses modeling the ease of getting vaccinated. “People learn from the media by identifying with certain characters or portrayals; they consider outcomes of the portrayed behaviors; and they will model that which appears to be efficacious,” (Andsager, Bemker, Choi, Torwel, 2006, p. 4). Consequently, in many of their advertisements, Merck employs women who are similar to those who make up their target audience. For example, in the “One Less” advertisement, Merck uses a racially diverse group of women ages 9-26. In order to further create the idea that the women in their advertisements are their peers, Merck has the women in the advertisement participating in a number of activities – soccer, basketball, playing the drums, dancing and taking pictures with a friend. These are all things women in the target audience might do, therefore, making the connection with those in the advertisements as peers stronger. Doing so also offers a vision of an active lifestyle, one that would be limited or even cut short by a cancer diagnosis.

Finally “One Less” continues the use of fear appeals. Like the “Tell Somone” ad, “One Less” develops this appeal by focusing on cancer. As suggested, now the Gardasil HPV vaccination has turned into a cancer vaccination. This appeal is somewhat moderated by the appeals to benefits and self-efficacy, which show that this fear can be put to rest by choosing Gardasil. However, this entire advertisement seems to suggest that the bigger issue here is cervical cancer by trying to omit information about risk and downplaying HPV. It is safe to say that it is more likely that people are afraid of cervical cancer than HPV alone, so there is a definite appeal to fear within this advertisement.

#### I Chose Mother/Daughter

The next advertisement released was one of two advertisements with the tagline “I Chose.” The first of the “I Chose” advertisements shows adult women claiming their reason for choosing to get their daughter vaccinated. One woman says, “I chose to get my daughter vaccinated because I want her to be one less woman affected by cervical cancer.” Her daughter later continues saying, “I chose to get vaccinated after my doctor told me Gardasil does more than help prevent cervical cancer.” The advertisement is persuasive in ways similar to the other advertisements by “playing on parents' desires to protect their children and girls' needs to feel independent and empowered” (Siers-Poisson, 2008, par. 4). The tone of this message has changed from the tone of the last advertisement in regard to the forcefulness of the message. The previous advertisement forwardly stated, “GET VACCINATED” whereas, this advertisement takes a different ending approach with the words “CHOOSE TO GET VACCINATED.” Because Gardasil failed to get the support they desired for mandating the shot for 7<sup>th</sup> grade girls in late February (Siers-Poisson, 2007c), they backed off their seeking of mandates and

decided to take another approach. Instead of pushing the vaccination in such a strong way, Merck changed its tone by encouraging women that *they* had the power to choose for themselves.

A persuasive appeal utilized within the first “I Chose” advertisement is that of social (normative) pressure, or “messages influencing what the person believes are the significant others’ opinions about the behavior” (Cohen, Shumate, & Gold, 2007, p. 93). This appeal is clearly seen with the use of mothers in the advertisements. Even though mothers are generally over the age limit of 26, and therefore too old to receive the vaccination, their opinion is most likely important to many young women. The Gardasil advertisement that utilizes mothers even makes the connection between mother and daughter stronger through the interaction in their “I Chose” advertisement. In this advertisement, mothers and daughters appear to be bonding through activities such as reading magazines, and painting one another’s nails. The advertisement also shows a mother doing her daughter’s hair and another mother baking with two of her daughters. The advertisement explicitly talks about the mother’s reasoning for having their daughter’s vaccinated. For example, one mother says, “I chose to get my daughter vaccinated because I want her to be one less woman affected by cervical cancer.” The advertisement displays a mother’s opinion on the issue of the Gardasil vaccination with the hope of influencing the opinion of daughters within the audience. The “I Chose” advertisements demonstrate the choice to get vaccinated with Gardasil as a joint decision between mothers and daughters.

Not only is a mother proclaiming the importance of the drug, but she is also citing professional advice and appealing again to risk. “I chose to get my daughter vaccinated

when her doctor told me the facts – like other vaccines, it’s about prevention.” Citing the advice of an expert, who could also be seen as a significant other in a young women’s life, is persuasive in this case. It lets the audience know that medically, receiving the Gardasil shot is a good choice. In this case the statement about the doctor also implies risk. The mother shares that the doctor gave her the “facts,” meaning the reasons her daughter should get the vaccine, or the risks the vaccine helps protect against. His or her expert advice eases decision making in terms of receiving the vaccine. This advertisement encourages the decision making to be a three-way effort between parent, child, and doctor.

Appeals to the benefits and barriers of the vaccine are also prevalent in the “I Chose” Mother/Daughter advertisement. Benefits are shared in statements like, “Gardasil is the only cervical cancer vaccine that helps protect against four types of HPV,” and “I chose to get vaccinated after my doctor told me Gardasil does more than help prevent cervical cancer. It helps prevent other HPV diseases too.” Negative outcomes, or barriers are shared in statements like, “Gardasil does not treat cervical cancer or other HPV diseases,” and “Gardasil is not for women who are pregnant. Gardasil may not fully protect everyone and does not prevent all kinds of cervical cancer.” Appeals to the positive and negative outcomes of the Gardasil vaccine are included within the “I Chose” Mother/Daughter advertisement.

This advertisement also uses persuasive messages that attempt to convince individuals that they are capable of making the step to get vaccinated. One way the advertisement appeals to self-efficacy is by having young women like the target audience talking about why they chose to get vaccinated. One woman says, “I chose to get

vaccinated after my doctor told me Gardasil does more than help prevent cervical cancer.” The final statement in the advertisement also acts as a strong appeal to self-efficacy. The voiceover says, “You have the power to choose.” This statement clearly suggests to the audience that it is in their power to get vaccinated with Gardasil.

Fear appeals are also present in the “I Chose” Mother/Daughter advertisement, but are less abrasive than in the “Tell Someone” and “One Less” commercials. Instead of spending the majority of the time in the advertisement using statistics about cervical cancer and focusing on cervical cancer, this advertisement makes vague references to young women being affected by cervical cancer. For example, “I chose to get my daughter vaccinated because I want her to be one less woman affected by cervical cancer.” Individuals are inherently afraid of cancer, therefore, fear appeals come out naturally within this advertisement, but they are not as strong as the appeals to fear within the previous commercials. Appeals to social (normative) pressure and self-efficacy are clearly more dominant.

### I Chose Adult Women

The second “I Chose” advertisement is different than the first in that instead of featuring mothers and teenaged daughters, it features women who look college-aged, between 18-25. The women are also not playing any sports, skateboarding, or jump roping like the younger women were in previous advertisements. Instead, one is making a bracelet, one looks to be studying at her desk, and another typing on a computer. Some of the women look as though they are in a dorm room or a room belonging to a stylish young person. Apparently, this advertisement is targeting the upper half of the target market whereas previous advertisements targeted younger women or mothers.

Within this advertisement, both social (normative) pressure and self-efficacy are used as rhetorical appeals. Social (normative) pressure is used as a rhetorical appeal in this advertisement by utilizing various young women throughout their advertisements. In the second “I Chose” advertisement Merck uses the college aged women making bracelets and typing on their computer. While these women are not necessarily significant others to the audience, they could function to represent those who are, such as a friend, a roommate or sister. In doing so, the message works to share the opinions of these simulated significant others with the audience.

As many of the other advertisements do, this advertisement appeals to the risks of HPV and cervical cancer. The young women make statements about their own susceptibility to HPV, reflecting the susceptibility of the target audience. For example, “I chose to get vaccinated when my doctor told me HPV can affect women my age and how Gardasil can help protect me.” Another way risk is appealed to by citing the advice of an expert in saying, “I chose to get vaccinated after my doctor told me cervical cancer isn’t the only HPV disease Gardasil helps prevent.” This statement implies that a medical expert has also warned about other HPV diseases. Appeals to risk within the “I Chose” Adult Women advertisement are apparent.

This advertisement clearly talks about the positive outcomes of getting vaccinated. The benefits of Gardasil are highlighted in saying, “Gardasil is the only cervical cancer vaccine that helps protect against four types of HPV. Two types that cause 70 percent of cervical cancer and two more types that cause other HPV diseases.” The negative outcomes are also shared. “Side effects include pain, swelling, itching and redness at the injection site, fever, nausea, dizziness, vomiting and fainting. Gardasil is

not for women who are pregnant. Gardasil may not fully protect everyone and does not prevent all kinds of cervical cancer. “ Benefits and barriers are appeals included in this advertisement.

Appeals to self-efficacy are very strong within this specific advertisement. Claims such as, “I chose to get vaccinated because I’ll do everything I can to help protect myself from cervical cancer” and “You have the power to choose,” let the audience know that they have the power to decide for themselves and that they are capable of action. This structure to the Gardasil advertisements helps the target audience identify with the characters portrayed, which in turn, empowers the audience to feel as though they can and should make the choices offered in the advertisements.

Finally, like all the previous advertisements, appeals to fear are made, but are more like those within the “I Chose” Mother/Daughter commercial in that they are vague references to fearful ideas. The women in this advertisement talk about the reasons they do not want to get cervical cancer. For example, one woman states, “I chose to get vaccinated because I’ll do everything I can to help protect myself from cervical cancer.” Saying she’ll do anything to protect herself seems to imply a fear of cervical cancer. Fear also comes into play when one of the young women says, “I chose to get vaccinated when my doctor told me HPV can affect women my age and how Gardasil can help protect me.” Before hearing this, many young women most likely did not fear HPV infection whatsoever. According to Herskovits (2007) “In AllPoints’ Independent Women’s Health Study, conducted before Gardasil’s launch, only 60 percent of women had heard of HPV” (par. 31). This information lets the audience know that they should be concerned and that there is a potential issue, therefore, inciting some fear. However,

again, appeals to social (normative) pressure and self-efficacy are much more dominant in this advertisement.

### Discussion

Thus, Merck uses many various rhetorical appeals throughout the Gardasil campaign. In all advertisements, Merck appeals to social (normative) pressure. They do this by using mother-like actresses in their advertisements. Mothers are inherently obvious targets, but using mothers shows understanding for the fact that many young women care about their mother's opinions. If it appears that informed mothers are making the choice to have their children vaccinated, not only are other mothers going to notice, but children in the audience are too.

The use of appeals to risk throughout the advertisements was common. One of the components of risk, susceptibility is often appealed to within the advertisements. The actresses in the advertisements make various statements about the susceptibility of women contracting HPV or developing cervical cancer. However, the likelihood of getting cervical or other HPV diseases is not addressed.

Appeals to the benefits and barriers of the vaccine were prevalent throughout all the advertisements, except for the first. This discrepancy demonstrates one of the differences between an informational campaign and an advertising campaign. The first advertisement is strictly information, and therefore has no reason to talk about the benefits of any product, whereas, the following advertisements do. However, the first ad does set up the subsequent ads by discussing the HPV/cervical cancer link, which makes the benefits more apparent. No barriers are talked about in the first advertisement either because there is no action presented which may result in a negative outcome.

Similarly, appeals to self-efficacy are also missing from the “Tell Someone” advertisement. The advertisement does not introduce any product or action to be taken, so it does not demonstrate the ease in doing so. An advertising campaign works harder to show that its product is one that can be incorporated into the audience’s lives. Therefore, the last three advertisements use appeals to self-efficacy. The advertisements are designed to have the actresses model the action of getting the shot so that the audience will do the same. And not only do they model the behavior they make it look easy. In the end, if the choice was so simple for the models in the advertisement, any related anxiety the audience might have about the vaccine should be nullified. Self-efficacy is a very strong appeal, especially in the final Gardasil advertisements. Not only are there direct appeals to power, like statements such as “You have the power to choose,” but also through the style of the advertisements in general. The advertisements display young active women, much like the audience, making the choice to get vaccinated. This style encourages audience identification and therefore encourages the messages of the advertisement.

Notably, fear appeals are often used. However, the fear that is often being targeted is not fear of HPV, but fear of cervical cancer. As suggested, this connection is not as precise as possible because other relevant information about the likelihood of getting cervical cancer is omitted. However, if looked at from a persuasive lens, appealing to cancer fears is probably a more persuasive appeal than fear of HPV if the goal is to get people vaccinated. Before the Gardasil campaign, as the first advertisement actually points out, many people did not even know about HPV, but it is safe to assume that they did know about cervical cancer.

There are many rhetorical appeals used throughout the Gardasil campaign. The first advertisement, “Tell Someone,” functions as an information advertisement and does not use appeals to benefits or barriers of the vaccine. Information campaigns generally do not have a product to sell, therefore there are no benefits or barriers of a product to talk about. However, the advertisement functions to set up the subsequent ads and the connection between HPV and cervical cancer, making the benefits more apparent. The “Tell Someone” advertisement also does not appeal to self-efficacy in the way the other advertisements do. This ad appears to define self-efficacy in a more limited way, only offering the option of telling someone about the connection between HPV and cervical cancer and omitting self-efficacy when referring to pap smears. Therefore, the kinds of appeals used within the product-oriented ads still shape the kinds of appeals used within the first ad illustrating the blending of information and advertising aspects throughout the Gardasil campaign.

Identifying the various rhetorical appeals within the Gardasil campaign allows a clearer view of how the campaign blends aspects of both information campaigns and advertising campaigns. The next chapter engages some of the ethical issues that are raised by the use of these rhetorical appeals in Gardasil’s blended campaign. The chapter will focus on the blended nature of the Gardasil campaign and the strengths and limitations of doing so.

## CHAPTER 3: ETHICAL ANALYSIS

In terms of effectiveness, there is no question as to whether Gardasil helps protect young women against HPV, especially two strands that are linked to 70% of cervical cancer. However, there are many reasons to question the strengths and limitations of the Gardasil campaign. As demonstrated in the last chapter, there are many ways in which the rhetorical strategies used throughout the Gardasil advertisements are persuasive. While the use of DTC advertising has been ever increasing in the last 30 years, the use of these persuasive messages remains controversial. Many argue that mass media pharmaceutical drug advertisements are unethical (Donohue, 2006). In this chapter, I will address the ethics of Merck's Gardasil campaign television advertisements. I will evaluate the advertisements based on the questions outlined earlier in this paper. This chapter builds on Chapter 2 by identifying which rhetorical appeals are most relevant to addressing these ethical questions. Additionally, it analyzes these appeals in greater detail by delineating the spoken words, written words, and visual images that contribute to these appeals. The results of this analysis can be found in Appendix A.

### Do the Advertisements Provide Truthful, Relevant Information That Makes Rational, Significant Choice Possible?

In terms of providing truthful, relevant information, there are various rhetorical appeals that are important to pay attention to. Appeals to risk, benefits and barriers, and fear comprise the emphasis on cervical cancer within the ads. Appealing to social (normative) pressure works to get the message across to the appropriate audience. Together, these appeals help make the ads persuasive, but also may distort the information shared.

In order for an ad to provide truthful, relevant information, the FDA says that the information in the DTC advertisements should be accurate and not misleading (Grow et al., 2009). While the Gardasil advertisements share some helpful information, their appeal to risk through the representation of the likelihood of getting cervical cancer from HPV is not precise. Throughout the advertisements, various facts and statements about cervical cancer implying risk are shared. In the “Tell Someone” advertisement a woman says, “About 20 million people already have the types of HPV that can cause cervical cancer and genital warts,” and the advertisement leaves the audience with “Tell someone that HPV can cause cervical cancer.” The “One Less” advertisement starts the advertisement by saying, “Each year in the US, thousands of women learn they have cervical cancer. I could be one less,” and “I want to be one less woman who will battle cervical cancer.” The two “I Chose” advertisements use the same types of appeals to risk regarding cervical cancer. These appeals make it seem as though there is a very strong correlation between HPV and cervical cancer.

Calling Gardasil a cervical cancer vaccine, as the ads do, is not completely accurate information. According to a study by the Canadian Women’s Health Network (2007) ‘Media and marketing claims about the impact of HPV prevalence are very misleading and the naming of Gardasil as the “cervical cancer vaccine,” implying the vaccine eliminates all cervical cancer, is incorrect’ (p. 5). Appeals to the benefits of Gardasil act persuasively to build the emphasis on cervical cancer by talking about the benefits. In the “One Less” and “I Chose” advertisements, it is stated “Gardasil is the only cervical cancer vaccine that helps protect against four types of HPV.” Gardasil is not a cervical cancer vaccine, it is a HPV vaccine and HPV is a precursor of cervical

cancer. While it is true that Gardasil protects against four types of HPV, it is not the only vaccine to do so, it is just the only FDA approved vaccine at the time. GlaxoSmithKline has a competing vaccine named Cervarix, which is in the process of approval (Siers-Poisson, 2007b). Cervarix is even “showing longer efficacy than Gardasil in the trials” (Siers-Poisson, par. 23). While it is ethical for the Gardasil advertisements to claim its effectiveness in protecting against four types of HPV, as a product advertisement, it is not accurate to claim that it is a cervical cancer vaccine or that it is the only vaccine of its kind. Using appeals to the benefits of the vaccine helps emphasize the issue of cervical cancer and also creates further fear of cancer.

While truthful and accurate information is necessary to significant choice, the ability of the audience to understand the shared information is also necessary. Kaphingst et al. (2004) suggests the importance of using consumer-friendly language arguing that not doing so could negatively affect those with limited literacy skills or little medical terminology knowledge. In the case of the Gardasil advertisements, the language on the whole is consumer friendly. In some cases, appeals to social (normative) pressure are used within the Gardasil advertisements. Having young girls use language that is appropriate for their age group does this, making for a strong and effective rhetorical appeal. The only instance where the idea of consumer friendly language may be slightly compromised is within the “One Less” advertisement. This ad states that Gardasil is “the only vaccine that may help protect you from four types of human papillomavirus that may cause 70 percent of cervical cancer.” As the other ads do, this ad does not once mention the common acronym of the sexually transmitted disease, HPV. Because HPV is the common term for the infection, substituting the medical term may hinder the

understanding of the audience. Throughout this ad, the term is only stated once, with HPV never being mentioned, which may cause the idea to be missed entirely. The only ad to come before this one, “Tell Someone” uses the term HPV throughout the entire advertisement. For the ease and understanding of the audience, if the medical term human papillomavirus were to be used within Gardasil advertisements, it would be beneficial to also include the better-known acronym HPV as well.

There are various statements throughout the advertisements which may be confusing, and therefore, hard for the audience to understand. In the “I Chose” young adult advertisement, a woman states, “Gardasil may not fully protect everyone and does not prevent all kinds of cervical cancer.” Similar statements are made in both the first “I Chose” and “One Less” advertisements. Also, the advertisements each have a written graphic that states that the vaccine may not fully protect everyone. The Gardasil advertisements do inform the audience that their product may not be effective for everyone; however, stating that Gardasil does not prevent all kinds of cervical cancer is confusing. The statement appears to be sharing balanced information about the vaccine, but Gardasil is not even a cervical cancer vaccine and implying it prevents some types of cervical cancer is misleading.

The “adequate provision” requirement of the FDA for DTC advertising states the importance of DTC advertisements directing audiences to further information about their product. According to Nordenberg (1998), adequate provision can be attained if the ad includes a toll-free telephone number for consumers to get further information, a reference to print ads in magazines, a statement that additional information is available from a doctor and an internet address where the product information can be found. There

are many ways in which the Gardasil advertisements do this. While the “Tell Someone” advertisement does not have a product to promote yet, it still gives chances for further information by ending the advertisement with the written visual, [hpv.com](http://hpv.com). The “One Less” and both “I Chose” advertisements do not verbally direct the audience anywhere either, but do end the advertisement with two visual prompts, [www.gardasil.com](http://www.gardasil.com) and 1-800-GARDASIL. Interestingly, these ads also have a verbal prompt that guides the audience to their advertisements in various magazines. In the “One Less” advertisement the bottom of the screen suggests, “See our ad in TV Guide.” The “I Chose” mother/daughter advertisement directs the audience to Woman’s Health Magazine and the “I Chose” young adult ad directs the audience to “Fitness Magazine.” These ads could be beneficial to the audience because it would provide another outlet for possibly different and more information on the Gardasil vaccine.

The Gardasil DTC advertisements, suggest that the audience “talk to their doctor about Gardasil” in order to gain additional information. However, each suggestion is to talk about Gardasil, rather than medical conditions and HPV. Kaphingst et al. (2004) also found this in their study of DTC advertisements. “More emphasis is placed in these advertisements on the promotional purpose of selling prescription drugs than on the purported intent of educating consumers about medical conditions” (p. 525). On the surface, the concern seems in the right place, but like the advertisements in the Kaphingst et al. study, far more emphasis is put on the product, as opposed to the condition.

Finally, in their study of DTC advertisements Kaphingst et al. (2004) found that most advertisements “did not provide any information about risk factors or symptoms that might raise awareness among undiagnosed individuals” (p. 525). The Gardasil

advertisements do not mention any indications or symptoms of HPV or cervical cancer. There may be a chance that no symptoms occur at all (WebMD), but certain types do have the physical symptom of genital warts. The Gardasil advertisements do not talk about this symptom at all. The “I Chose” mother/daughter advertisement states “Gardasil is the only cervical cancer vaccine that helps protect against four types of HPV. Two types that cause 70 percent of cervical cancer and two more types that cause other HPV diseases.” The two other types are the ones that cause genital warts and it would be beneficial if the advertisement made some effort to include this information so that the audience may understand that to be one of the symptoms of HPV.

One reason the ads do not include this information could be that Merck is trying to steer clear of discussing sex. HPV is a sexually transmitted disease and talking about the indications or symptoms of the disease would imply sexual contact. Omitting such information points to a tension between information campaigns and advertising campaigns. Information campaigns tend to be more controversial and touch more closely on values, whereas, advertising campaigns are generally less controversial. The Gardasil advertisements in this case function more as a product campaign.

In evaluating an ads ability to provide truthful, relevant information to enable significant choice, it is important to pay attention to the rhetorical appeals used. Within the Gardasil campaign, appeals to the risks of cervical cancer create an awareness of susceptibility of HPV and cervical cancer among the audience, while appeals to the benefits of Gardasil present a preventative strategy for cervical cancer and HPV. However, cervical cancer overshadows the more commonly contracted HPV, through fear appeals to cancer. Appealing to social (normative) pressure within the ads

demonstrates the beliefs of significant others, having the young women talk on the audience's level about the vaccine. Together, these appeals comprise the emphasis placed on cervical cancer within the Gardasil advertisements.

Do the Advertisements Practice Fair Balance in the Presentation of the Risks and Benefits of the Advertised Vaccine?

When evaluating the balance of the risks and benefits of a vaccine, the rhetorical appeals that are most important to pay attention to are appeals to risk, and appeals to benefits and barriers. Throughout the Gardasil advertisements, the appeals to risk, benefits and barriers combine to emphasize information about both risks and benefits that are important for the audience to know. The balance of information shared within the ads can be seen clearly through the amount of time allotted for risk information, the visual images shared within the ads, and the written words seen within the ads.

Time Allotted For Risk Information

A way to evaluate fair balance in terms of sharing benefits and risk information is by looking at how much time is spent on each topic. "If statements about benefits are more fully explicated than those about risks, fair balance might not be achieved" (Kaphingst et al., p. 524, 2004). The "One Less" advertisement is unbalanced time-wise in its presentation of the appeals to the barriers and benefits of the Gardasil vaccine. In this advertisement, the barriers of the Gardasil vaccine are stated within a 20 second time frame in the middle of the 60-second advertising spot. The rest of the time in the advertisement is spent telling the audience how many women have cervical cancer and how they can be "one less" with Gardasil, somewhat appealing to the implication of risk as well. The advertisement talks about how Gardasil is "The only vaccine that may help

protect you from four types of human papillomavirus that may cause 70 percent of cervical cancer.” Appeals to the benefits of the vaccine are given more time than appeals to the barriers of the vaccine, leaving less time for the appeals to the barriers to be explained, which could disrupt fair balance.

The “I Chose” mother/daughter advertisement and the “I Chose” young adult advertisements are even less balanced than the “One Less” advertisement in terms of time allotted for information about the benefits and barriers of the vaccine. Both advertisements spend less time talking about barriers of the vaccine and spend more time talking about the benefits. In each of the 62-second television spots for the “I Chose” advertisements, about 13 seconds are spent talking about barriers, and much of the time left, talking about the benefits of the vaccine. Leaving less time for the barriers of the vaccine could potentially limit the time for explanation of the barriers.

### Visual Images

A content analysis of television prescription drug ads conducted by Kaphingst et al. (2004) found that “only positive or neutral visual images were shown during the presentation of risk information” (p. 525). “An ad with contradictory visual and audio messages that minimizes the risk information compared with the benefits information might not have fair balance” (Kaphingst et al., p. 525). Similarly, there are times when the Gardasil advertisements portray the risks and barriers and benefits of the vaccine in an unbalanced fashion by using distracting imagery.

Because the “Tell Someone” advertisement does not mention the vaccination at all, it does not list any barriers or benefits of the vaccine. Instead strong appeals to the

risks of HPV and cervical cancer are made. The women strongly implicate the seriousness of HPV and the fact that so many women (“about 20 million people”) are affected by HPV and cervical cancer. The “Tell Someone” commercial uses positive or neutral images on the whole and does not use distracting imagery. The image that is most common throughout this commercial is that of women sitting in a chair, speaking directly to the camera.

The “One Less” advertisement is less balanced with the visual images used. When the benefits of the vaccine are shared, the woman talking at that point is seen stating the information and looking directly into the camera. When the risks are shared, however, the camera moves briefly to a still picture of a girl and a man, then to a young girl kicking a soccer ball. The images on the screen at the time of the barrier information are much more distracting than a single woman speaking to the camera, as occurs with the sharing of benefits. When talking about the benefits and risks, the focus is definitely on the young woman kicking the soccer ball, instead of the words being said with the image. There are a few times when risk information is shared and there is no distraction, but only when stating, “Gardasil may not fully protect everyone,” that “Gardasil does not prevent all types of cervical cancer,” and that “Gardasil will not treat cervical cancer.” More of the risk information is stated while distracting imagery is shown. In terms of ethics, this is problematic because the risks and benefits must be balanced in their presentation. According to Nordenberg (1998) “the risks as well as the benefits must be clearly identified, with the risks presented prominently and readably so that the benefits are not unfairly emphasized” (p. 9). Overall, there seems to be more instances of no distraction than distraction, but no distraction would be ideal.

The “I Chose mother/daughter advertisement and “I Chose” young adult advertisements do a better job at not using distracting imagery when risk information or barriers to the vaccine are shown and appear to fairly balance the benefits. For example, when sharing risk information, instead of the camera moving to another activity, a woman looks directly into the camera and shared the information. Instances of no distraction when any sort of information is being shared is the norm within these last two commercials.

### Written Words

Again, Kaphingst et al. (2004) suggest that when an ad uses conflicting visual and audio messages, fair balance may be disrupted. “An ad with contradictory visual and audio messages that minimizes risk information compared with the benefits information might not have fair balance” (Kaphingst et al., p. 525). Within the Gardasil ads, using conflicting written (visual) messages and verbal messages leads to unfair balance of risks and benefits.

For example, the “Tell someone” advertisement creates an unfair balance by sharing some information through spoken and written words, while other information is only conveyed through one channel. Two statements are shared in both verbal and spoken form. First, “About 20 million people already have the types of HPV that can cause cervical cancer and genital warts,” while the written statement “Some types of HPV can cause cervical cancer. Other types can cause genital warts” appears in the bottom part of the screen. Second, the advertisement verbally states, “You could have HPV and not even know it” while a written statement says, “People can have HPV without experiencing any signs or symptoms.” These two statements that are doubly

reinforced in the case of this advertisement are two very important ones. The idea that HPV can cause cervical cancer is reinforced, and the idea that many of the audience members should be concerned because they could already have HPV follows. In contrast, the verbal statement “For most cases HPV clears up on it’s own. But in some women, cervical cancer can develop later,” is downplayed, emphasizing the significance of HPV instead.

In the “One Less” and “I Chose” advertisements attaching written words to the statements emphasizes important risk and benefit information. For example, these three advertisements state that “Gardasil does not treat cervical cancer or other HPV diseases” at the same time the written statement, “Gardasil does not treat cervical cancer or other HPV diseases” comes up on the screen. The advertisements also verbally and in written words state that “Gardasil may not fully protect everyone” and that “Gardasil is not for women who are pregnant.” Reinforcing important risk and benefit information is helpful for the audience so that they may better understand the risks and benefits in order to make a more informed choice.

The benefits of the vaccine are also reinforced in the “One Less” and “I Chose” advertisements. When talking about Gardasil’s benefits, the camera cuts to a written graphic that says, “Gardasil [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant].” While this is by no means a lot of information, it does point out a benefit of Gardasil. It demonstrates that the Gardasil vaccine works to prevent four types of HPV.

In one case, the advertisement downplays important information about the limits of Gardasil’s effectiveness by displaying it visually, but not orally. In the “I Chose

Young Adult ad a young woman is talking about why she chose to get vaccinated, and the statement “The duration of protection of Gardasil has not been established” comes onto the screen. This information is new to the campaign and has not been covered in any previous advertisements, yet is not verbally stated within this advertisement. The duration of the vaccine is one of the reasons Gardasil has been criticized in the past. According to the Canadian Women’s Health Network (2007) “Besides the dearth of information on the short-term effectiveness of the HPV vaccine for girls in the youngest age group, the duration of its protection is also unknown: the longest follow-up reported has been only 60 months, and only 241 individuals were studied” (p. 9). In this case, new information about the benefits of Gardasil is mentioned in the ad, but only briefly and only in written form. This downplays an important issue for decision-making about the vaccine.

Finally, Gardasil’s ads may be perceived as de-emphasizing the risks or barriers of the vaccine by sharing that information in a single segment within the ad. In their study of television prescription drug ads, Kaphingst et al. (2004) found that most ads “presented risk information in one continuous segment of the ad, rather than interspersing the information throughout the ad” (p. 524). They stated that previous studies have shown that consumers saw this as an attempt to emphasize the risks less (Kaphingst et al.). Similarly, risks or barriers shared in the “One Less” and both “I Chose” advertisements are said in a continuous segment of the advertisement. For example, in the “I Chose” Mother/Daughter advertisement, all the risk information is shared in the statement, “Gardasil does not treat cervical cancer or other HPV diseases. Side effects include pain, swelling, itching and redness at the injection site, fever, nausea, dizziness,

vomiting and fainting. Gardasil is not for women who are pregnant. Gardasil may not fully protect everyone and does not prevent all kinds of cervical cancer.”

Overall, the Gardasil advertisements do a good job of emphasizing risk information, benefits and barriers that are essential for the audience to make an informed choice about the vaccine. To understand how DTC advertisements practice fair balance of risks and benefits within their ads, looking at appeals to risks, barriers, and benefits is essential. Within the Gardasil advertisements, appeals to the risks of HPV and cervical cancer work with appeals to the barriers and benefits of the vaccine to emphasize the necessity of the vaccine.

#### Do the Advertisements Provide a Range of Alternatives to Choose From?

Appeals to self-efficacy are tied to the alternatives presented within DTC advertisements. To demonstrate for the audience what the alternatives are, appeals to self-efficacy are used. Within the Gardasil ads, appeals to self-efficacy demonstrate some of the possible alternatives to the vaccine; however, the ads also omit other possibilities.

Again, in order for the audience to make a significant choice regarding the Gardasil vaccination, it is important that they are offered possible alternatives to the vaccine. There are various alternatives to the Gardasil vaccination. Namely, abstinence from sexual activity and regular pap smears would serve as viable alternatives. Abstaining from sexual activity would work in preventing HPV simply because it is a sexually transmitted disease. Without sexual activity, the possibility of HPV would be none. The Gardasil advertisements do not note this alternative at all in their advertisements. Conservatives are one group that may argue the importance of this

including this point when advertising the vaccination. In fact, Christian conservatives have argued for a long time that making sex “safe” promotes reckless sex (Houppert, 2007).

Pap smears are also another alternative to the Gardasil vaccination and have proved to be somewhat effective measures in the prevention of cervical cancer. Throughout the Gardasil advertisements, the mention of pap smears is definitely implied through appeals to self-efficacy. In the “Tell Someone” advertisement, one of the women says, “Talk to your doctor about regular pap tests.” In the “One Less” and both “I Chose” advertisements, the language changes and the statement is changed to “it is important to continue routine cervical cancer screenings.” Both statements function as appeals to self-efficacy because they use young women to encourage those in the audience that there are alternative or additional steps they can take. In the first advertisement, the actual focus is pap smears because at the time, that was the only solution to the “problem” of HPV that was introduced. The following advertisements were then able to promote the Gardasil vaccination, and as has been addressed, spent much more time focusing on the issue of cervical cancer. It makes sense that the term cervical cancer screenings would be used, but it may also be misleading for the audience. Those with limited medical terminology knowledge may wonder whether there is a difference between a pap smear and a cervical cancer screening. While it is obvious that the advertisements are intending to encourage pap smears, it is not as clear when they call them cervical cancer screenings. The idea of consumer-friendly language comes into play here again. It is important that DTC ads use language that the audience understands, in order for the advertisements to be most beneficial and ethical. The Gardasil

advertisements are ethical in their attempt to encourage alternatives for the Gardasil vaccination, such as pap smears, but their language in doing so could be made clearer. Overall, other alternatives could be shared within the Gardasil advertisements, and appeals to self-efficacy would function well in those cases.

The ethical issue of providing a range of alternatives brings a tension between information campaigns and advertising campaigns to the forefront. In terms of advertising campaigns, it makes sense to leave out possible alternatives because the purpose is to sell a specific product. Most advertising campaigns do not mention competing ideas. However, the Gardasil campaign is selling more than a product. They are selling a product that is strongly tied to improving health, which information campaigns strive to do.

#### Is the Campaign Designed to do More Good for Some Than Others?

In order for DTC advertisements to be ethical, it is important that they do not intend to benefit some over others. According to Kass (2001), targeting often occurs in public health campaigns, but this may negatively affect some groups if the campaign leaves others out or hurts the targeted group in some way. For example, targeting only young women in the Gardasil advertisements could be socially stigmatizing, suggesting that they are the sole carriers of HPV, when that is not the case. In a systematic review of literature for the prevalence of HPV in men, Dunne, Nielson, Stone, Markowitz, and Guiliano (2006) found that “Most studies in men found prevalence as high as those reported in women” (p. 1055). Men are just as likely to have HPV, but since the product is only approved for women, the advertisements’ targeting of women makes it appear as if HPV is only a woman’s health issue.

It is also problematic to have a campaign that helps some individuals, but neglects others. For Gardasil, this leads to the questions of access and affordability of the vaccine, and how well the advertisements engage those matters. As suggested above, the Gardasil advertisements do a thorough job of explaining the various benefits of the vaccine. In the first “I Chose” advertisement, one woman even states, “Gardasil is the only cervical cancer vaccine.” Aside from considering the risks, the vaccine appears to be beneficial for those who can receive it. However, obtaining access to the vaccine is not that simple. According to Siers-Poisson (2007a) “Each vaccine shot will cost \$120 through private insurance, or \$96 through governmental programs buying at the federal rate” (par. 20). That means that the three shot series could cost up to \$360. And considering that the 2007 estimate of those without health care in the U.S. was put at 46 million people, with young adults being the least likely to have health insurance, access based on affordability is going to be difficult for many young women.

According to Grow et al. (2009), the PhRMA Guiding Principles on Direct to Consumer Advertisements about Prescription Medicines states “Companies are encouraged to include information in all DTC advertising, where feasible, about help for the uninsured and underinsured” (p. 181). While the Gardasil advertisements make no verbal effort to inform the audience about covering the costs of the vaccines for the uninsured, in the last three seconds of the “One Less” and both “I Chose” advertisements, a written message comes across the screen which says, “For info on the Merck Vaccine Patient Assistance Program, call 1-800-Gardasil. Therefore, Merck does make an attempt, if brief, to provide information for the uninsured and underinsured as suggested by the PhRMA Principles.

The writing of the information for the phone number is written in white on top of a white background. The information is difficult to read based on this coloring, and is only shared for a few seconds, so it is easy to miss. The Gardasil advertisements would benefit from a deeper contrast between the writing color and the background and from more time spent on the issue. Also, displaying the information in writing only may negatively affect those with visual impairments.

Upon calling 1-800-Gardasil, an individual is asked various questions and ultimately can choose to receive an information kit about Gardasil and listen to the recording about how there are assistance programs through Merck. The recording about the assistance programs allows you to talk to a specialist or suggests you go to the website to read more about the qualifications for a free shot. The available programs are the Vaccines for Children (VFC) Program for those under 18, and the Merck Vaccine Assistance Program for adults (Gardasil.com). For both programs, a person must meet specific financial requirements.

In the end, the Gardasil advertisements do not present the assistance information in the most advantageous way, but they do make sure to include it in their advertisements. The very limited time legibility of the information suggests that the campaign advertisements tend to privilege those who have easiest access to the vaccine, and could do a better job providing information for those who cannot afford the vaccine.

Finally, while young women in the United States are whom the Gardasil campaign hopes to reach, there are other young women who suffer more frequently and more harshly than young American women, but are not targeted at all. In poorer countries, there is a lack of resources that makes cervical cancer a more serious risk. For

example, “The disease disproportionately affects poor, uneducated Indian women, and often goes undiagnosed until its advanced stages” (Herskovits, 2007, par. 22). To Merck’s credit, they claim to be taking steps toward making the vaccination available globally. According to Herskovits they have partnered with the Indian Council of Medical Research to host clinical studies of Gardasil, and also with PATH, a nonprofit group to get lower priced vaccines for those who otherwise couldn’t afford it (par. 24).

### Conclusion

Merck’s Gardasil vaccine has the potential to affect the lives of many young women and many see the advertisements for the vaccine. Therefore, evaluating the strengths and weakness of the ads is important. Understanding where the campaign is strong may serve as a useful guide for future DTC advertisements, and knowing the weaknesses of the campaign can provide areas of improvement, not only for the Gardasil campaign, but for others as well.

Regarding the question of providing truthful, relevant information to make significant choice possible, the Gardasil campaign has both strengths and weaknesses. First, appealing to the risks and benefits of Gardasil in relation to cervical cancer as opposed to HPV may lead to confusion about the actual purpose of the vaccine. Also, calling Gardasil a cervical cancer vaccine, as opposed to an HPV vaccine is not precise because the link between HPV and cervical cancer is amplified by not providing the likelihood of getting cervical cancer from HPV. The advertisements are strong in their use of consumer friendly language overall, but in one case; using the medical term human papillomavirus instead of the common HPV may be a weakness. The advertisements cite that their product may not be effective for everyone, however; stating that Gardasil does

not prevent all kinds of cervical cancer is confusing. Finally, the ads tell the audience to talk to their doctors, encouraging further conversation with a medical expert. However, the suggestion is only to talk about Gardasil, not HPV and other diseases related to it.

The question of fairly balancing the risks and benefits of the vaccine presents other strengths and weaknesses for the Gardasil advertisements. Overall, more time is spent talking about the benefits of the vaccine than the barriers, allowing for more time to explicate the benefits. In general, no distraction is used more than distraction via imagery throughout the advertisements. Often times, written words do a good job of reinforcing important information, except in one instance, important new information about Gardasil is emphasized less by strictly sharing it visually. Also, the information about the barriers of Gardasil is shared in one complete segment, as opposed to dispersing them throughout the commercial.

Alternatives to the vaccine are shared within the Gardasil advertisements. All of the ads are strong in their mentioning of pap smears. However, after the first ad, the language changes, which may cause confusion. Instead of using the term “pap smear” as the first advertisement does, subsequent ads use the term “cervical cancer screening.” Pap smear is a more common term and it seems likely that the audience would better recognize it.

The question of whether the advertisement is designed to do more good for some than others presents strengths and weaknesses as well. First, targeting women makes the issues of HPV and cervical cancer seem like a women’s health issue alone. Also, the affordability of the vaccine is a weakness of Gardasil, but the advertisements make an attempt to provide information for those who cannot afford it. Also, a weakness of the

ads is that they do not address the fact that many women suffer more harshly than Americans. However, based on other information, Merck is working with various nonprofit groups to make their vaccine available to various third world countries, such as India.

Therefore, the Gardasil advertisements are especially important to analyze. They have many strengths that will benefit other DTC advertisements, and a few weaknesses that can hopefully be worked out. The next chapter will focus more specifically on the certain kinds of strengths and weaknesses that may stem from the nature of a blended campaign and how we can monitor them in future DTC advertisements.

## CHAPTER 4: A BLENDED CAMPAIGN

Within the Gardasil campaign advertisements, it is easy to see where the campaign shifts from an informational focus, to an advertising focus. The “Tell Someone” advertisement clearly functions to inform about health ideas. Moving to the latter advertisements in the campaign, the focus has changed to selling a product. As covered in the first chapter, these later advertisements can be talked about as Direct-to-Consumer advertisements because their purpose is “to market a prescription drug” and “should be designed to responsibly educate the consumer about the medicine [...]” (Grow et al., 2009). While DTC advertisements blend core ideas of information campaigns with those of advertising campaigns, the informational piece is more prevalent in the Gardasil campaign due to the “Tell Someone” advertisement and raises various ethical issues. Specifically, the issue is whether blending information campaigns and advertising campaigns affects the quality of information in the advertisements and the decision-making framework constructed. This chapter will synthesize the analysis in chapters two and three, explaining how a blended campaign like the Gardasil ads can lead to certain kinds of strengths and weaknesses that should be monitored in future campaigns. The chapter will also outline ways to create a more consumer-friendly campaign, utilizing and reflecting on examples from the Gardasil advertisements.

### Persuasive Appeals In Blended Campaigns

Appeals to social (normative) pressure can be used in both informative campaigns and advertising campaigns. However, the appeals can be used differently in each. Generally, the purpose of an informative campaign is to promote social ideas or improve health, therefore the significant others within those ads would be promoting a certain ideas or behaviors. Within advertising campaigns, appeals to significant others would be

based on the idea of selling a product. A blended campaign, such as Gardasil's, merges both these ideas together.

Social (normative) pressure appeals are frequently used throughout the Gardasil advertisements. Merck uses women in their advertisements who might represent significant others of the audience. The significant others within the Gardasil ads do spend time talking about improving health by sharing information about how Gardasil can prevent HPV and cervical cancer. They also spend time talking about a product, the Gardasil vaccine. This is interesting because Perloff (2008) suggests that informative advertisements and product advertisements can sometimes work at a cross-purpose. Advertisements to promote social ideas or health are sometimes thwarted by product campaigns that negate the purpose of the informative campaign. Appeals to social (normative) pressure within blended campaigns work to combine the promotion of social or health ideas with the selling of a related product.

Appeals to risk are also made in both informative campaigns and advertising campaigns. Appeals to risk in informative campaigns often rely on encouraging the audience to not do something, whereas, advertising campaigns try to convince the audience to buy a product. Within a blended campaign, it seems as though the product outweighs encouraging the audience not to do something.

For example, the blended Gardasil campaign does not focus on a wide range of behavioral choices. In the case of HPV and cervical cancer, it seems that an informative advertisement that was concerned with behavior would focus on safe sex and pap smears. The Gardasil campaign focuses more on appealing to the susceptibility of the audience and how they can protect themselves with the product of Gardasil. In future blended

campaigns, it will be important to identify how the range of choices is framed and prioritized, and how risk information and appeals may elevate the importance of consumer products over other behavioral choices.

Appeals to benefits and barriers can be used in both informative campaigns and advertising campaigns as well. Within informative campaigns, benefits would most likely be related to the outcome of changing some behavior, for example, to quit smoking. Alternative lifestyles or options may also be named. Generally, there are not many barriers to the promotion of healthier living. There do not seem to be clear health barriers to quitting smoking, except for the fact that it can be hard to do. Within an advertising campaign, it is clearer to see benefits and barriers. Product advertisements obviously focus on benefits because they want to sell the product. Blended campaigns function more like product advertisements in this case.

Within the Gardasil campaign, appeals to benefits and barriers are the benefits and barriers of the product. Product campaigns, like Gardasil tend to downplay its limitations (duration of protection) and overplay its strengths (protects against two types of HPV that prevent 70% of cervical cancer). A strong emphasis on alternative health ideas, such as pap smears, is also missing from the ads. It makes sense to leave out this information when selling a product, but the set-up of the Gardasil campaign strongly ties the product to health issues. This issue highlights a tension between informative advertisements and product advertisements. We need to monitor how blended campaigns exaggerate benefits or minimize barriers.

Self-Efficacy is another rhetorical appeal used within advertisements. In informative campaigns, self-efficacy would be used to target the 15% of the population

that is least likely to change in order to convince them to not do something. On the other hand, an advertising campaign might use self-efficacy to demonstrate the ease of buying or using the advertised product and target the mainstream population. Self-efficacy in a blended campaign is primarily about the ease of using a product. As a result, blended campaigns may not be effective at addressing the needs of those least likely to change their behavior or who need it the most. In the Gardasil ads, there is some evidence of this in the limited way that they address the economic barriers of those who are unable to afford the vaccine and the social barriers in contexts where the implication of sexual activity is controversial. In addition, in the case of Gardasil, the vaccine was only approved for women between the ages of 9 to 26. As a result, self-efficacy in the ads was focused on the efficacy of this group using the product, while the self-efficacy of others with regard to HPV was ignored. Therefore, an important consideration for future blended campaigns is *whose* self-efficacy is emphasized and whose is downplayed.

Finally, appeals to fear are used within both informative campaigns and advertising campaigns. However, they are used differently in both cases. Fear within an informative campaign would focus on the fear of what might happen if one did not stop doing something or change their behavior. For example, in the case of quitting smoking, fear appeals would focus on the negative outcomes of smoking, such as lung cancer. Informative campaigns also touch more closely on values, therefore, fear appeals in these cases might do the same. It seems that fear appeals within product campaigns would focus more on what would happen without purchasing the product. Product advertisements by nature are less controversial so it seems that fear appeals would be

minimal. A blended campaign blends the way both informative advertisements and product advertisements use fear appeals.

Within the Gardasil campaign, fear appeals are most commonly used to appeal to fear of HPV and cervical cancer. Like a product advertisement, appeals to fear are used to imply what might happen if a person did not use the product. However, there are other ways to prevent HPV than the vaccine. Again, safe sex and pap smears are alternatives, but they do focus more on values, which product campaigns stay away from. Either way, Gardasil is strongly tied to the idea of an STD and therefore a more controversial topic. It makes sense then that the advertisements would take a stronger approach with fear appeals than an informative campaign would. Understanding how fear appeals are used within blended campaigns provides valuable insight for future blended campaigns.

In the end, blended campaigns do use persuasive appeals differently than informative campaigns or advertising campaigns. In some cases, elements of both are used, while other times, the persuasive appeals of an informative campaign or an advertising campaign overshadow the other. And in some cases, they are used uniquely within a blended campaign. Understanding how these appeals function provides us ways to monitor these appeals within future blended campaigns.

#### Ethical Implications of Blended Campaigns

Direct-to-Consumer Advertisements are required to meet the guidelines set forth by the FDA (Grow et al. 2009). Many of the advertisements do just that, and only meet the basic requirements. However, these blended ads have the ability to meet a higher ethical standard and for the good of the audience, and they should strive to do so.

#### Balancing Benefits and Risk Information

It is required that DTC advertisements fairly balance the benefits and risk information of the promoted product. On the surface, the Gardasil advertisements do a good job at balancing the risks and benefits, but there are areas for improvement. As pointed out in the last chapter, the time allotted for sharing the benefits far outweighs the risk information shared. While it is important for the sake of the promotion aspect to share all of the benefits of Gardasil, it is also important that the important risk factors are covered. Allowing less time for risks means that they may not be explicated as well as the benefits. Within blended campaigns, it seems as though the appeals to the product outweighs other appeals, and giving the benefits of the product more time overshadows important risk information. An ethical blended campaign should take into consideration the need to share all risk information in a time frame resembling that of the benefits, if possible so that they may be evenly explicated.

It is also important that the visual imagery used when sharing the benefits and risk information about the vaccine is equal in their amount of distraction. A blended campaign tends to not use distracting imagery more than they do use it. Blended campaigns should attempt to equalize the imagery shown when sharing both benefits and risks.

#### Designed to Benefit All Equally

It is also important that a blended campaign is designed to benefit all individuals equally. Blended campaigns do not seem to take into consideration the ramification of targeting and should do so. It makes sense that the Gardasil campaign targets 9-26 year olds because they are the ones the shot is FDA approved for. It also makes sense to target mothers because in many cases they oversee the medical care of their daughters. However, targeting just women implies that HPV is strictly a women's health issue.

According to Dunne et al. (2006), men are just as likely to be carriers of HPV as women. Men will not develop cervical cancer, but they may infect a woman that they love and should also be concerned with HPV. Once the vaccine is approved for men, a DTC advertisement targeting them would be beneficial and ethical. Similarly, cervical cancer is more common among middle-aged women (Siers-Poisson, 2007a). Middle-aged women would benefit from being target with persuasive health messages on this topic as well.

It is necessary that blended campaigns target those with varying socioeconomic statuses. Specifically, those who cannot afford to be vaccinated should not be excluded. According to the PhRMA Guiding Principles, advertisements need to provide insurance information for those who are “underinsured” and “uninsured” (Grow et al., 2009). Blended campaigns tend to focus more on selling a product than traditional informative campaigns, which may work against targeting varying socioeconomic groups. The Gardasil advertisements do a good job at meeting this requirement, but could do more to reach those who cannot afford it. At the end of their last few advertisements, a statement appears on the screen that says, “For info on the Merck Vaccine Patient Assistance Program, call 1-800-GARDASIL.” It is important that a DTC advertisement allows those who cannot afford the vaccine themselves, further information about how they may be able to obtain it.

#### Provides Truthful, Relevant Information for Significant Choice

Providing the audience with truthful, relevant information so that significant choice is possible is seen as a fundamental requirement of persuasive messages (Jaksa & Pritchard, 1988). According to Grow et al. (2009), “In accordance with FDA regulations,

all DTC information should be accurate and not misleading [...] (p. 180). Blended campaigns appear to attempt to share truthful and relevant information, but are misleading in some cases. The Gardasil campaign does this on the surface, but there are times when the information is shared in a way that is not as clear as possible, and could be clarified.

The Gardasil advertisements share a lot of helpful health information with the public through their advertising campaign. However, their representation of the likelihood of getting cervical cancer from HPV is misleading. Through their constant references to cervical cancer and the statistics they share, the actual causal relationship between cervical cancer and HPV is confusing. Because the advertisements focus so much on the cervical cancer piece, it appears as though the risk of developing cervical cancer is higher than is the actual case. Although it is true that as many as 80 percent of women will develop HPV in their lives, only about 10,000 new cases of cervical cancer are reported each year (National Cancer Institute, 2008). The Gardasil campaign would benefit from making the distinction between HPV and cervical cancer clearer. DTC advertisements should attempt to not use information that may be misleading for the audience.

Using language that is consumer friendly is essential in providing information that is true and not misleading. The audience needs to be able to understand all the information provided within a DTC advertisement so that they may make informed, significant choices. There is one example in the Gardasil campaign where consumer-friendly language may have been compromised. The “One Less” advertisement states that Gardasil “does not prevent all kinds of cervical cancer.” The Gardasil vaccine is not

a cervical cancer vaccine and implying that it prevents cervical cancer is confusing because of the fact that it is a HPV vaccine. Overall, the Gardasil advertisements do a great job in using consumer friendly language though, and future blended campaigns could benefit from their example in this area.

Provide a Range of Alternatives

If the audience is going to make a significant choice based on the information offered in a blended campaign, it is essential that they be given all possible alternatives to the product. Blended campaigns again, tend to focus more on the selling of a product, instead of encouraging alternative behaviors. Within a blended campaign, it seems as though the product outweighs encouraging the audience not to do something.

In the case of the Gardasil advertisements, they do a fairly good job, especially in the first ad “Tell Someone” of talking about the alternatives to Gardasil, such as pap smears. However, in later advertisements, the term pap smear is exchanged for the term “cervical cancer screening.” Using this term could potentially be problematic for the audience because it is lesser known than the common term pap smear. If the objective is to truly inform the audience of all possible alternatives, it is important that the simplest, and best-known terms are used. In the case of the Gardasil campaign, it would not hurt to use the term pap smear, even in the latter advertisements. Blended campaigns would benefit from presenting other alternatives to the product the campaign is promoting.

Figure 3 - Campaign Comparison

<b>Information Campaigns</b>	<b>Advertising Campaigns</b>	<b>Blended Campaigns</b>
Purpose is to promote social ideas or improve health	Purpose is to sell a product	Purpose is to market a prescription drug and responsibly educate

		consumers about the drug
Some advertisement advertisements, but also uses “non-paid” media news – e.g. video news releases	Relies on paid messages	Relies on paid messages
Interpersonal and organizational communication plays a more important role	Mass communication is the primary means for disseminating information	Mass communication is the primary means for disseminating information
Often try to convince an audience not to do something – e.g. not to smoke	Try to convince someone to buy a product rather than an idea	Try to convince someone to buy a product based on it’s health efficacy
Target audience is 15% of the population that is least likely to change	Target audience is the mainstream population	Target audience is mainly those who have the symptoms or the requirements the prescription can effect
More controversial and touches more closely on values	Less controversial	Can be controversial

### Theoretical Implications

This study contributes to our understanding of health campaigns. This study initially began by looking at Perloff’s separation of information campaigns and advertising campaigns, and this study has discovered the need to add a third, the blended campaign. Therefore, Perloff’s categories may not be the best model for understanding blended campaign advertisements. Figure 3 demonstrates the comparisons that can be made between the three types of campaigns.

More specifically, this study has used an ethical lens to identify how the distinction between information advertisements and product advertisements is blurred in blended campaigns. In particular, blended campaigns raise questions about the level of information that is appropriate in a particular type of campaign. This can be seen in

several places in the Gardasil campaign. For example, the advertisements make the claim that Gardasil is a cervical cancer vaccine. In terms of a product advertisement, this claim is accurate because Gardasil does prevent HPV, which can lead to cervical cancer. However, this claim is not precise in terms of an informative advertisement. In an informative advertisement, more information would need to be shared about the likelihood of developing cervical cancer from HPV to be truly accurate.

Second, the Gardasil advertisements encourage the audience to “talk to their doctor about Gardasil” for further information. The ads suggest specifically asking about Gardasil, as opposed to HPV or related diseases. While a product campaign naturally focuses on the product, an information advertisement would be expected to provide more information about HPV, cervical cancer and symptoms along with the possible solutions.

Third, the Gardasil advertisements mention that the vaccine protects against other HPV diseases too, but fails to mention that the diseases are the sexually transmitted genital warts. A product campaign would not want to mention such information, because talking about sexually transmitted diseases gets too controversial. Information campaigns, on the other hand, tend to confront controversial issues more directly and would most likely include such information.

Fourth, the way risks and benefits are shared within the Gardasil advertisements may benefit the goals of an advertising campaign over those of an informative campaign. Within the commercials, the benefits of Gardasil are given more time than the risks, helping the promotion of the vaccine. However, an informative campaign may spend more time explicating the risks, especially knowing that lay people have a hard time assessing risk information.

Blended campaigns also raise questions regarding the target audience for campaigns. With a product like Gardasil that has been approved for a particular group of people, the target audience is that market for the product, rather than those who may be least likely to change their behaviors, such as those who cannot afford the vaccine, or those who are also affected but not in the approved group, such as men or older women. These groups are typical audiences for information campaigns. Even though a blended campaign appears to be informative, the narrowly targeted audience of the blended campaign may not serve the public health goals that usually drive an informative campaign.

Consequently, blended campaigns finally raise questions about the overall purpose of different types of campaigns. Perloff's clear distinction between promoting social ideas and improving health on the one hand, versus selling a product on the other hand, definitely breaks down when examining the Gardasil campaign. This blended campaign's purpose is to market a prescription drug *and* responsibly educate consumers about the drug. The problem lies in the difference between the goal of "promoting social ideas and improving health" and the goal to "responsibly educate consumers about the drug." The Gardasil campaign promotes ideas about health when they are consistent with selling the drug, but downplays many other ideas about sexual health and behavior, preferring to focus on messages that are directly tied to the drug itself. An important question that remains about campaigns like Gardasil's is how effectively this type of campaign can blend the purposes of informative and product campaigns without losing important information along the way.

Examining these ethical dimensions helps us identify several unique characteristics of blended campaigns that are not addressed by Perloff's description of campaign types. Simply contrasting information and advertising campaigns obscures those features that emerge when blended. Therefore, addressing these issues in future blended campaigns like Gardasil's will be helpful.

#### Strategic Implications for Improving Gardasil's Campaign

The Gardasil advertisements serve as good examples of blended campaigns and provide an example for future campaigns like them. However, a few adjustments could make the campaign an even stronger one in terms of ethics and being audience-centered. The following points summarize suggestions, based on what has been learned from analyzing the Gardasil campaign, for creating an effective, ethical and audience-centered DTC advertisement.

- *An ethical blended campaign should take into consideration the need to share all risk information in a time frame resembling that of the benefits, if possible.* In the Gardasil advertisements, less time was spent explaining the risks or the barriers of the vaccine than the benefits. It is important that the audience has the same amount of time to learn about and understand both the benefits and risks of a product.
- *Blended campaigns should attempt to equalize the imagery shown when sharing both benefits and risks.* The Gardasil advertisements do a good job in most cases of not using visual imagery that is distracting and takes away from the risks or benefits of the vaccine.

- *Blended campaigns should concentrate on all individuals, as opposed to just their target audience.* Blended campaigns tend to focus on those they are trying to sell their product to. However, targeting some groups may be harmful, and not targeting groups who would benefit from the product could also be harmful.
- *It is necessary that Blended campaigns target those with varying socioeconomic statuses.* The Gardasil campaign does not do enough for the underinsured and the uninsured to help them gain access to the vaccination.
- *Blended campaigns should attempt to not use information that may be misleading for the audience.* The Gardasil advertisements do not make the connection between HPV and the likelihood for getting cervical cancer clear. Their advertisements would benefit from making a few changes so that these types of relationships are clear for the audience.
- *If the objective is to truly inform the audience of all possible alternatives, it is important that the simplest, and best-known terms are used.* In the Gardasil advertisements, they use the term human papillomavirus instead of HPV and cervical cancer screening instead of pap smear. The most common terms should be used within blended campaigns to insure the highest level of understanding.

The nature of the blended Gardasil campaign means that the purpose of the campaign is unique. The campaign is selling a product, but it is a product that is closely connected with social health issues. Because of this, the campaign tends to be more

controversial than an advertising campaign and therefore could stand to improve its limitations. Direct-to-Consumer advertising campaigns in the future can learn a lot from the model of the Gardasil campaign and with the suggestions provided in this paper, an ethical, audience-centered campaign could become reality.

## REFERENCES

- Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology, 52*, 1-26.
- Baylor-Henry, M. & Drezin, N.A. (1998). Regulation of prescription drug promotion: Direct-to-consumer advertising. *Clinical Therapeutics, 20*(Suppl. C), 840.
- Berry, T.R., Wharf-Higgins, J., and Naylor, P. J. (2007). SARS wars: An examination of the quantity and construction of health information in the news media. *Health Communication, 21*(1), 35-44.
- Burgoon, M., Pfau, M., & Birk, T.S. (1995). An inoculation theory explanation for the effects of corporate issue/advocacy advertising campaigns. *Communication Research, 22*(4), 485-505.
- Centers for Disease Control and Prevention. (2008). *Genital hpv infection-cdc fact sheet*. Retrieved May 12, 2009, from <http://www.cdc.gov>.
- Cialdini, R.B., Petty, R.E. & Cacioppo, J.T. (1981). Attitude and attitude change. *Annual Review of Psychology, (32)*, 357-404.
- Cooper, C. P., Burgoon, M., & Roter, D.L. An expectancy-value analysis of viewer interest in television prevention news stories. *Health Communication, 13*(3), 227-240.
- Donohue, J. (2006). A history of drug advertising: The evolving roles of consumers and consumer protection. *The Milbank Quarterly, 84*(4), 659-699.
- Dunne, E.F., Nielson, C.M., Stone, K. M., Markowitz, L.E., & Giuliano, A. R. (2006). Prevalence of HPV infection among men: A systematic review of the literature. *Journal of Infectious Diseases, 194*, 1044-1057.

- Grow, J. M., Park, J.S., & Han, X. (2009). "Your life is waiting!" Symbolic meanings in direct-to-consumer antidepressant advertising. *Journal of Communication Inquiry*, 30(2), 163-188.
- Fisher, F. (2000). *Citizens, experts, and the environment: The politics of local knowledge*. Durham: Duke University Press.
- Fishbein, M., & Yzer, M.C. (2003). Using theory to design effective health behavior interventions. *Communication Theory*, 13 (2), 164-183.
- Frosch, D. L., Krueger, P. M., Hornik, R.C., Cronholm, P. F., & Barg, F.K. (2007). Creating demand for prescription drugs: An analysis of television direct-to-consumer advertising. *Annals of Family Medicine*, 5(1), 6-13.
- Herskovits, B. (2007). Brand of the year. *Pharmaceutical Executive*, 27(2), 58-60.
- Houppert, K. (2007, March 26). Who's afraid of gardasil? *The Nation*, Retrieved October 25, 2007, from <http://www.thenation.com>.
- Iltis, A. (2006). Lay concepts in informed consent to biomedical research: The capacity to understand and appreciate risk. *Bioethics*, 20(4), 180-190.
- Jaksa, J.A., & Pritchard, M.S. (1988). *Communication ethics: Methods of analysis*. Belmont, CA: Wadsworth Publishing Company.
- Johnson, B.B. (1999). Ethical issues in risk communication: Continuing the discussion. *Risk Analysis*, 19(3), 335-348.
- Kaphingst, K.A., Dejong, W., Rudd, R. E., & Daltroy, L. H. (2004). A content analysis of direct-to-consumer television prescription drug advertisements. *Journal of Health Communication*, 9, 515-528.
- Kass, N.E. (2001). An ethics framework for public health. *Public Health Matters*, 91(11),

1776-1782.

Kilbourne, J. (1999). *Can't buy my love: How advertising changes the way we think and feel*. New York, NY: Simon & Schuster, Inc

Lyon, A. (2007). Putting patients first: Systematically distorted communication and merck's marketing of vioxx. *Journal of Applied Communication Research*, 35(4), 376-398.

Maier, S.R., & Curtin, P.A. (2005). Self-efficacy theory: A prescriptive model for teaching research methods. *Journalism and Mass Communication Educator*, 59(4), 352-364.

Mastro, D.E. (2003). A social identity approach to understanding the impact of television messages. *Communication Monographs*, 70(2), 98-113.

Nabi, R.L, Southwell, B, & Hornik, R. (2002). Predicting intentions versus predicting behaviors: Domestic violence prevention from a theory of reasoned action perspective. *Health Communication*, 14(4), 429-449.

National Cancer Institute. (2008). *Human papillomavirus and cancer: Questions and answers*. Retrieved May 12, 2009, from <http://www.cancer.gov>.

Noar, S.M. (2006). A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *Journal of Health Communication*, 11, 21-42.

Nordenberg, T. (1998). Direct to you: TV drug ads that make sense. *FDA Consumer*, 32(1), 7-10.

Perloff, R.M. (2008). *The dynamics of persuasion: Communication and attitudes in the 21<sup>st</sup> century*. Mahwah, NJ: Lawrence Erlbaum Association.

- Perloff, R.M. (1993). *The dynamics of persuasion: Communication and attitudes in the 21<sup>st</sup> century*. Mahwah, NJ: Lawrence Erlbaum Association.
- Ratzan, S.C. (2008). Health in the 21<sup>st</sup> century – Immunizations and progress. *Journal of Health communication, 13*, 617-618.
- Rimal, R.N. & Real, K. (2003). Perceived risk and efficacy beliefs as motivators of change: Use of the risk perception attitude (RPA) framework to understand health behaviors. *Human Communication Research, 29*(3), 370-399.
- Rogers, E.M. (1996). Up-to-date report. *Journal of Health Communication, 1*(1), 15-25.
- Rogers, E.M. & Storey, J.D. (1987). Communication campaigns. In C.R. Berger & S. H. Chafee (Eds.), *Handbook of communication science* (pp. 817-846). London: Sage.
- Rokeach, M. & Rothman, G. (1965). The principle of belief congruence and the congruity principle as models of cognitive interaction. *Psychological Review, 72*(2), 128-142.
- Siers-Poisson, J. (2007a). *Setting the stage: Part one in a series on the politics and PR of cervical cancer*. Retrieved September 1, 2008, from <http://prwatch.org/node/6186>.
- Siers-Poisson, J. (2007b). *Research, develop, and sell, sell, sell: part two in a series on the politics and PR of cervical cancer*. Retrieved September 29, 1997, from <http://prwatch.org/node/6208>.
- Siers-Poisson, J. (2007c). *Women in government, merck's trojan horse: Part three in a series on the politics and PR of cervical cancer*. Retrieved September 1, 2008, from <http://prwatch.org/node/6232>.
- Siers-Poisson, J. (2007d). *Profit know no borders, selling gardasil to the rest of the*

- world: part four of the politics and PR of cervical cancer*. Retrieved September 1, 2008, from <http://prwatch.org/node/6263>.
- Siers-Poisson, J. (2008). *The gardasil hpv vaccine: not the shot in the arm merck hoped for*. Retrieved October 4, 2008, from <http://prwatch.org/node/7748>.
- Smith, C.R. (1994). Ethos dwells pervasively: A hermeneutic reading of Aristotle on credibility. In Hyde, M.J. (Ed.), *The Ethos of Rhetoric* (pp. 1-19). Columbia, SC: University of South Carolina Press.
- Wallack, L. & Dorfman, L. (2000). Putting policy into health communication. In R.E. Rice & C.K. Atkin (Eds.), *Public Communication Campaigns* (pp. 389-401). Thousand Oaks, CA: Sage Publications, Inc.
- Wood, M. L. (2007). Rethinking the inoculation analogy: Effects on subjects with differing preexisting attitudes. *Human Communication Research*, 33(3, July), 357-378.
- Vlad, I., Sallot, L. M., & Reber, B.H. (2006). Rectification without assuming responsibility: Testing the transgression flowchart with the vioxx recall. *Journal of Public Relations Research*, 18(4), 357-379.
- Zarefsky, D. (2007). *Strategic Public Speaking: A handbook*. Boston: Pearson Education, Inc.

APPENDIX A: ADVERTISEMENT TIME BREAKDOWNS

“Tell Someone”

<b>Time</b>	<b>Visual Image</b>	<b>Written Words</b>	<b>Spoken Words</b>
0:00-0:02	A white table with purple balloons and three purple signs that say <i>tell someone</i>	None.	None.
0:02-0:03	Women looking at a board with pictures on it, then a tent with a <i>tell someone</i> sign.	None.	None.
0:04-0:08	A woman in a light green shirt standing and talking directly to the camera.	None.	I want to tell someone that I love
0:04-0:05	A young woman (#2) wearing a light jacket and a brown t-shirt, sitting in a chair and talking directly into the camera.	None.	tell my sister
0:05-0:06	An older woman (#3) wearing a light sweater and a hat, sitting and talking into the camera.	None.	tell my granddaughter

0:06-0:07	An young woman (#4) wearing a light green blouse, sitting and talking into the camera.	None.	my younger cousin
0:07-0:08	A young woman (#5) wearing a light green shirt	None.	all my friends back home
0:08-0:10	A young woman (#6) wearing a dark brown t-shirt, sitting and talking to camera	None.	I just found out that cervical cancer is caused by...
0:10-0:12	Cuts back to woman #4	None.	... certain types of a common virus
0:12-0:13	A new young woman (#7) wearing a light yellow shirt.	None.	HPV.
0:13-0:14	A new young woman (#8) wearing a brown t-shirt.	None.	Human papillomavirus.
0:15-0:16	A new woman (#9) wearing a light colored jacket.	None.	I didn't know that.
0:16-0:18	A new woman (#10) wearing a dark red blouse, sitting, talking directly to camera.	None.	About 20 million people...

0:18-0:20	A new young woman (#11) sitting, talking directly to camera	None.	already have the types of HPV that can cause
0:20-0:21	Another new woman (#12) sitting, talking directly to camera.	Some types of HPV can cause cervical cancer. Other types can cause genital warts.	cervical cancer
0:21-0:22	Cuts back to woman #4		and genital warts.
0:23-0:24	Cuts back to woman #1.	None.	20 million people.
0:24-0:25	A new young woman (#13) wearing a brown jacket. Sitting and talking directly to camera.	None.	wow.
0:25-0:27	Another new woman (#14), wearing light green, sitting and talking to the camera.	People can have HPV without experiencing any signs or symptoms.	You could have HPV and not even know it.
0:27-0:27	Cuts back to woman #13		That's scary
0:28-0:34	A Dr./Nurse appears standing and talking directly to the camera	None.	For most cases, HPV clears on it's own. But in some women, cervical cancer can develop later.

0:34-0:35	Cuts back to woman #5	None.	I can't believe I never knew about this.
0:36-0:39	Cuts back to woman #7	None.	Tell someone that HPV can cause cervical cancer.
0:30-0:41	Cuts back to the Dr./Nurse	None.	Talk to you doctor about regular pap tests.
0:41-0:42	Cuts back to woman #12	None.	I want to tell someone.
0:43-0:45	Shows the front of a woman's t-shirt which reads <i>tell someone</i>	None.	You should too
0:45-0:47	Shows the back of a woman's t-shirt which reads <i>I told someone</i>	"I told someone" on the t-shirt, but the graphic "hpv.com" comes on the screen in black.	Tell someone about HPV.

“One Less”

<b>Time</b>	<b>Visual Image</b>	<b>Written Words</b>	<b>Spoken Words</b>
0:00-0:02	Shows the side of a young girls face in the sunlight, then shows her standing at the top of a skateboarding ramp.	None.	Each year in the US thousands of women...
0:02-0:05	It then cuts to only her face.	None.	...learn they have cervical cancer
0:04-0:08	The young girl is shown sitting and holding up her skateboard. After talking, briefly shows the young girl doing a jump on her skateboard.	The underside of the skateboard says, "One Less."	I could be one less.
0:08-0:09	Shows a second young girl first shooting a basketball (when talking begins) and then just a face shot of her talking directly into the camera.	None.	One less statistic.

0:09-0:11	The second young girl is writing on her basketball shoe, "One Less." The camera then cuts to two people playing basketball briefly.	"One Less" is written on her shoe.	One less.
0:11-0:12	A head shot of a third young woman talking directly into the camera.	None.	Because now there's Gardasil.
0:12-0:18	The written graphic for Gardasil. [Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine]. Followed by "For girls and Young Women Ages 9-26" in the lower lefthand corner. The third girl appears in the far background with a horse.	Gardasil. [Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine].	The only vaccine that may help protect you from four types of humanpapilomavirus
0:18-0:20	Goes back to just a head shot of the third girl, but she's not talking this time. (Her voice is the overvoice though).	None.	that may cause 70 percent of cervical cancer.
0:20-0:21	A new young woman (#4) showing just her head as she talks to the camera.	None.	I want to be one less woman who will...
0:21-0:22	Woman #4 playing the drums.	None.	battle cervical cancer.

0:22-0:23	Woman #4 again talking to the camera, but at a bit further distance.	None.	One Less
0:23-0:25	A new older woman (#5) is shown (head shot).	Gardasil may not fully protect everyone.	Like all vaccines, Gardasil may not fully protect everyone.
0:26-0:28	A picture of a young woman and a man and another older woman in the background.	None.	(Woman #5): The side affects include pain, swelling...
0:28-0:32	A young girl is kicking a volleyball up and down.	None.	...itching and redness at the injection site, fever, nausea or dizziness.
0:32-0:34	Two girls get out of a car and take a picture of themselves.	Gardasil is not for women who are pregnant.	Gardasil is not for women who are pregnant.
0:34-0:37	A new girl (#6) is shown talking directly to the camera (head shot).	None.	Gardasil does not prevent all types of cervical cancer

0:37-0:40	A group of young girls dancing.	None.	(Girl # 6 is still talking) so it is important to continue routine cervical cancer screenings.
0:41-0:42	A new girl (#7) is shown sitting and smiling towards the side.	Countinue routine cervical cancer screenings.	Gardasil will not treat cervical...
0:42-0:43	Another new girl (#8) shows on the screen and is talking directly towards the camera.	Gardasil will not treat cervical cancer.	cancer.
0:43-0:45	Girl #8 is shown cutting her sweatshirt and then wearing it. (It says "One Less.")		Ask your doctor about getting vaccinated....
0:45-0:48	Head shot of girl #3 talking directly to camera.	Gardasil is given in 3 injections over 6 months.	with the only cervical cancer vaccine. Gardasil.
0:48-0:49	A subway station entrance is shown with a young girl holding up a sign that says "Less." 1 is next to it and part of the subway.	Only available through your doctor or healthcare professional.	Gardasil.

0:49-0:50	Another young woman is holding up the sign "Less" after a highway 1 sign.		Gardasil
0:50-0:50	The young girl who was kicking the soccer ball earlier has a #1 jersey on and stands with it next to the word "less" painted on a fence.		Gardasil
0:50-0:51	A new young woman is looking directly into the camera and talking.	None.	With Gardasil....
0:51-0:52	Three young girls wearing green t-shirts are jumping rope.	None.	...you could be one less.
0:52-0:53	The girls jump roping freeze in the background. The words GET VACCINATED appear.	GET VACCINATED.	O-N-E-L-E-S-S (Chanting)
0:53-0:57	Cuts to four different girls just smiling/laughing into the camera.	See our ad in TV Guide.	None.

0:58-1:00	Shows a girl jump roping to the right of the screen.	Gardasil graphic is written in the middle. Gardasil.com is written in the bottom left, 1-800-GARDASIL is written in the bottom right with Merck above it.	None.
-----------	--	---	-------

“I Chose” Mother/Daughter

<b>Time</b>	<b>Visual Image</b>	<b>Written Words</b>	<b>Spoken Words</b>
0:00-0:03	A mother and daughter sitting on the couch together	None.	I chose to get my daughter vaccinated...
0:02-0:05	The mothers face, talking directly into the camera.	None.	..because I want her to be one less woman affected...
0:04-0:07	Pans out to show daughter, then mother kisses daughter on the forehead.	None.	...by cervical cancer.
0:08-0:11	Shows another mother/daughter duo (#2) with the mother combing the daughter's hair.	None.	I chose to get my daughter vaccinated when her doctor told me the facts
0:11-0:13	Now, mother #2 head shot, talking directly to the camera. Briefly shows mother and daughter together again.	None.	like other vaccines, it's about prevention.

0:13-0:15	Shows another young woman, just a head shot, talking directly to the camera.	None.	Gardasil is the only cervical cancer vaccine ...
0:16-0:18	The written graphic for Gardasil. [Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine]. Followed by "For girls and Young Women Ages 9-26" in the lower lefthand corner.	The written graphic for Gardasil. [Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine]. Followed by "For girls and Young Women Ages 9-26" in the lower lefthand corner. Only available through your doctor or health care professional.	...that helps protect against four types of HPV.
0:19-0:22	Mother (#3) is painting daughter's nails and they're looking at a magaizine.	HPV is human papillomavirus	Two types that cause 70 percent of cervical cancer...
0:22-0:23	Another mother (#4) is shown talking directly to the camera.		...and two more types that cause other HPV diseases.
0:23-0:24	Shows mother and daugther (#4) in the kitchen. Daughter is sitting at counter, mom is standing.	None.	
0:25-0:26	First shows coffee cup, then mom and daughter (#5) playing checkers.	For girls and young women ages 9 to 26.	I chose to get vaccinated after my doctor told me...

0:27-0:30	Head shot of daughter #5 talking directly to camera.	None.	...Gardasil does more than help prevent cervical cancer
0:30-0:33	Shows checker board for a second, but then shows mother #5 talking directly to the camera.	See our ad in Women's Health	It helps prevent other HPV diseases too.
0:33-0:34	Shows a head shot of daughter #1	Gardasil does not treat cervical cancer or other HPV diseases.	Gardasil does not treat cervical cancer...
0:35-0:36	Shows daughter and mother #1 sitting on the couch together.		or other HPV diseases.
0:37-0:40	A new mother (#6) is shown talking directly into the camera.	None.	Side affects include pain, swelling, itching, and redness at the injection site.
0:40-0:42	Mother #6 and two daughters are baking together.	None.	Fever, nausea, dizziness, vomiting and fainting.

0:43-0:44	Mother #5 talking directly to camera again. Daughter is talking.	Gardasil is not for women who are pregnant.	Gardasil is not for women who are pregnant.
0:45-0:46	Mother and daughter #3 sitting at the table again.	Gardasil may not fully protect everyone.	Gardasil may not fully protect everyone
0:47-0:50	Mother #3 painting daughters nails, neither looking at camera.		and does not prevent all kinds of cervical cancer.
0:50-0:52	Head shot of mother #5 talking directly to the camera.	Continue routine cervical cancer screenings.	So it's important to continue routine cervical cancer screenings.
0:53-0:55	A montage of various woman talking.	None.	O-N-E-L-E-S-S.
0:55-0:56	Mother #5 talking directly to camera.	None.	Oneless.

0:56-0:56	Daughter and mother #2 sitting at table. Daughter talking.	Given in 3 injections over 6 months.	Gardasil.
0:57-0:57	Mother and Daughter #1		Gardasil
0:57-0:58	Daughter #5 head shot		Gardasil.
0:58-1:02	CHOOSE TO GET VACCINATED in red, on white background.		Choose to get vaccinated (center). Gardasil.com in lower left corner, 1-800-Gardasil in lower right corner. For info on the Merck Vaccine Patient Assistance Program, call 1-800-Gardasil.

“I Chose” Young Adult

<b>Time</b>	<b>Visual Image</b>	<b>Written Words</b>	<b>Spoken Words</b>
0:00-0:04	Snap shots are going off, young woman is making a bracelet	None.	I chose to get vaccinated because I'll do...
0:04-0:07	Young woman looks up and talks directly to the camera.	None.	everything I can to help protect myself from cervical cancer.
0:07-0:11	Young woman #2 is sitting in a chair petting her dog.	None.	I chose to get vaccinated when my doctor told me HPV can affect women my age...
0:11-0:12	Young woman #2 head shot and talking directly to the camera.	None.	and how Gardasil can help protect me.
0:13-0:15	Head shot of woman #3 talking directly to the camera.	Only available through your doctor or health care professional.	Gardasil is the only cervical cancer...

0:15-0:17	The written graphic for Gardasil. [Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine]. Followed by "For girls and Young Women Ages 9-26" in the lower lefthand corner.		...vaccine that helps protect against four types of HPV.
0:17-0:18	Woman #3 (snapshots) sitting on the couch.	None.	Two types...
0:18-0:20	Woman #4's hand paiting, then shows woman #4 sitting, but not talking.	None.	that cause 70 percent of cervical cacner...
0:21-0:23	Woman #4 taking directly to camera.	HPV is human papillomavirus.	and two more types that cause other HPV diseases.
0:23-0:25	A new young woman #5 sitting on her couch and typing on a computer	For girls and young women ages 9 to 26.	I chose to get vaccinated...
0:25-0:30	Woman #5 head shot, talking directly to the camera. Ends with two snap shots of her.	See our ad in Fitness Magazine.	after my doctor told me cervical cancer isn't the only HPV disease Gardasil helps prevent

0:30-0:32	New young woman #6, sitting on her couch and talking to the camera.	Gardasil does not treat cervical cancer or other HPV diseases.	Gardasil does not treat cervical cancer or
0:32-0:33	Woman #6 making a face, snapshots being taken.	None.	other hpv diseases.
0:33-0:35	New young woman, #7 sitting at her desk and writing.	None.	Side effects include pain, swelling...
0:36-0:37	Woman #7 looking directly at the camera	None.	itching and redness at the injection site...
0:37-0:40	Woman #7 writing again and looking down, moving her notebook to her desk, continues writing.	None.	, fever, nausea, dizziness, vomiting and fainting.
0:40-0:42	New young woman #8, head shot, talking directly to the camera.	Gardasil is not for women who are pregnant.	Gardasil is not for women who are pregnant.

0:43-0:44	Woman #8 sitting and smiling	Gardasil may not fully protect everyone.	Gardasil may not...
0:44-0:45	Woman # 3 headshot, talking directly to camera.		...fully protect everyone and...
0:45-0:46	Woman #3 painting and looking down.	None.	does not prevent all kinds of cervical cancer.
0:47-0:50	Woman #5 head shot, talking directly to the camera.	Continue routine cervical cancer screenings.	So it's important to continue routine cervical cancer screenings.
0:50-0:54	Woman #1 talking directly to the camera, head shot	The duration of protection of Gardasil has not been established.	I chose to get vaccinated because my dreams don't include cervical cancer.
0:55-0:55	Woman #2 head shot, talking to camera	Given in 3 injections over 6 months.	Gardasil.

0:55-0:56	Woman # 8, head shot, talking to camera		Gardasil.
0:56-0:56	Woman # 6, headshot, talking to camera		Gardasil.
0:56-0:59	Montage of all women and CHOOSE TO GET VACCINATED.	None.	You have the power to choose.
0:59-1:02	Choose to get vaccinated (center). Gardasil.com in lower left corner, 1-800-Gardasil in lower right corner. For info on the Merck Vaccine Patient Assistance Program, call 1-800-Gardasil.	Choose to get vaccinated (center). Gardasil.com in lower left corner, 1-800-Gardasil in lower right corner. For info on the Merck Vaccine Patient Assistance Program, call 1-800-Gardasil.	Ask your doctor about Gardasil.