Gendered Public Policy: A Feminist Rhetorical Analysis of Texas Legislation and Related Public Communications regarding the Human Papillomavirus

**Introduction:**

On 2 February 2007, Texas Governor Rick Perry mandated an executive order requiring all females to be immunized against the human papilloma virus (HPV) before entering the sixth grade. This executive order was intended to eradicate and prevent cervical cancer, the second leading cause of cancer deaths in females in the United States (“Cervical Cancer”). However, this executive order was later overturned but not until after several bills were sent to the House and Senate for review. Several press releases and speeches were made by Governor Rick Perry after the initial executive order and later after the reversal of legislature. The rhetoric used in these bills places females as the focal concern for the HPV vaccine because of the possible future diagnosis of cervical cancer. The questions then, regarding the rhetoric of the legislature, are how females are targeted for the vaccine, how female bodily autonomy is brought into question, and why is HPV seen only as a feminine-targeted disease.

This research premise has a personal beginning, foundation, and interest as my youngest sister was in the target group when the executive order was mandated. She was in sixth grade, ten years old, and had no previous sexual encounter: the perfect candidate for the HPV vaccine. I was a sophomore in college so while the executive order had no effect on me my parents suddenly had to decide whether my sister should be vaccinated or not. While the executive order was overturned before the mandate came into effect, the conversations amongst my family lingered. This prompted my curiosity in feminism and how “others” in power had the potential to decide and control female bodily autonomy and well-being.

Once I began to take rhetoric courses in my undergraduate and graduate courses did I realize the impact that words and language could have on those who read and heard about the messages and symbols. Hence, this research encompasses the ponderings and questions I have been interested in for years while also allowing me to explore, analyze, and expose how the Texas Legislature constructs and uses rhetoric to achieve its purpose: mandating the HPV vaccine. While I fully acknowledge my limitations as a researcher, being an upper-middle-class-white female, I explore and tackle this research with the overarching goal and mission to provide depth and understanding for all females affected by this proposed legislature while also understanding that availability and resources for information, vaccination, and conversation are not equitable or unbiased. My purpose is to analyze the rhetoric from a feminist lens with the intention of revealing a different angle or view of which the message of the legislature can be read and understood.

**Theoretical Foundation:**

While many rhetorical theories and feminist theories are available, my research is founded on the collective, edited works and theories presented by Karen A. Foss, Sonja A. Foss, and Cindy L. Griffin in their anthology *Feminist Rhetorical Theories*. Within this text, the feminist rhetorical theories of Mary Daly and Trinh T. Minh-ha provide the basis for framing my analysis and research questions. Cheris Kramarae and Sally Miller Gearhart also provide analysis and insights into feminist rhetorical theories Daly discusses the difference between the foreground and background of rhetorical situations. Within these public and private discourses, Daly argues that women are “silenced and erased” through rhetoric used to instill fear, such as the use of labels. Daly also defines and describes “particularization, a second response used to cloud the issue of women’s oppression…In this rhetorical option, individuals believe that ‘there is no patriarchy anywhere else’—that the foreground is limited to a few institutions” (145). Particularization, in context of the HPV vaccine, would argue that since cervical cancer only affects women that therefore, HPV is a female problem. Minh-ha views feminism as “a way ‘of thinking’ that does ‘not exclude’” (236). Feminism does not encompass the experiences, struggles, oppression, or liberations of all women but at the core of its being, feminism strives for a dialogue and critical thinking which is nondiscriminatory. Minh-ha further analyzes the identity of the rhetor: how and which characteristics define those in power and how an “other” is created, an “other” which is seen as opposite or inferior (238). As politicians and the rhetors of legislation, Minh-ha analysis provides a feminist lens at looking at the implied identities and values of the politicians and how this consequently can affect their rhetoric.

With these feminist rhetorical theories as a foundation the following research questions arise:

**Research Questions**:

* Why did Texas legislature rhetoric focus on vaccinating females against the human papilloma virus?
* What are the rhetorical differences between the executive order advocating the vaccine versus the final bill that rescinded the vaccine mandate? What are the rhetorical shifts, paradigms, and implications?
* What are the rhetorical differences when the audience is female oriented versus male oriented?
* How did the rhetoric of HPV become synonymous with cervical cancer? How is this accomplished?
* How does the legislature rhetoric bring female bodily autonomy into question?
* How does rhetoric challenge and/or affect bodily autonomy rights?
* What are the rhetorical implications of how society views women/girls?
* Does the rhetoric of the legislation imply that the dominant, mainstream set of values and morals of society is superior and absolute? If so, how can the rhetoric be challenged or changed?
* How much research has been done to promote the vaccine for widespread use? Was this research gendered? If yes, how so?

By researching and analyzing the rhetoric of legislature, press releases, and speeches by elected officials regarding human papilloma virus in Texas, I will answer these questions with a feminist rhetorical lens. By reviewing the research that has already been done on the vaccine, I can situate my research in regards to what scientists and the manufacturer are providing as facts for the general public and compare this to the rhetoric used within the legislation and by the policy makers. The current research focuses either on the efficacy of the vaccine or the subsequent oppression of females subjected to the vaccine. Each side of the research provides a contextual framework for my feminist rhetorical analysis. Since the vaccine is available to the public, I will review the research and testing that the vaccine underwent to determine if females were the primary focus for vaccination and if so, why this was the case. I also will look at the ethical issues behind the HPV vaccine which include bodily autonomy. I will explore various options other than required vaccinations of females, such as herd immunization which focuses on vaccinating all those susceptible to the virus (both females and males). I also will research how males are educated regarding HPV, their corresponding responsibility and autonomy, and whether the rhetoric used when addressing males had the same impact as females.

**Implications for Further Research:**

At the conclusion of my research several questions will still remain unanswered and hopefully will promote further research. These questions will be (1) once longevity studies and findings arise and are proven valid and conclusive (in the affirmative for the vaccine in preventing HPV) will legislation once again make an attempt for compulsory vaccination? (2) Will the rhetoric of the legislation still focus primarily on females, and if so, are there any differences or changes from past rhetoric? (3) What can be accomplished in the avenue of education to liberate and inform the public about the construction and effects of rhetoric used in public policy?

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