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POWER TO CHOOSE?

AN ANALYSIS OF THE IMPLICATIONS OF GARDASIL FOR IMMIGRANT WOMEN

By Olimpia Lee

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INTRODUCTION

When the HPV vaccine, Gardasil,¹ entered the U.S. market in 2006, it captured the nation's attention. Merck and Company's new vaccine boasted an impressive list of firsts; it was the first vaccine explicitly manufactured to prevent cancer, and the first vaccine to be approved for only one gender, specifically "females ages 9 to 26 years."² Opinions on Gardasil littered the media, from the airwaves of television and radio, to newspapers and the web. Supporters heralded the HPV vaccine for its groundbreaking promise to prevent cervical cancer, while critics sharply denounced its status as a costly, gender-specific drug. Gardasil received the most scrutiny due to the fact that the virus it protects against, human papillomavirus (HPV), is primarily transmitted through sexual contact.³ Social conservatives argued the vaccine would encourage sexual promiscuity,⁴ while still others questioned the public health benefit of widespread immunization against a virus that is only transmitted through skin-to-skin contact. Despite the various controversies that characterized the vaccine, the Advisory Committee for

¹ Gardasil is a vaccine manufactured by Merck and Company to prevent transmission of four strains of human papillomavirus (HPV) linked to cervical cancer and genital warts.

² On June 8, 2006, the FDA licensed Gardasil as a vaccine for the prevention of cervical, vaginal, and vulvar cancers and genital warts, and approved it for sale and marketing to females ages 9-26 years. Gardasil is administered through a series of three separate injections over the course of six months. The full treatment of the HPV vaccine costs a minimum of \$360, or \$120 per dose, excluding additional fees and costs for administering the vaccine. U.S. Food and Drug Administration, *Gardasil (Human Papillomavirus Vaccine) Questions and Answers*, <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm096052.htm> (Aug. 20, 2009).

³ HPV is the most common sexually transmitted infection (STI) in the United States. There are more than 100 different strains of HPV, over 30 of which are transmitted primarily through sexual contact. According to the CDC, approximately 20 million Americans are currently infected with HPV, and they estimate that at least half of sexually active men and women become infected at some point in their lives.

Centers for Disease Control and Prevention, *STD Facts – Human papillomavirus (HPV)*, <http://www.cdc.gov/std/HPV/STDFact-HPV.htm#common> (Nov. 24, 2009).

⁴ Debate about Gardasil began in 2006 with questions from religious conservative groups, most notably the Family Research Council, over whether vaccinating girls would lead to sexual promiscuity.

Liz Austin Peterson, "Texas Requires Cancer Vaccine for Girls," *BREITBART.COM*, Feb. 2, 2007 (<http://www.breitbart.com/news/>).

Immunization Practices (ACIP) voted unanimously to recommend Gardasil as a routine vaccination for women and girls.⁵ Soon, Gardasil became a cultural icon.

When the Centers for Disease Control and Prevention (CDC) officially adopted the ACIP's recommendations over the routine administration of Gardasil in March 2007, they did not anticipate a new layer of controversy to arise—this time in the context of U.S. immigration policy. Amid the continuing commotion over Gardasil, the United States Citizenship and Immigration Services (USCIS) discreetly added the HPV vaccine to their July 2008 list of mandatory vaccines for green card applicants and immigrants applying to become U.S. citizens.⁶ In stark contrast to the journalistic stir that Gardasil itself provoked, the new immigration requirement went virtually unnoticed until September, when various blogs published posts denouncing the mandate. Soon, various news sources began to scrutinize Gardasil from a newly politicized public health perspective. Overall, however, the media response to Gardasil as the newest immigration requirement lacked the fervor and scope that had categorized initial coverage of the vaccine.

Yet while the surface waters appeared calm, an undercurrent was gaining strength. From the time the HPV vaccine mandate was announced, the National Coalition for Immigrant Women's Rights (NCIWR) had begun building a policy advocacy campaign to challenge the HPV vaccination requirement. On September 29, they issued an online position statement strongly opposing the mandate on the grounds that it was discriminatory, preemptive, and

⁵ CDC's Advisory Committee on Immunization Practices (ACIP) recommended a routine 3-dose vaccination series for girls 11 and 12 years of age. The vaccine is also recommended for girls and women ages 13 through 26 years who have not yet been vaccinated or who have not received all 3 doses.

U.S. Food and Drug Administration, *Gardasil Vaccine Safety*, <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm179549.htm> (Aug. 21, 2009).

⁶ U.S. Citizenship and Immigration Services, *USCIS Changes Vaccination Requirements To Adjust Status to Legal Permanent Resident*, <http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnextoid=902252b10f45b110VgnVCM1000004718190aRCRD&vgnnextchannel=098daca797e63110VgnVCM1000004718190aRCRD> (Jul. 24, 2008).

unfounded. The statement passionately detailed how the requirement created an untenable additional financial barrier to citizenship, and unfairly forced immigrant women to subject their bodies to a new vaccine with unknown long-term side effects. Aware of a history of U.S. state and federal policies that targeted immigrant women's reproduction,⁷ the NCIWR was particularly concerned that the motives behind the USCIS's decision stemmed from anti-immigrant sentiment.

How did such a controversial vaccine become institutionalized? Using historical research methods and a feminist framework,⁸ I demonstrate how multiple discursive practices can operate together to enable the production of problematic social policies. Michel Foucault's theory of discourse⁹ as a technology of power offers a particularly useful framework for examining the production of the HPV vaccination requirement. A discourse can be understood as a group of statements articulated through visual and verbal images and texts. Discourse holds a great deal of social power, for it "defines and produces the objects of our knowledge...It governs the way a topic can be meaningfully talked about and reasoned about [and] also influences how ideas are

⁷ Various scholars have demonstrated how the politics of reproduction were fueled by anti-immigrant discourses, and resulted in legislative attempts to control the reproductive capacities of immigrant women. See, for example, Leo R. Chavez, *Shadowed Lives: Undocumented Immigrants in American Society* (Austin: University of Texas Press, 1997); Elena Gutiérrez, *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction* (Austin: University of Texas Press, 2008); Pierrette Hondagneu-Sotelo, *Gender and U.S. Immigration: Contemporary Trends* (Berkeley, CA: University of California Press, 1995).

⁸ Since my research both deals with controversial contemporary political topics (immigration and reproductive rights) and navigates through a variety of discursive terrains, I chose to ground my analysis in intersectional feminist theory. Hesse-Biber and Leckenby describe how feminist research "interrogates the status quo" and "allows for 'new' types of questions about women's lives and... 'other/ed' marginalized groups to be addressed." Thus, an interdisciplinary feminist methodology is of particular value to my research, because it allows my research to draw from and speak to a variety of perspectives while keeping social justice at its core.

Sharlene Nagy Hesse-Biber, Denise Leckenby, *Feminist Perspectives on Social Research* (New York; Oxford: Oxford University Press, 2004), 210.

⁹ For those who are not familiar with Foucault's theory of discourse, Stuart Hall offers an accessible definition. He notes that, "Normally, the term 'discourse' is used as a linguistic concept; it simply means passages of connected writing or speech...By 'discourse,' Foucault meant 'a group of statements which provide a language for talking about—a way of representing the knowledge about—a particular topic at a particular historical moment...Discourse is about the production of knowledge through language.'"

Stuart Hall, *Representation: Cultural Representations and Signifying Practices* (London; Thousand Oaks, CA: Sage in association with the Open University, 1997), 346.

put into practice.”¹⁰ I am specifically interested in exploring the relationships between discursive statements—which Foucault refers to as discursive relations. This kind of relational framework is central to my research, as it allows me to conceptualize the way statements that make up a discourse on the HPV vaccine are repeated, reinforced, contradicted, or reassembled.¹¹

Various scholars have suggested the importance of using discourse analysis to understand the sociopolitical implications of issues of gender, sexuality, and reproduction.¹² In addition to Foucault, authors Leo R. Chavez and Elena Gutierrez provide crucial theoretical perspectives that frame my analysis. Both Chavez and Gutierrez use discourse analysis as a research tool to examine the public characterization of immigrants in U.S. cultural narratives. Chavez performs a systematic examination of ten U.S. magazine covers that explicitly mention issues of immigration. He proves that popular media sources are fertile sites for examining the politics of the nation, for they are ridden with underlying statements that fuel stereotypes and influence social policy. Similarly, through a discourse analysis of news reports, medical documents, and political campaigns, Gutierrez critically examines the historical evolution and current sociopolitical implications of stereotypes of Mexican-origin women as hyper-fertile. She provides a strong feminist framework with which to approach “the racial politics of reproduction”¹³ that recognizes the intersections between gender, sexuality, race, and nation. Like Chavez and Gutierrez, I look at the connection between legislative events and popular

¹⁰ Hall, 346.

¹¹ Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, trans. A. M. Sheridan Smith (New York: Vintage, [1963] 1994).

Michel Foucault, *The History of Sexuality: An Introduction, Volume 1*, trans. Robert Hurley (New York: Vintage, [1978] 1990).

¹² See, for example, Faye D. Ginsburg, Rayna Rapp, *Conceiving the New World Order: The Global Politics of Reproduction* (Berkeley: University of California Press, 1995); Carol H. Browner, “Situating Women’s Reproductive Activities,” *American Anthropologist* 102 (2000): 773-788; Susan Greenhalgh, *Situating Fertility: Anthropology and Demographic Inquiry* (Cambridge: Cambridge University Press, 1995); Leo R. Chavez, “A Glass Half Empty: Latina Reproduction and Public Discourse,” *Human Organization* 63:2 (2004): 173-188.

¹³ Gutiérrez, xxxv.

discourses on Gardasil and the HPV vaccination requirement by critically examining a myriad of medical and media news sources.¹⁴

My project then is not a study of Gardasil per se, but an examination of the discursive practices and sociohistorical contexts that enabled the problematic HPV vaccination requirement, as well as the policy advocacy strategies that eventually sparked its revocation. In a surprising turn of events, the USCIS removed the HPV vaccine from the list of mandatory vaccinations for immigrants in December 2009. The production of counter-narratives that contested dominant interpretations of Gardasil was integral to the process of dismantling the HPV vaccine mandate for immigrant women. Fueled by the support of a myriad of allies, the NCIWR was able to build a collaborative movement to ensure reproductive justice for immigrant women. The NCIWR ultimately succeeded in effecting structural change because it was grounded in an intersectional framework that promoted social justice through holistic analysis and collective action.

As of yet, scholars of immigration, public health, race, gender, and/or sexuality have devoted limited attention to analyzing the intersection of immigration policy, reproductive rights, and reproductive health. Since the 1980s the body of literature on the racial politics of reproduction has continuously grown. Various prominent scholars document and denounce the history of political intrusions on the reproductive freedom of immigrant women and women of color.¹⁵ Most of this scholarly work centers around the highly politicized issues of fertility,

¹⁴ I chose to combine multiple methods to ensure a wide and diverse range of voices. Since the HPV vaccine and its accompanying mandate are very contemporary issues, I could not rely on academic texts to provide any sort of cultural history or commentary, instead looking to them for tools to build my theoretical framework. To find primary sources, I used scholarly search engines such as LexisNexis, Ethnic NewsWatch, and Medline, as well as Google. For each search, I first looked for “Gardasil OR HPV Vaccine,” then I narrowed the search terms to “Gardasil OR HPV Vaccine + Immigrant.” I chose to limit the dates of my searches, looking only at articles from 2006, when the FDA approved Gardasil, to the present.

¹⁵ See, for example, Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002); Michelle Goldberg, *The Means of Reproduction: Sex, Power, and the Future of the World* (New York: Penguin Press, 2009); Elena Gutiérrez, *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction* (Austin: University of Texas Press, 2008); Laura Knudsen, *Reproductive*

contraception, and abortion, and focus on women’s “right to choose.” There is very little scholarly work that examines issues of reproductive health—which encompasses topics such as sexually transmitted infections (i.e. HPV), diseases (i.e. cervical cancer), and inequities in access to health care resources (i.e. pap smears)—from a social justice perspective. My research makes an important contribution to existing scholarship as it aims to broaden the scholarly conversations on the politics of reproduction. By looking at the sociopolitical implications of the HPV vaccine for immigrants, I integrate the reproductive rights and reproductive health agendas, and relate them to broader issues of structural inequality.

Although the 2008 HPV mandate impacted all immigrant women, I chose to specifically explore its significance for Latina immigrant women in the U.S. The Migration Information Source statistically confirmed that the highest percentage of foreign-born women living in the U.S. migrated from Latin America, and 42% of them are of reproductive age.¹⁶ Additionally, Latina women have the highest rate of new cases of cervical cancer, and the second highest mortality rate from cervical cancer, after Black women.¹⁷ Research that aims to deepen public understanding on the issues that impact the reproductive health of Latina immigrant women is therefore not only relevant, it is vital.

This paper is divided into four chapters, the first providing introductory historical background and the rest being organized thematically. In order to understand how such a controversial vaccine became institutionalized, we must situate Gardasil within its unique social

Rights in a Global Context: South Africa, Uganda, Peru, Denmark, United States, Vietnam, Jordan (Nashville, Tenn.: Vanderbilt University Press, 2006); Eithne Luibhéid, *Entry Denied: Controlling Sexuality at the Border* (University of Minnesota Press, 2002); Carla Makhoul Obermeyer, *Cultural Perspectives on Reproductive Health* (Oxford; New York: Oxford University Press, 2001); Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997).

¹⁶ Jeanne Batalova, *US in Focus: Immigrant Women*, Migration Information Source, www.migrationinformation.org (Dec 2009).

¹⁷ *Our Issues: Cervical Cancer*, National Latina Institute for Reproductive Health, <http://latinainstitute.org/issues/cervical-cancer>.

and historical context. In Chapter One, I present the historical background necessary to understand the sociopolitical implications of racially-based reproductive policies that target immigrant women. I look at past national and state immigration and welfare policies that have shaped the health experiences of immigrants in the U.S, paying particular attention to California's 1994 Proposition 187 and the federal 1996 Personal Responsibility Work Opportunity and Reconciliation Act, two pieces of legislation that were specifically designed to deny health services to immigrants. I pay particular attention to the discourse on immigrants' use of health resources circulating at the time.

In Chapter Two, I analyze the discourse created in medical and mainstream news media sources to gain a sense of the popular opinion regarding Gardasil. Did the medical community or the mainstream press acknowledge and address the problematic HPV vaccination requirement for immigrant women? I show how representations of the vaccine in medical and popular discourses served as building blocks for the immigration requirement. By locating the discourse on Gardasil in its specific cultural context, I aim to demonstrate that discourse is intimately linked with the construction of health-affecting policies, however nuanced its impact.

Chapter Three then explores how counter-narratives engaged with popular representations of Gardasil to reconstruct its significance and raise awareness of its implications for immigrant women. I show how voices ranging from activists to medical professionals disseminated a counter-discourse that made reproductive self-determination a focal point in discussions about Gardasil. By widening the discursive space that Gardasil inhabited to include an analysis of oppression based on race, gender, class, and immigration status, opponents of the HPV vaccine mandate complicated the popular narratives on Gardasil and immigration policy.

Finally, Chapter Four examines the strategies and discourses the NCIWR used to challenge the HPV vaccination requirement and make their demands persuasive. I demonstrate how the reproductive justice organizing model that characterized the coalition's tactics proved to be an essential determinant in the success of their policy advocacy campaign.

1

A HISTORICAL TRAJECTORY OF DISCRIMINATION

How we talk and think about reproduction is part of a system of racial domination that shapes social policy and impacts individual women's lives...Reproductive politics are indeed fertile matters for discourse and disclosure, not only for women of Mexican origin, but for all communities.¹⁸

Anxiety over the public health consequences of immigration has deep roots in U.S. society. Natalia Molina's research on public health initiatives in Los Angeles reveals that the stigmatization of immigrants as carriers of disease and purveyors of vice existed as early as 1879.¹⁹ Through an examination of city and county health department reports and policies from the 19th and 20th century, Molina demonstrates how public health measures were defined by "sociocultural beliefs in the inherent uncleanliness of immigrants."²⁰ While Molina's research focuses specifically on Los Angeles, similar racialized notions of immigrants as threats to American society have permeated the nation. I demonstrate how racial stigmas ultimately became coded in both state and national legislation.

Discourses that frame immigration as a threat to public health have historically fueled the U.S. government to enforce health standards for immigrants through legislative means. Specifically, the perceived threat of Latina reproduction was central to the emergence of restrictive policies in the 1990s. I focus my analysis and research on legislative events of the

¹⁸ Gutiérrez, xiii.

¹⁹ Natalia Molina, *Fit to be Citizens?: Public Health and Race in Los Angeles, 1879-1939* (Berkeley, University of California Press, 2006), 3.

²⁰ Molina, 2.

1990s, as this was an important period of policy development that continues to influence public health measures aimed at immigrants.

The political climate of the 1990s was characterized by an anti-immigrant focus on the reproductive capacities of Latina women. In general, negative portrayals of immigrants were widespread, featuring alarmist rhetoric such as “invasion,” “crisis,” “illegals,” “alien,” and other language that characterizes immigration as a threat to the nation.²¹ Latina immigrants, however, were particularly targeted due to their alleged high fertility rates.²² Through a visual and textual discourse analysis, Leo Chavez establishes that Latina reproduction and fertility were key concepts in the national public discourse of immigration. He traces the genealogy of Latina “fertility and reproduction” in 10 national magazines over a 35-year period, beginning in 1965 and continuing until 1999.²³ He found that Latina immigrants were overwhelmingly characterized as “threats to U.S. society”²⁴ due to their purported high fertility and overuse of medical and other social services. Chavez’s research shows how racialized notions of Latina immigrants’ reproduction became intertwined with discourses of national security.

Examining the discourse that constructed Latina immigrant women as threats to the nation is of critical importance, for it shaped subsequent social policy. As Luhbeid notes, “The policing of immigrant women on the basis of sexuality...enabled the discursive production of exclusionary forms of nationalism that took concrete shape in immigration laws and

²¹ Leo R. Chavez performs a systematic examination of ten popular U.S. magazine covers and articles published between 1965 and 1999 that explicitly dealt with immigration issues. Chavez notes a striking pattern: the majority of covers that reference Mexican immigration is overwhelmingly alarmist, consistently highlighting the following themes: “invasion, war, reconquest, cultural and linguistic chauvinism, the magnet of social services as the cause of Mexican immigration, and the negative impact of Latin American immigration on African-American communities.” Leo R. Chavez, *Covering Immigration: Popular Images and the Politics of the Nation* (Berkeley: University of California Press, 2001), 236.

²² Using a case study of campaign tactics and journalistic sources, Gutiérrez demonstrates how “by the turn of the century, the hyper-fertile Mexican immigrant woman...gained infamy as a social problem necessitating public action and governmental intervention.”

Gutiérrez, 7.

²³ Chavez, 2004, 173.

²⁴ Chavez 2004, 173.

procedures.”²⁵ Exclusionary rhetoric took on exceptionally gendered dimensions, targeting Latina women’s fertility as a severe social problem that needed to be solved. Through a discourse analysis of data from sources such as news articles, policy reports, and political campaigns, Gutierrez systematically documents the development of the racial stereotype of women of Mexican origin as prolific “breeders.”²⁶ She finds that the same language used in mainstream media sources to describe Mexican women’s fertility and reproduction appeared in governmental sites, such as federal hearings. Luhbeid and Gutierrez’s research shows how discursive constructions of immigrant women’s reproductive behavior beget state and federal legislation specifically designed to limit the health care options for immigrants.

The sociopolitical consequences of racializing characterizations of immigrants are most clearly seen in California’s “Save our State” movement that led to Proposition 187 in 1994, which denied undocumented immigrants a myriad of social services. In order to contextualize the passing of Prop 187, it is worth noting that California was then struggling with an unwieldy state deficit. At the same time, the state was experiencing a drastic surge in population.²⁷ A number of researchers pointed to the tremendous population growth as the primary cause of the state’s resource drain²⁸, tracing much of the population expansion to an upsurge in migration, and the high fertility rates of immigrant women.²⁹ The anti-immigrant movement gained momentum, and

²⁵ Luhbéid, xi.

²⁶ Gutiérrez, 8.

²⁷ In 1993 the State Department of Finance estimated that California’s total population had doubled since 1960. Gutiérrez, 112.

²⁸ A widely publicized California Department of Finance study titled “An Analysis of the 1990 Census in California” explained that the state budget was overburdened because the number of state residents using social services was larger than the number of tax-paying Californians. Researchers ascertained that the imbalance was due to the unprecedented number of immigrants that were using the state’s social, economic, and natural resources. Gutiérrez, 114.

²⁹ In 1992, the California Department of Finance published data calculating fertility rates of different ethnic groups. Anglos had the lowest fertility rate at 1.74, while Hispanics had the highest at 3.33. This data served to fuel the argument that Latina immigrant women were in big part responsible for the state’s population increase. Gutiérrez, 115.

immigrant women were in large part blamed for the state's population boom and its overburdened welfare and social security budgets.

Media sources assisted in fueling the anti-immigrant discourse through ideological representations of Latina immigrants as hyper-fertile and advantageous. As anti-immigrant sentiment in the state grew, a myriad of articles began to appear in major newspapers recounting the “common knowledge” that pregnant women frequently crossed the border to secure a U.S. birth certificate for their child and therefore receive the social services awarded to citizens.³⁰ California Governor Pete Wilson played a weighty role in constructing a discourse that attacked the reproductive behavior of immigrant women. Upon coming to office in 1991, Wilson declared the removal of the provision of prenatal services to immigrant women a top governmental priority. He frequently referred to statistics that reported that births to undocumented immigrants made up 40 percent of all publicly funded births in the state.³¹ This kind of evidence legitimized anti-immigrant discourses and garnered considerable public attention.

A year later, Proposition 187 was placed on the state ballot, emerging as the “most restrictive manifestation of...anti-immigrant efforts.”³² The referendum's provision prohibited anyone unable to provide documentation from receiving public services, including non-emergency health care, welfare, and public school education. The referendum passed with a voter approval margin of 3:2, testifying to the persuasiveness and power of discourse.

The anti-immigrant sentiment in California gained prominence throughout the country³³ and reached a peak high in 1996 with the Welfare Reform Act and the Illegal Immigration

³⁰ Rex Dalton, “Births to Illegal Immigrants on the Rise: California Taxpayers Finance Soaring Numbers of Foreigners' Babies,” *San Diego Union Tribune*, Feb. 20, 1994, sec.A, p.1.

³¹ Demographic Research Unit, “Birth Projections for California State and Counties 2 - Report 93,” *California Department of Finance* (1993): 5.

³² Gutiérrez, 113.

³³ Soon after Proposition 187's approval, similar bills began to be promoted in Florida, Illinois, New York, and Texas.

Reform and Immigrant Responsibility Act (IIRIRA).³⁴ On August 22 of that year, President Clinton signed and passed the Personal Responsibility Work Opportunity and Reconciliation Act, also known as the 1996 Welfare Reform Act. This legislation significantly changed welfare in the United States by repealing or changing various social services and programs already in place, and requiring work in exchange for welfare assistance. The act had great ramifications for poor individuals and families, particularly those without citizenship status. Under the new law, non-citizens were considered ineligible for most federal welfare benefits and social services for the first five years of their residency in the country. Additionally, the law denied or restricted both undocumented and many documented immigrants from receiving cash aid, food stamps, and Medicaid coverage.³⁵

As with California's Proposition 187, racialized discourses on immigrant women's child-bearing were crucial to the production of restrictionist provisions that made up the Welfare Reform Act. Eithne Luhbneid describes how a variety of discourses, including scientific racism, gender, economics, public health, and criminology, "provided tools to describe the threat represented by these 'undesirable' women and to craft techniques for identifying and expelling them."³⁶ The welfare system operates as a site in which to put those techniques into play, as it has historically been "deeply implicated in the racialized process of distinguishing between 'deserving' and 'undeserving' motherhood."³⁷ By constructing citizenship status as another category for exclusion, the 1996 Welfare Reform Act not only exacerbated race- and class-based

Gutiérrez, 136.

³⁴ Richard Lacayo et al., "Down on the Downtrodden," *TIME*, Dec. 19, 1994 (<http://www.time.com/time/magazine/article/0,9171,982006,00.html>).

³⁵ *Welfare Reform - Background and Summary*, National Organization for Women, <http://www.now.org/issues/legislat/09-13-96.html#> (Sep. 1996).

³⁶ Luhbneid, 28-29.

³⁷ Syd Lindsley, "The Gendered Assault on Immigrants," in Jael Silliman, Anannya Bhattacharjee, ed., *Policing the National Body: Sex, Race, and Criminalization; A Project of the Committee on Women, Population, and the Environment* (Cambridge, Mass: South End Press, 2002), 191.

divisions, but also significantly devalued immigrant women's rightful claims to exercise self-determination through their reproductive choices.

One month after signing the Welfare Reform Act, on September 30, 1996, President Clinton signed and passed the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA). The IIRIRA made vast changes to the existing U.S. immigration law, the Immigration and Nationality Act (INA). Among these changes was the imposition of specific vaccine requirements for all persons seeking to adjust their citizenship status. Section 341 of the IIRIRA required that applicants present documentation for having received vaccinations recommended by the Advisory Committee for Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).³⁸ The diseases listed included mumps, measles, tetanus, hepatitis B, and any other "vaccine-preventable disease" that is deemed a public health threat by the ACIP.³⁹ Since the passage of the IIRIRA, all vaccinations recommended by the ACIP for the general U.S. population automatically became required for immigrants. Therefore, when the CDC officially adopted the ACIP's recommendation in 2007 for the routine administration of Gardasil for women in the U.S., that HPV vaccine automatically became mandatory for prospective immigrant women. As it turns out then, the addition of Gardasil to the list of required vaccines for immigrants was not an intentional act of discrimination,⁴⁰ but a bureaucratic step with nativist roots.

This historical trajectory of legislative attempts to control immigrant's health indicates how discrimination became institutionalized. Although the actual impact of discourse is not

³⁸ Rajiv S. Khanna, *Vaccinations for Immigration Purposes*, Immigration.Com, <http://www.immigration.com/vaccinations-immigration-purposes> (Jun. 25, 2009).

³⁹ *CDC Immigration Requirements: Technical Instructions for Vaccination*, Center for Disease Control and Prevention, http://www.cdc.gov/ncidod/dq/pdf/ti_vacc.pdf (Apr. 7, 2009).

⁴⁰ In an article by *The Wall Street Journal*, a CDC spokesman said the experts on the immunization committee didn't realize their decision would affect tens of thousands of immigrants. Miriam Jordan, "Gardasil Requirement for Immigrants Stirs Backlash," Oct. 1, 2008 (<http://online.wsj.com/article/SB122282354408892791.html>).

always measurable, scholars such as Luhbeid, Chavez, and Gutierrez demonstrate that policy development aimed at immigrants in the 1990s stemmed largely from racializing discourses that constructed immigrants as threats to U.S. society. As I outlined above, organizing efforts for California's Proposition 187 centered largely around racialized notions of the allegedly irresponsible sexual behavior of Latina immigrant women and the dangerous implications such behavior had for the availability of social services to U.S. citizens. Gutierrez argues that these negative portrayals of Latina immigrant women circulating in public discourse "are tied to structural and institutional modes of reproductive and racial control."⁴¹ Public discourses about immigrants' high fertility rates and large family sizes were integral to legitimizing legislative efforts to end federal funding for social services, such as prenatal care, to undocumented women. In fact, the Welfare Reform Act of 1996 was specifically designed to limit the reproductive health care options of poor women, women of color, and immigrant women. Long-standing anxieties over the public health consequences of immigration gave way to the 1996 IIRIRA, which generated a method for regulating immigrants' bodies through institutionalized vaccination requirements that continued to be used until 2009.

⁴¹ Gutiérrez, xvii.

2

THE RISE OF GARDASIL

*The visual culture of science makes clear that the realms of science, culture, and politics are all intertwined.*⁴²

In 2008, Merck & Co. produced the “Power to Choose” television campaign to market its HPV vaccine, Gardasil, to the U.S. public. The above statement—spoken by a young, Caucasian woman with short, stylish, bleach-blond hair—sets the stage for the remainder of the commercial, which features a diverse array of women who provide justification for choosing to get vaccinated with Gardasil. The one-minute commercial is saturated with messages about cancer prevention and rhetoric of choice. Yet around the same time Merck’s “Power to Choose” commercial aired on American television networks, Gardasil became mandatory for immigrant women seeking to apply for a U.S. green card or permanent residency. Though there is a glaring disconnect between the message transmitted to the American public and the one given to immigrant women, the two are inextricably linked.

In this chapter, I offer a critical analysis of the discourses that circulated in the medical community and popular U.S. media sources regarding the HPV vaccine, paying particular attention to whether or not it is discussed in the context of immigration. My research demonstrates that while Gardasil in and of itself garnered significant scientific and journalistic attention, both the medical community and the mainstream media hardly acknowledged or engaged with the politics of its administration.⁴³ Despite this finding, I argue that the discourses

⁴² Marita Sturken, Lisa Cartwright, *Practices of Looking: An Introduction to Visual Culture* (Oxford; New York: Oxford University Press, 2001), 384.

⁴³ A search for “Gardasil OR HPV vaccine” in Medline, a scholarly search engine for medical journals, gathered 778 results. A search for “Gardasil OR HPV vaccine AND Immigrant,” on the other hand, yielded one. Similarly, a

on Gardasil that circulated in science and popular culture were integral in constructing its significance and popularity, and therefore were complicit in paving the way for the implementation of the 2008 HPV vaccination requirement for immigrant women.

Gardasil became a legitimate public health tool through the sanctions it received from the medical community. When the FDA⁴⁴ licensed Gardasil in 2006 as “the first vaccine for the prevention of cervical cancer,”⁴⁵ it sparked a passionate response from medical researchers. A multitude of articles in medical journals published between 2006 and 2007 heralded the new vaccine that promised to prevent cervical cancer⁴⁶ as a “significant breakthrough in women’s health.”⁴⁷ Others highlighted Gardasil as a “novel”⁴⁸ contribution to medicine, as well as a

search for “Gardasil OR HPV vaccine” in *The New York Times* yielded hundreds of results. The search for “Gardasil OR HPV vaccine AND Immigrant,” however, yielded none. This pattern was repeated in searches of the *Los Angeles Times* and *The Chicago Tribune*, showing that there was plenty of discussion around Gardasil, but the discussion did not focus on the vaccine’s implications for immigrant women.

⁴⁴ The FDA is responsible for evaluating the safety and quality of new products, including vaccines, before they can be sold in the U.S. market. The FDA works closely with the CDC, another influential U.S. public health institution. The CDC and its offshoots, such as the ACIP, are responsible for “the prevention and control of communicable diseases.” The ACIP is responsible for providing recommendations to the CDC on the routine administration of vaccines that have been previously approved by the FDA. As the sole entity in the federal government that is able to develop official recommendations for the use of vaccines, the ACIP holds significant authority over matters of public health. Ultimately, however, the CDC must approve the recommendations set forth by the ACIP. Centers for Disease Control and Prevention, *Vaccines: ACIP/main page*, <http://www.cdc.gov/vaccines/recs/ACIP/default.htm> (Apr. 27, 2010).

⁴⁵ In June 8, 2006, the FDA licensed Gardasil as “the first vaccine for the prevention of cervical cancer, abnormal and precancerous cervical lesions, abnormal and precancerous vaginal and vulvar lesions and genital warts.” U.S. Food and Drug Administration, *Gardasil (Human Papillomavirus Vaccine) Questions and Answers*, <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm096052.htm> (Jun. 8, 2006).

⁴⁶ “New vaccine prevents cervical cancer,” *FDA Consumer* 40:5 (Sep. 2006): 37. MEDLINE with Full Text, EBSCOhost (accessed April 15, 2010).

Monica R. McLemore, “Gardasil: Introducing the new human papillomavirus vaccine,” *Clinical Journal Of Oncology Nursing* 10:5 (Oct. 2006): 559-560. MEDLINE with Full Text, EBSCOhost (accessed April 15, 2010).

Rashmi Sharma, Chaman Lal Sharma, “Quadrivalent human papillomavirus recombinant vaccine: the first vaccine for cervical cancers,” *Journal Of Cancer Research And Therapeutics* 3:2 (Apr. 2007): 92-95. MEDLINE with Full Text, EBSCOhost (accessed April 15, 2010).

⁴⁷ Engy Hanna, Gloria Bachmann, “HPV vaccination with Gardasil: a breakthrough in women’s health.” *Expert Opinion On Biological Therapy* 6:11 (Nov. 2006): 1223-1227. MEDLINE with Full Text, EBSCOhost (accessed April 15, 2010).

Peter Jaret, Eric Steinmehl, Rebecca Menn-Hemblin, “The health breakthroughs that matter to you,” *Health* 20:1 (Jan. 2006): 128-200. Academic Search Complete, EBSCOhost (accessed April 16, 2010).

⁴⁸ Vandana A. Govan, “A novel vaccine for cervical cancer: quadrivalent human papillomavirus (types 6, 11, 16 and 18) recombinant vaccine (Gardasil),” *Therapeutics And Clinical Risk Management* 4:1 (Feb. 2008): 65-70. MEDLINE with Full Text, EBSCOhost (accessed April 15, 2010).

“paradigm shift in public health.”⁴⁹ Still others celebrated the vaccine for its “excellent safety profile” and “100 percent efficacy”⁵⁰ in preventing against specific types of HPV-related cancers.⁵¹ Though many medical reports simply portrayed data collected for the vaccine, a great number of articles fully endorsed Gardasil, constructing it as a momentous public health intervention.

The sanctions put forth by medical researchers were further fortified in 2007 when the CDC approved the ACIP’s proposal to recommend the routine administration of Gardasil for women and girls. National medical institutions hold substantial definitional power in U.S. culture. As the three principal national institutions responsible for accrediting new medical technologies and providing guidelines for their administration, the FDA, the CDC, and the ACIP served as gatekeepers that held the keys to Gardasil’s rise in social status. Scientific studies are privileged by the modern mainstream as objective sources of incontrovertible evidence. Since the FDA and the ACIP base their decision to approve or recommend a vaccine largely on medical studies and reviews of the scientific literature, they are seen as providing scientific “facts.” Both the FDA and the CDC hold that Gardasil is “an important cervical cancer prevention tool that will potentially benefit the health of millions of women.”⁵² Representations of Gardasil put forth by the FDA, CDC, and ACIP therefore carry a great deal of social authority.

The medical community, however, was not solely responsible for constructing Gardasil’s public health importance. While scientific and medical narratives are critically involved in

⁴⁹Jenny May, "HPV vaccination - a paradigm shift in public health," *Australian Family Physician* 36:3 (Mar. 2007): 106-111. MEDLINE with Full Text, EBSCOhost (accessed April 15, 2010).

Richard Roden, Archana Monie, T.C. Wu, "The impact of preventive HPV vaccination," *Discovery Medicine* 6:35 (Oct. 2006): 175-181. MEDLINE with Full Text, EBSCOhost (accessed April 15, 2010).

⁵⁰ L.M. Speck, S.K. Tying, "Vaccines for the prevention of human papillomavirus infections." *Skin Therapy Letter* 11:6 (2006): 1-3. MEDLINE with Full Text. EBSCO. Web. 15 Apr. 2010.

⁵¹ “A Critical Analysis of the HPV Vaccine,” *The Indian Journal of Dermatology, Venereology, and Leprology* 75:3 (May-Jun. 2009): 35-39.

⁵² U.S. Food and Drug Administration, *Gardasil Vaccine Safety*, <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm179549.htm> (Aug. 20, 2009).

constructing cultural truths, they rely on cultural sites such as newspapers and television ads to articulate and circulate their messages. Terry and Urla illustrate how scientific and medical discourses “permeate the realm of popular culture, where they carry particular kinds of authority and appeal.”⁵³ Indeed, all discourses inevitably tie to larger systems of knowledge production.⁵⁴ Popular media sources are responsible for translating the specialized language of science and medicine to the average person, serving as important mechanisms for transmitting medical discourses to the general public. Thus science and media benefit from a symbiotic relationship. Just as medical reports on Gardasil were integral in structuring popular perceptions of the vaccine, mainstream news media played a vital role in fueling medical claims.

When the FDA first approved Gardasil, mainstream media sources largely echoed the medical community’s unparalleled endorsement. Journalists, news reporters, and anchors promoted Gardasil as a major medical “breakthrough.”⁵⁵ On *The Early Show*, Dr. Emily Senay went so far as to label the vaccine as the “top medical breakthrough of 2006.”⁵⁶ A 2008 report on representations of Gardasil in the U.S. media notes that Gardasil received overwhelmingly positive reviews from news sources at the time of its approval.⁵⁷ Well-respected newspapers such as *The Washington Post* and *The New York Times* glowingly profiled Gardasil and the medical professionals that developed it.⁵⁸ Many news sources not only delivered praise, but also

⁵³ Jennifer Terry, Jacqueline Urla, *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture* (Bloomington: Indiana University Press, 1995), 15.

⁵⁴ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, [1979] 2002), 326.

⁵⁵ ABC’s Charles Gibson told viewers “this breakthrough couldn’t come soon enough,” on the June 8, 2006 “World News Tonight.”

Julia A. Seymour, “About-Face: Media Outlets Turn On ‘Cancer Vaccine’ Maker,” *Business and Media Institute*, Aug. 27, 2008 (<http://www.businessandmedia.org/articles/2008/20080827143336.aspx>).

⁵⁶ For “The Early Show” on CBS, Dr. Emily Senay said Jan. 1, 2007, that the “top medical breakthrough [of 2006] has to be the cancer vaccine for cervical cancer, Gardasil.”

Business and Media Institute, Aug. 27, 2008.

⁵⁷ The research was compiled by the Business Media Institute, a unit of the Media Research Center.

⁵⁸ An article in *The New York Times* states that Gardasil “could be a lifesaver.”

Donald G. McNeil Jr., “How A Vaccine Search Ended In Triumph,” *New York Times*, Aug. 29, 2006 (http://www.nytimes.com/2006/08/29/health/29hpv.html?_r=1).

advocated for its widespread administration.⁵⁹ On NBC's "Today" show, for example, co-host Nancy Snyderman emphasized the public health benefits of mandating the vaccine for girls entering middle school.⁶⁰ A comparison of the discourses laid forth in medical and media sources demonstrates how representations of Gardasil in the mainstream media not only referred to, but also helped to reinforce medical discourses on the vaccine.

The joining of media and medicine is most clearly seen in Merck's television advertisements for Gardasil. Since the mid-1990s, the U.S. has allowed direct-to-consumer (DTC) advertising for pharmaceuticals.⁶¹ Now, advertising has become one of the principal ways in which people receive information about new medical technology, demonstrating how media and medicine mutually reinforce one another. Merck's "Power to Choose" commercials were integrally involved in constructing Gardasil's significance and popularity. One particular commercial plays up notions of modern female independence with depictions of individual smiling young women describing why they got vaccinated. They use statements such as, "I chose to get vaccinated because my dreams don't include cervical cancer."⁶² The majority of the women's justifications for obtaining Gardasil, however, rely on medical claims. In this particular commercial, doctors are cited as the ultimate source of authority with statements such as, "I chose to get vaccinated when my doctor told me cervical cancer can affect women my age, and how Gardasil can protect me." Visual scholars note how pharmaceutical advertisements do not only sell a product—they simultaneously sell science and medicine.⁶³ Merck's Gardasil

⁵⁹ Tara Parker-Pope, "Blaming the Media for Gardasil Hype," *New York Times*, Aug. 29, 2008 (<http://well.blogs.nytimes.com/2008/08/29/blaming-the-media-for-gardasil-hype/?scp=1&sq=Gardasil&st=cse>).

⁶⁰ On February 5, 2007, Snyderman spoke passionately in favor of an executive order passed by Texas Governor Rick Perry that required girls entering sixth grade to receive Gardasil. *Business and Media Institute*, Aug. 27, 2008.

⁶¹ Terry, and Urla, 382.

⁶² ealaiontoir, "Gardasil Commercial 'I CHOSE' 2008," *YouTube*, Aug. 6, 2008 (<http://www.youtube.com/watch?v=gd4ypCXusrI>).

⁶³ Terry, and Urla, 382.

commercial bolsters socially embedded notions that responsible citizens should choose to comply with medical claims.

The commercial also serves to construct Gardasil as a vaccine for cancer prevention rather than virus protection. Alongside notions of doctors as reliable supporters of the vaccine, promises that Gardasil prevents cervical cancer permeate the minute-long commercial. In truth, Gardasil does not prevent cancer, but protects against two strains of HPV that lead to 70% of cervical cancers. In addition, Gardasil protects against the transmission of two strains of HPV that cause genital warts. Yet not once does the commercial make mention of genital warts. By focusing on the vaccine's potential to prevent cancer, Merck de-sexualizes Gardasil. Despite the fact that HPV is a sexually transmitted infection, the ad does not once mention practicing safer sex by using barrier methods as an important preventative measure. In an article published by the *Journal of the American Medical Association (JAMA)*, authors Rothman and Rothman examine the messages and methods that Merck used to market the vaccine. They say, "By making this vaccine's target disease cervical cancer, the sexual transmission of HPV was minimized, [and] the threat of cervical cancer to all adolescents maximized."⁶⁴ Merck purposefully framed Gardasil as a form of cancer prevention, instead of a form of protection against specific strains of HPV.

The same messages of cancer prevention conveyed in the "Power to Choose" commercial are found in medical and mainstream news sources, testifying once again to the reciprocal relationship of medicine and media. The rhetoric used by Merck in the commercial is repeated in mainstream news sources. In journalistic articles and television news reporting, Gardasil was

⁶⁴ Sheila M. Rothman, David J. Rothman, "Marketing HPV Vaccine: Implications for Adolescent Health and Medical Professionalism," *JAMA* 302:7 (2009): 781-786.

primarily promoted as “the first vaccine to prevent cancer,”⁶⁵ rather than a vaccine that provides protection against a sexually transmitted infection.⁶⁶ Gardasil’s privileged status as the only vaccine developed to prevent cancer gave it an unquestionable air of scientific significance. Merck’s decision to focus its marketing on cancer prevention was crucial to scientific and popular constructions of Gardasil’s importance.

Another noteworthy component of the “Power to Choose” commercial is the absence of Latinas. Although Latinas are the population with the highest incidence of cervical cancer, Merck does not make any significant effort to engage Latinas in their advertisements for Gardasil. While Merck makes an attempt at racial inclusivity by featuring a few African-American women in the commercial, there is no explicit attempt made to include a Latina woman. Similar patterns can be found on Merck’s Gardasil website. At the top of the homepage, alongside links such as “Safety and Patient Product Information,” is the promising option to view the webpage “En Español.” At first glance, the additional option to access culturally-appropriate information on Gardasil in Spanish confirms that Merck recognizes that Latinas make up a big part of their potential consumer pool. The link, however, does not take the viewer to a Spanish version of the snazzy, aesthetically pleasing English website. Instead, the result is a glaringly white page with a few lines of black text and the Gardasil logo. The first line of text welcomes the viewer to “Gardasil.com/español.” Directly underneath is an announcement that the website is temporarily out of service.⁶⁷ Interestingly, Gardasil/español has been “temporarily” out of service throughout the nine months I conducted research. Merck’s attempt to provide culturally

⁶⁵ *NBC*’s Brian Williams called Gardasil a “triumph in science and medicine” on June 8, 2006. He referred to Gardasil as “the first vaccine to prevent cancer” on Dec. 28, 2006. *Business and Media Institute*, Aug. 27, 2008.

⁶⁶ News sources such as *ABC*, *CBS*, *NBC*, *The New York Times*, *USA Today*, and *The Washington Post* have all used the phrase “cancer vaccine” to describe Gardasil. *Business and Media Institute*, Aug. 27, 2008.

⁶⁷ *GardasilCom Espanol*, Gardasil.com, <http://www.gardasil.com/espanol/index.html>. (accessed Mar. 14, 2009)

appropriate services is ultimately not substantiated due to their inability to provide information and educational materials in Spanish.

Similarly, Merck does not explicitly acknowledge immigrants as a significant consumer group. In the Gardasil website, there is no explicit mention of immigrants; the word does not come up in the homepage, nor any of the linked pages. Yet Merck does seem to acknowledge the immigrant community in very implicit terms. At the very bottom of the homepage, a disclaimer reads, “This site is intended only for residents of the United States.”⁶⁸ Merck’s choice to use the word “residents” demonstrates that Merck understands it needs to recognize non-citizens as potential consumers of Gardasil. Merck’s subtle rhetorical nod towards immigrant communities is the closest the company comes to addressing the politics of Gardasil’s mandatory administration to immigrant women.

The visual and textual cues that produce Gardasil are important to uncover and contextualize because they have a great deal of social power. They implicitly structure the ways people come to know the vaccine. As this chapter demonstrates, medicine and media benefit from “a cross-fertilization of ideas and representations”⁶⁹ that inform social and cultural truths. Medical claims about Gardasil informed how it was interpreted and gained value, while mainstream news sources structured popular perceptions of the vaccine. Ultimately, the medical establishment and the mainstream media were integral in mobilizing, channeling, and legitimating discourses that constructed Gardasil as an important public health tool. In turn, their sanctions caused the CDC to consider Gardasil significant enough to recommend as a routine vaccination for women. Upon the CDC’s recommendation, the USCIS was required by law to make the HPV vaccine mandatory for immigrant women. Despite the fact that the medical

⁶⁸ GARDASIL [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant], Gardasil.com, <http://www.gardasil.com/>.

⁶⁹ Sturken, and Cartwright, 384.

community and the mainstream media did not discuss Gardasil in the context of U.S. immigration policy, the discourses that constructed it as an essential public health tool were integrally involved in laying the foundations for the HPV vaccination requirement to be enacted.

3

A PLURALITY OF RESISTANCES

*In many instances, hegemonic discourses not only shape cultural knowledge production, but also give rise to forms of resistance.*⁷⁰

Italian philosopher Antonio Gramsci defined hegemony as “a process of political, moral, and intellectual leadership through sociocultural institutions in civil society.”⁷¹ It is important to note Gramsci’s use of the word “process.” Both Gramsci and Foucault held that power is not static or hierarchical, but is instead best expressed as a web of unequal forces that are constantly fluctuating.⁷² Foucault writes, “we must not imagine a world of discourse divided between...the dominant discourse and the dominated one.” Instead we must envision power relations as “a multiplicity of discursive elements” that are as dynamic as they are interconnected.⁷³ Thus, where there is power, there is resistance, specifically a plurality of resistances.⁷⁴

Indeed, resistance to the 2008 HPV vaccination requirement for immigrant women was exercised from a wide variety of social sites. As I demonstrated in the previous chapter, the bulk of the medical establishment and the mainstream press did not acknowledge the HPV vaccine mandate. Instead, the dominant discourse on Gardasil focused mainly on the vaccine’s success. In this chapter, I look at blogs, newspapers, and medical journals to document the ways in which new knowledge of the vaccine was developed and disseminated. The requirement received the most attention from grassroots news sources, specifically progressive blogging communities. Yet a few insurgent voices within the medical institution and the mainstream news arena also

⁷⁰ Terry, and Urla, 14.

⁷¹ Frances Hasso, October 17, 2008.

⁷² Foucault 1978, 92

⁷³ Foucault 1978, 100.

⁷⁴ Foucault 1978, 95.

generated a great deal of dialogue on the politics of Gardasil's administration. Generally, the articles and blog posts denounce the HPV vaccination requirement for immigrant women on four accounts: its insignificant public health benefit, the additional financial barrier it posed to the immigration application process, and the ethical consideration of mandating a medical procedure on a targeted population. By questioning the mandate's appropriateness, critics of the HPV vaccine mandate successfully disseminated counter-narratives that reformulated dominant conceptions of Gardasil.

Blogging communities were integral to the emergence of counter-discourses because they widened the discursive sphere that Gardasil inhabited. Feminist critical theorist Nancy Fraser argues that discursive contestation calls for the creation of subaltern counterpublics, or "parallel discursive arenas where members of subordinated social groups invent and circulate counterdiscourses."⁷⁵ Blogs serve as modern examples of subaltern counterpublics, for they do not adhere to the normative professional model of objective reporting or the institutional guidelines for publishing in medical journals. Thus blogs provide a space where anybody can reconstruct dominant social meanings and develop a discourse of resistance. In fact, blogging communities were the first to acknowledge and question the discriminatory HPV vaccine mandate.

On September 7, 2008, WOC PhD published the first blog post on the issue. Her post sharply criticized the U.S. government for continuing a harmful pattern of using immigrant women and women of color as test subjects for experimental medications such as vaccines and contraceptives. She writes, "When a marginalized population, in this case immigrant women, is singled out for mandated medical procedures that no other population is nationally mandated to

⁷⁵ Nancy Fraser, "Politics, Culture, and the Public Sphere: Toward a Postmodern Conception," in Linda Nicholson, Steven Seidman, ed., *Social Postmodernism: Beyond Identity Politics* (Cambridge: Cambridge University Press, 1995), 291.

undergo, we should be concerned.”⁷⁶ WOC PhD focuses on the ethical consideration of mandating Gardasil to an already-vulnerable population.

A week later, on September 15, Jill published a blog post on *Feministe* in response to WOC PhD elaborating on the class implications of the HPV vaccination requirement. She explains that Gardasil’s hefty price tag “has a disproportionately negative impact on immigrants who are coming from difficult financial situations—immigrants who are less ‘desirable’ to the current political administration.”⁷⁷ Jill frames the requirement as blatant form of “class discrimination” and “xenophobia.”⁷⁸ That same day, Rachel at *Women’s Health News* published a follow-up blog post that summarized the arguments made by WOC PhD and Jill. A comment to Rachel’s post raises the possibility that requirement is “some kind of money-making scheme.”⁷⁹ The commenter, a self-described immigrant woman who was required to obtain the vaccine, substantiates her claims by explaining that the USCIS only requires one dose of the three in the Gardasil series. Since Gardasil is only effective if all three doses are completed, the commenter holds that health is obviously not the government’s primary concern, and therefore the motives must be profit-based.

While mainstream media and medical news sources framed Gardasil as a momentous public health tool, many grassroots voices held that the public health benefit of the HPV vaccine mandate was insignificant. In *Our Bodies Our Blogs*, Rachel echoes that argument when she published a post that cites “the lack of an opt-out provision...the expense of the series, the lack of significant public health risk...and the vulnerability of the affected population” as the primary

⁷⁶ WOC PhD, “The State Can Violate Women’s Bodies If They Want To,” *WordPress.com*, Sep. 7, 2008 (<http://profbw.wordpress.com/2008/09/07/the-state-can-violate-womens-bodies-if-they-want-to/>).

⁷⁷ Jill, “Requiring Gardasil for U.S. Immigrants,” *Feministe*, Sep. 15, 2008 (<http://www.feministe.us/blog/archives/2008/09/15/requiring-gardasil-for-us-immigrants/>).

⁷⁸ *Feministe*, Sep. 15, 2008.

⁷⁹ Rachel, “On Requiring HPV Vaccines for Immigrants to the U.S.,” *Women’s Health News*, Sep. 15, 2008 (<http://womenshealthnews.wordpress.com/2008/09/15/on-requiring-hpv-vaccines-for-immigrants-to-the-us/>).

reasons the HPV vaccine mandate warrants review. Jessica Aarons articulated similar considerations in a blog post by *Think Progress*, where she states, “Given Gardasil’s high cost, and the fact that there does not seem to be a public health justification for this particular mandate, I’m concerned that its real purpose is to create a financial barrier for immigrant women.”⁸⁰ A multitude of other blogs⁸¹ continued publishing passionate posts that denounced the USCIS’s HPV vaccination requirement for creating “ANOTHER barrier to citizenship status.”⁸²

Most of the initial posts frame the HPV vaccination requirement as an intentional act of discrimination by the U.S. government. Mention of the 1996 IIRIRA did not surface until Jessica Gonzalez-Rojas, from the National Latina Institute for Reproductive Health (NLIRH), and Emily Alexander published a blog post in *RH Reality Check*. In arguably the most comprehensive blog post about the issue, Gonzales-Rojas and Alexander give background information on Gardasil and the naturalization process, and then clearly explain how the mandate is the result of institutionalized processes. The authors criticize the HPV vaccine mandate on the ground that it is “the only sex-specific vaccination requirement, putting particular burden on immigrant women

⁸⁰ Amanda Terkel, “Bush Administration Forcing HPV Vaccine on Immigrants,” *Think Progress*, Sep. 15, 2008 (<http://thinkprogress.org/2008/09/15/immigrant-gardasil/>).

⁸¹ Elizabeth Eng, “Be ‘One Less’ to Support Gardasil Mandate,” *Associated Content*, Oct. 14, 2008 (http://www.associatedcontent.com/article/1110228/be_one_less_to_support_gardasil_mandate.html?cat=47).
Michelle Chen, “For immigrant women, vaccination vs. self-determination,” *RaceWire*, Apr. 2, 2009 (http://www.racewire.org/archives/2009/04/for_immigrant_women_vaccinatio.html).
Channing Kennedy, “Gardasil or Deportation? White Teen’s Case Highlights Racist Double Standard,” *RaceWire*, Sep. 28, 2009 (http://www.racewire.org/archives/2009/09/us_forces_woman_to_choose_betw.html).
Rachel, “Call for Action on HPV Vaccines for Immigrant Women,” *Our Bodies Our Blog*, Nov. 26, 2008 (<http://www.ourbodiesourblog.org/blog/2008/11/call-for-action-on-hpv-vaccines-for-immigrant-women>).
“Controversy Over Requiring HPV Vaccination In Immigration Vaccination Exams,” *Murthy Law Firm*, Apr. 17, 2009 (http://www.murthy.com/news/n_hpvctv.html).
Angelia N. Levy, “Gardasil Vaccine Required for Young Women Seeking Immigration to U.S.,” *OhMyGov!*, Oct. 28, 2008 (http://ohmygov.com/blogs/general_news/archive/2008/10/28/gardasil-vaccine-required-for-young-women-seeking-immigration-to-u-s.aspx).

Aysha Akhtar, “Our Inequitable Immigrant Vaccination Policy,” *Science Progress*, Mar. 17, 2009 (<http://www.scienceprogress.org/2009/03/our-inequitable-immigrant-vaccination-policy/>).

⁸² Miriam, “Immigration authorities add Gardasil to list of required vaccines,” *Feministing*, Sep. 28, 2009 (<http://www.feministing.com/archives/017896.html>).

applying for a visa or adjustment, further marginalizing a group that already has reduced access to health information and services that are affordable, accessible and culturally and linguistically competent.”⁸³ By focusing on discrimination at the structural level, Gonzalez-Rojas and Alexander situate the mandate in its unique socio-historical context, illuminating its problematic nature in a way that does not point fingers but seriously raises the need for structural reform.

A handful of mainstream news sources critically engage with the politics of mandatory administration of Gardasil to immigrant women.⁸⁴ One notable exception to the silence on the part of mainstream newspapers is an article published in October 2008 by Miriam Jordan for *The Wall Street Journal*. The article, entitled “Gardasil Requirement for Immigrants Stirs Backlash,” impressively highlights the commonalities of opinions voiced by immigrant advocates, medical professionals, and government officials. Jordan not only pinpoints the origins of the requirement to the 1996 immigration law, but brings forth first-hand accounts by “CDC physicians and experts” insisting that “they never intended to make the vaccine mandatory for young female immigrants.” By including the viewpoints of CDC officials, Jordan illustrates that the mandate lacked any element of intentionality.

Jordan also brings into question Gardasil’s public health benefit. She notes that “some public-health policy makers” have argued in favor of the routine administration of the vaccine.

⁸³ Jessica Gonzales-Rojas, Emily Alexander, “Immigrant Women, Seeking Status Adjustment, Face Forced Vaccination,” *RHRealityCheck.org*, Sep. 19, 2008 (<http://www.rhrealitycheck.org/blog/2008/09/18/immigrant-women-seeking-status-adjustment-face-forced-vaccination>).

⁸⁴ Mary Engel, “Immigrants’ advocates decry Gardasil requirement,” *Los Angeles Times*, Oct. 22, 2008 (<http://articles.latimes.com/2008/oct/22/science/sci-gardasil22>).

Rosemary Black, “New Gardasil cervical cancer requirement for immigrants stirs controversy,” *NY Daily News*, Oct. 24, 2008 (http://www.nydailynews.com/lifestyle/health/2008/10/24/2008-10-24_new_gardasil_cervical_cancer_vaccination-1.html?comments=1).

“Immigrant, Women’s Rights Advocates Call New HPV Vaccine Requirement for U.S. Citizenship Discriminatory, Costly,” *Kaiser Health News*, Sep. 29, 2008 (http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=5&DR_ID=54708).

“CDC Officials Did Not Know HPV Vaccination Recommendation for U.S. Women Also Would Affect Prospective Immigrants,” *Kaiser Health News*, Oct. 2, 2008 (http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=5&DR_ID=54801).

She then quotes Dr. Jon Abramson, who was chairman of the ACIP in 2007, stating that the public health benefit of Gardasil's widespread administration is not substantiated. He says, "HPV can only be communicated by sexual contact... This is not something that endangers kids in a school setting or puts your population at risk."⁸⁵ In stark contrast to mainstream accounts of Gardasil as a revolutionary public health tool, Jordan provides an alternative and authoritative point of view.

Alongside government officials, Jordan quotes immigrant advocates such as Tuyet Duong from the Asian American Justice Center, who declares that the HPV vaccination requirement is "outrageous" because "it's creating an economic barrier."⁸⁶ Jordan then explains that Gardasil is "one of the priciest vaccines on the market," and also notes that the USCIS only requires one dose from immigrant women. Jordan provides an in-depth and holistic account, complicating the dominant narratives on the HPV vaccine and demonstrating the nuances involved in mandating its administration for immigrant women.

Similarly, a few outspoken medical researchers disseminated a new set of considerations on the requirements' ethical and sociopolitical implications.⁸⁷ One particularly thorough article, entitled "Requiring Human Papillomavirus Vaccine for Immigrant Women" by Hachey et al in *The Journal of Obstetrics and Gynecology*, denounces the HPV vaccination requirement as "an undue burden" that is "neither a practical nor ethically sound method of preventing the spread of HPV in the United States."⁸⁸ Hachey raises the point that the HPV is only transmissible by skin-to-skin contact, and therefore does not constitute a significant public health threat. She justifies

⁸⁵ *The Wall Street Journal*, Oct. 1, 2008.

⁸⁶ *The Wall Street Journal*, Oct. 1, 2008.

⁸⁷ Ching Ping Ang, "Federal Law Requires HPV Vaccine for Green Card Applicants: Valid Exercises of State Police Power?," *Journal of Law, Medicine, and Ethics* (Spring 2009): 149-159.

⁸⁸ Krista J. Hachey, et al., "Requiring Human Papillomavirus Vaccine for Immigrant Women," *Journal of Obstetrics and Gynecology* 114:5 (Nov. 2009): 1135-1139.

her concerns over the mandate by noting that the American Cancer Society does not fully endorse the ACIP's recommendation for routine vaccination of women and girls ages 11 to 26, based on reports of the vaccine's limited efficacy.

Hachey also brings up financial considerations, stating the often-raised point that Gardasil poses an economic hurdle for immigrants applying for citizenship. Ethically, Hachey declares that the HPV vaccination requirement is a "violation of autonomy."⁸⁹ Without criticizing Gardasil itself, Hachey et al question the requirement's appropriateness. Though the group of researchers was quite small, they transmitted a critical analysis of the HPV vaccine from a medical ethics perspective.

Dr. Diane Harper was arguably the most prominent voice in the medical community that consistently raised concerns over Gardasil's administration. Dr. Harper has been described as "the leading international expert on HPV science,"⁹⁰ and is arguably the most frequently quoted professional on aspects of Gardasil. Dr. Harper served as the principle investigator⁹¹ for the Phase II and Phase III safety and effectiveness studies for Gardasil. For a time, she was a consultant to Merck. Yet Merck's aggressive marketing of the vaccine, and the following media and medical hype about the vaccine's benefits, led Dr. Harper to become an outspoken public critic of the vaccine she helped get approved. She is clear that she is not anti-Gardasil, for she acknowledges the potential benefits the vaccine offers. Instead, her concerns revolve around the

⁸⁹ Hachey et al, 1138.

⁹⁰ National Cervical Cancer Coalition, *Controversial Issues*, http://www.nccc-online.org/health_news/topics/controversial/gardasil2.html.

⁹¹ In an interview for *EmpowHER: Women's Health Online*, Dr. Diane Harper explained her role as principal investigator. She explains, "I was responsible for assembling a research team to recruit participants, deliver the health care during the study, collect biological specimens at the correct time, and retain subjects over the entire time frame of the study. After the data collection is complete, I have a professional/medical/clinical obligation to review the data for interpretation, comment and publication. There are instances when industry will exclude a PI from participating in the data publication process."

Marcia G. Yerman, "An Interview with Dr. Diane M. Harper – HPV Expert," *EmpowHER – Women's Health Online*, Dec. 23, 2009 (<http://www.empowher.com/news/herarticle/2009/12/23/interview-dr-diane-m-harper-hpv-expert?page=0,3>).

politics that have governed the vaccine. She questions the Gardasil's risk-versus-benefit profile, and believes that mandating the vaccine is irresponsible.⁹² In an interview, she states, "The most important point that I have always said from day one, is that the use of this vaccine must be done with informed consent and complete disclosure of the benefits and harms."⁹³ Though Dr. Harper does not specifically delve into the specifics of the immigration requirement, she adds an "expert" opinion that questions the appropriateness of Gardasil's mandatory administration.

A multitude of voices were integral in constructing a counter-discourse on Gardasil by circulating narratives that contested dominant notions of the vaccine.

As mentioned previously, power is not a stable top-down entity, but is "exercised from innumerable points,"⁹⁴ allowing for a multiplicity of forms of resistance to arise. Bloggers, journalists, and medical researchers alike transmitted a broader understanding of Gardasil's cultural significance. A variety of voices questioned the utility of the HPV vaccination requirement for immigrant women, challenging dominant discourses that constructed the vaccine as an important public health intervention. Many others denounced the additional financial burden that Gardasil posed for immigrant women and their families. By evaluating Gardasil within the context of immigration, critics reformulated hegemonic claims about the vaccine. In widening the discursive space that Gardasil initially inhabited, critics of the HPV vaccination requirement demonstrated that while discourse can transmit and reinforce a dominant ideology, it can also "undermine and expose it, render it fragile and make it possible to thwart it."⁹⁵

⁹² Sharyl Attkisson, "Public Should Receive More Complete Warnings," *CBS News*, Aug. 19, 2009 (http://www.cbsnews.com/stories/2009/08/19/cbsnews_investigates/main5253431.shtml).

⁹³ *EmpowHER – Women's Health Online*, Dec. 23, 2009.

⁹⁴ Foucault 1978, 98.

⁹⁵ Foucault 1978, 101.

4

A REPRODUCTIVE JUSTICE RESPONSE

For reproductive justice to become a reality, we must undergo a radical transformation; change must be made on the individual, community, institutional, and societal levels to end all forms of oppression so that women and girls are able to thrive, to gain self-determination, to exercise control over our bodies, and to have a full range of reproductive choices.⁹⁶

The HPV vaccination requirement for immigrant women was only in place for a little over a year due to the organized efforts of social justice organizations. In this chapter, I examine the policy advocacy campaign led by the National Coalition for Immigrant Women's Rights (NCIWR) to dismantle the problematic vaccination requirement, paying particular attention to the discursive strategies they used to reveal its discriminatory nature. The NCIWR is a coalition of over 40 local, state, and national organizations working to defend and advance the rights of immigrant women and their families. The organization was founded in 2006 by the National Latina Institute for Reproductive Health (NLIRH), the National Asian Pacific American Women's Forum (NAPAWF), and the National Organization for Women (NOW) to bring a gender perspective to the immigration debate. The NCIWR describes itself as an organization that "advocates for fair, comprehensive, and non-discriminatory approaches to immigration reform and policies that promote equality, reproductive justice, and economic justice for immigrant women."⁹⁷

⁹⁶ Asian Communities for Reproductive Justice, *A New Vision for advancing our movement for reproductive health, reproductive rights, and reproductive justice*, SisterSong, http://www.sistersong.net/documents/ACRJ_Reproductive_Justice_Paper.pdf (2005).

⁹⁷ The National Coalition for Immigrant Women's Rights, <http://nciwr.wordpress.com/>.

Reproductive justice is an organizing model that centers around the understanding that reproductive oppression, defined as the regulation and control of gender, bodies, and sexuality,⁹⁸ is a result of intersecting discourses based on gender, sexuality, race, class, citizenship status, age, ability, and other identities that impact people's lives. Organizations working within a reproductive justice framework strive to effect change at a structural level by addressing the systemic underpinnings of reproductive oppression. These organizations recognize that reproductive oppression affects women's lives in multiple ways, therefore activism must take on a multi-dimensional approach that engages with issues of both reproductive health and reproductive rights from a social justice perspective. As a result, the primary strategy for organizations working from this framework involves raising awareness and providing comprehensive education that highlights the intersections of oppression. Another important component of reproductive justice work hinges on cross-sector alliance building between social justice groups. The NCIWR's campaign to remove the HPV vaccination requirement for immigrant women was successful precisely because they operated within a reproductive justice framework.

The NCIWR's first step in challenging the requirement was to raise awareness of its problematic aspects by contextualizing it within broader issues that impact immigrant communities. In the NCWIR's first statement, the authors declare that the coalition "supports and promotes the reproductive justice for immigration women and their families" whose members "strongly object" to the mandate.⁹⁹ Before initiating any criticism, however, the NCIWR give important background information. They locate the requirement within a historical

⁹⁸ ACRJ, ACCESS/Women's Health Rights Coalition, *Three Applications of the RJ Lens*, ACCESS/Women's Health Rights Coalition, <http://whrc-access.org/pdf/Three%20Applications%20of%20the%20RJ%20Lens.pdf> (2009).

⁹⁹ "NCIWR HPV Vaccine FINAL," National Coalition for Immigrant Women's Rights, <http://napawf.org/wp-content/uploads/2009/working/pdfs/NCIWR%20HPV%20Vaccine%20FINAL-9.29.08.pdf> (Sep. 29, 2008).

context of reproductive rights abuses against immigrant women. They explain, “The U.S. has a longstanding history of using immigrants as test subjects.” Since Gardasil is still a very new vaccine whose long-term side effects are unknown, they draw parallels between past instances when immigrant women were involuntary subjects in clinical trials and the current fact that “only U.S. citizen women have the right to weigh the risks associated with Gardasil while immigrant women do not.” Though the NCIWR does not provide specific details, they cultivate a deeper understanding of the requirement’s shortcomings by locating it within a historical pattern of anti-immigrant sentiment.

Furthermore, the NCIWR connects their criticism of the HPV vaccine mandate to issues of class. While many sources denounce Gardasil because it is cost-prohibitive, the NCIWR takes those claims a step further by calling attention to the fact that Gardasil adds a hefty cost to an already expensive application process with fees amounting to over \$1,000.¹⁰⁰ They describe the requirement as “essentially a surcharge applied only to young immigrant women that will effectively block them from immigrating to the U.S. or becoming U.S. citizens.” Their use of the word “only” calls attention to the discriminatory nature of the mandate. The NCIWR’s analyses from a reproductive justice lens highlight the importance of contextualizing the HPV vaccination requirement within immigrants’ sociopolitical realities in order to understand its full implications.

The NCIWR incorporates a medical perspective to their statement in order to add legitimacy to their arguments. The strongest and longest paragraph in the statement begins by introducing Dr. Jon Abramson, former chairman of the ACIP, as an authority who has said “that Gardasil should not be mandatory because HPV “is unlike measles or chicken pox in that it is

¹⁰⁰ “CDC Joint Comments on HPV criteria,” National Coalition for Immigrant Women’s Rights, http://napawf.org/wp-content/uploads/2009/10/CDC_Joint_Comments_with_signatories_FINAL.pdf (May 8, 2009).

transmitted only by sexual contact.” By incorporating the voice of a leading figure in the CDC, the NCIWR demonstrates that their claims are not unfounded, but in fact are accepted even in circles unaffiliated with reproductive justice. The rest of the paragraph is dedicated to presenting figures from the FDA’s 2008 report on adverse side effects associated with Gardasil, further legitimizing their preoccupation with the HPV vaccine’s safety profile. The paragraph ends by restating that “Because many leading vaccine experts and medical journals advice against making the HPV vaccine mandatory...NCIWR believes the HPV vaccination should be a choice.” The NCIWR add saliency to their claims by directly engaging with medical and legal discourses. In the letter, the NCIWR outline their reasons for their objection to the mandated HPV vaccination, and support their reasons with medical discourses.

One of the most remarkable aspects of the campaign’s success in reversing the HPV vaccination requirement was the NCIWR’s ability to form strong alliances among a wide variety of social justice organizations. Using human rights as a unifying framework and reproductive justice as a central organizing concept, the NCIWR managed to bring together more than 100 diverse organizations. On January 26, 2009, the NCIWR sent a letter to Dr. Richard Besser, Acting Director of the CDC, urging him to take the necessary actions to remove the HPV vaccination requirement for immigrant women and girls. The NCIWR immediately makes it clear that objection to the mandate is not limited to a handful of issue-specific organizations by beginning the letter saying, “The undersigned immigrants’ rights, women’s rights, public health, medical, and reproductive justice organizations write to express our opposition to the newly-imposed requirement that female immigrants ages 11 to 26, seeking permanent residence or entry to the U.S. be immunized against the human papillomavirus (HPV).”¹⁰¹ The letter contained 112

¹⁰¹ “HPV Sign-On Letter to CDC,” National Coalition for Immigrant Women’s Rights, <http://nciwr.files.wordpress.com/2009/07/hpv-sign-on-letter-to-cdc.pdf> (Jan. 26, 2009).

signatories representing different constituencies, including international organizations such as the International Women’s Health Coalition, national organizations such as the American Immigration Lawyers Association, and local organizations such as the New York City Latina Advocacy Network.¹⁰² The breadth and number of signatories sent a clear and powerful message to the CDC that the HPV vaccine mandate was inappropriate on many levels and needed to be reconsidered.

Instead of simply offering criticism, as was predominantly the case in their September statement, the NCIWR’s January statement makes strategic demands. By the time the letter was written, it was well known that the HPV vaccination requirement had been automatically implemented by virtue of the 1996 immigration law. In the letter, the NCIWR acknowledge the structural causes of the mandate by asking Richard Besser to (1) direct the ACIP to modify their recommendation to state that the HPV vaccine should not be mandated for immigrant women, and (2) direct the USCIS to suspend the HPV vaccination requirement for immigrants applying to adjust their citizenship status. These two demands demonstrate that the NCIWR was aware that CDC is the principal structure that holds influence over the ACIP and the USCIS, and recognized that the Acting Director of the CDC is the person most capable of making a change that would resonate with the various groups.

Surprisingly soon after the NCIWR sent their second statement, on February 2, Lorenzo J. Falgiano, Acting Director of CDC’s Management Analysis and Services Office, published a notice in the Federal Register announcing that the ACIP committee would be holding two open meetings at the end of February in order to “review and, as appropriate, revise the list of vaccines for administration.”¹⁰³ The matters to be discussed included the HPV vaccine, along with the

¹⁰² “HPV Sign-On Letter to CDC,” <http://nciwr.files.wordpress.com/2009/07/hpv-sign-on-letter-to-cdc.pdf>.

¹⁰³ “Notices,” *Federal Register* 74:20 (Feb. 2, 2009), <http://edocket.access.gpo.gov/2009/pdf/E9-2164.pdf>.

“Vaccination of Immigrants and refugees.”¹⁰⁴ The fact that the CDC announced it was to review and revise the criteria used to implement vaccination requirements for immigrants only a month after the NCIWR sent the sign-on letter¹⁰⁵ suggests that the arguments articulated by the NCIWR and supported by medical, legal, and activist groups were persuasive enough to warrant the CDC’s attention.

The ACIP Summary Report for the two meetings held on February 25-26 demonstrated that much discussion centered around the revision of the 1996 immigration law. Questions were raised on whether the practice of automatically requiring immigrants to obtain every vaccination recommended by the ACIP was still consistent with the law’s “original intent,” particularly considering that “the portfolio of vaccines that are available and the purposes for which vaccines are being used have evolved significantly over time.”¹⁰⁶ As such, an internal committee at the CDC was charged with proposing new criteria for identifying which ACIP-recommended vaccines would become immunization requirements for immigrants, hence incorporating an element of intentionality that had been missing in the original law.

Less than two months later, the committee had devised a new set of criteria. On April 8, James D. Seligman, Chief Information Officer for the CDC, published a notice on the Federal Register seeking final comments on the new set of criteria from the public. The notice included a rationale for the proposed changes, explaining that, “the evolution of vaccine development has progressed to include those targeting specific groups... Therefore, CDC is now developing specific criteria to be applied against each vaccine in lieu of requiring all ACIP recommended

¹⁰⁴ <http://edocket.access.gpo.gov/2009/pdf/E9-2164.pdf>.

¹⁰⁵ On February 2, 2009, Lorenzo J. Falgiano, Acting Director of CDC’s Management Analysis and Services Office, published a notice in the Federal Register announcing that the ACIP committee would be holding two open meetings at the end of the month in order to “review and, as appropriate, revise the list of vaccines for administration.” <http://edocket.access.gpo.gov/2009/pdf/E9-2164.pdf>.

¹⁰⁶ Advisory Committee on Immunization Practices, “Summary Report,” Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/recs/acip/downloads/min-feb09.pdf> (Feb. 25-26, 2009), 92.

vaccines for immigration purposes.”¹⁰⁷ The criteria for determining which ACIP recommended vaccine should be required for immigrants were two-fold. First, the vaccine must be age-appropriate. Second, the vaccine must either protect against a disease that has the potential to cause an outbreak,¹⁰⁸ or must protect against a disease that has been eliminated or is in the process of elimination in the U.S. The notice closed with a call for written feedback on the proposed criteria.

Ever vigilant, the NCIWR seized the opportunity to make their demands heard. The coalition quickly mobilized their allies and submitted feedback to the CDC. By May 8, they had sent in their comments in the form of a letter with 31 signatories expressing their approval of the new criteria. The letter carried significant weight because it was once again endorsed by a spectrum of social justice activists. The letter begins by stating the organizations’ general approval on the promptness with which the CDC responded to public concerns by developing the proposed Criteria for Vaccination Requirements for U.S. Immigration Purposes. Once they establish their position as supporters, they remind the CDC that their endorsement hinges on the issue of the HPV vaccine mandate by stating, “we believe that the new criteria will reverse the HPV vaccination requirement for immigrants and alleviate the problems that had been created.”¹⁰⁹ In the letter, the NCIWR discuss how “application of the proposed criteria is an appropriate mechanism to reverse the HPV vaccination mandate on immigrants.”¹¹⁰ Under the new criteria, all ACIP recommended vaccines would be reassessed.

¹⁰⁷ “Notices,” *Federal Register* 74:66 (Apr. 8, 2009), edocket.access.gpo.gov/2009/pdf/E9-7934.pdf.

¹⁰⁸ The CDC specified that “potential to cause an outbreak” means the occurrence of more cases of disease than could be anticipated in a given area or among a specific group of people over a particular period of time. edocket.access.gpo.gov/2009/pdf/E9-7934.pdf.

¹⁰⁹ “CDC Joint Comments on HPV Criteria,” http://nciwr.files.wordpress.com/2009/01/cdc_joint_comments-on-hpv-criteria-20091.pdf.

¹¹⁰ http://nciwr.files.wordpress.com/2009/01/cdc_joint_comments-on-hpv-criteria-20091.pdf

Recognizing that the HPV vaccine would no longer be compulsory for immigrants if the new criteria became official, the NCWIR ended the letter by urging the CDC “to finalize the proposed rule and implement the proposed Criteria for Vaccination Requirements for U.S. Immigration Purposes as expeditiously as possible.”¹¹¹ In addition to the letter, the NCIWR mobilized their allies to submit written comments on the new criteria directly to the CDC. In the month-long public comment period, the CDC received 40 responses, 26 of which directly announced their approval of the criteria hinged on the removal of the HPV vaccine.¹¹²

Ultimately, the NCIWR’s direct action proved to be effective; apart from the expedited bit, the CDC complied with the NCIWR’s demands. On November 13, nine months after the NCIWR sent their first letter, Anne Haddix, Chief Policy Officer of the CDC, published a notice in the Federal Register announcing that the previously proposed criteria for determining vaccination requirements for immigrants would officially go into effect December 14, 2009. The notice described how “to date, the ACIP recommendations for the general U.S. population have been applied to aliens seeking admission into the U.S. without further consideration of the public health impact and need of these immunizations.”¹¹³ Although the CDC did not explicitly cite reproductive justice reasons in their reasons for reassessment, they at least acknowledged the problematic nature of relying on an outdated method of selecting vaccines for the immigrant population. In order to demonstrate the institution’s commitment to ensuring that required vaccines are “relevant in contemporary contexts,” the CDC amended the section on vaccination requirements in the 1996 IIRIRA. Instead of automatically requiring all ACIP-recommended vaccination for immigrants, as was outlined in the 1996 IIRIRA, the CDC officially decided to

¹¹¹ http://nciwr.files.wordpress.com/2009/01/cdc_joint_comments-on-hpv-criteria-20091.pdf

¹¹² “Notices,” *Federal Register* 74:218 (Nov. 13, 2009), <http://www.gpo.gov/fdsys/pkg/FR-2009-11-13/pdf/E9-27317.pdf>.

¹¹³ <http://www.gpo.gov/fdsys/pkg/FR-2009-11-13/pdf/E9-27317.pdf>

use the new criteria to decide which ACIP recommended vaccinations should be required of immigrants. The notice went on to announce that the CDC had in fact already reviewed the current ACIP recommended vaccines, and decided that two did not meet the newly adopted criteria: the Varicella Zoster Virus vaccine, and the HPV vaccine. As the NCWIR had predicted, the CDC found that HPV (a) does not meet the standards that define an outbreak, and (b) has not been eliminated, nor is in the process of elimination. As a result, the CDC decided that “the HPV vaccine will not be required for aliens seeking admission as an immigrant or seeking adjustment of status.”¹¹⁴ Though it took nine months of organizing and mobilizing, the NCIWR finally achieved its goal to remove the HPV vaccination requirement for immigrant women. The campaign’s success is exceptional not only because it ensured a short-term victory for immigrant women and their advocates, but also because it led to a long-term policy change that addressed institutionalized discrimination set in place in 1996.

The NCIWR’s use of the organizing principles of reproductive justice, such as comprehensive education, intersectional analysis, and cross-sector alliance building, made it ultimately possible to effect the change they desired. The same day the CDC announced its decision to discontinue the HPV vaccination requirement, the NLIRH, as a co-chair of the NCIWR, published a notice on their website entitled “CDC Removes Discriminatory HPV Vaccination Requirement for Immigrant Women and Girls: Victory for Reproductive Justice Advocates.”¹¹⁵ The notice features leaders from the NLIRH and NAPAWF commending the CDC for “taking the critical final step”¹¹⁶ to remove the HPV vaccination requirement and

¹¹⁴ <http://www.gpo.gov/fdsys/pkg/FR-2009-11-13/pdf/E9-27317.pdf>

¹¹⁵ Jessica Gonzales-Rojas, “CDC Removes Discriminatory HPV Vaccination Requirement for Immigrant Women and Girls,” *National Latina Institute for Reproductive Health* <http://latinainstitute.org/media/releases/CDC-Removes-Discriminatory-HPV-Vaccination-Requirement-for-Immigrant-Women-and-Girls-> (Nov. 13, 2009).

¹¹⁶ <http://latinainstitute.org/media/releases/CDC-Removes-Discriminatory-HPV-Vaccination-Requirement-for-Immigrant-Women-and-Girls->

restore the dignity of immigrant women. The notice honors the 100+ ally organizations that stood alongside the NCIWR in opposing the HPV mandate. Miriam Yeung, Executive Director of NAPAWF, proudly states: “Today shows what can happen when the reproductive justice, women’s health, immigrant rights, and public health movements work together.”¹¹⁷ In showcasing the “power of cross-movement building strategies”¹¹⁸ and collective action, the notice emphasizes the potential of a reproductive justice framework to effect institutional change.

¹¹⁷ <http://latinainstitute.org/media/releases/CDC-Removes-Discriminatory-HPV-Vaccination-Requirement-for-Immigrant-Women-and-Girls-> .

¹¹⁸ <http://latinainstitute.org/media/releases/CDC-Removes-Discriminatory-HPV-Vaccination-Requirement-for-Immigrant-Women-and-Girls->.

CONCLUSION

The revocation of the 2008 HPV vaccination requirement for immigrant women was undoubtedly a great victory for immigrants and their advocates. The NCIWR's successful policy advocacy campaign serves as a testament to the organizing potential for a reproductive justice framework, or any other intersectional framework with social justice at its core, to effectively tackle structural inequities that have a harmful impact on marginalized communities. Though it is important to acknowledge and celebrate the work done by the NCIWR, its ally organizations, and individual voices, we must continue to expand the conversations that the HPV vaccine mandate provoked.

Just as the mandate drew attention to the structural discrimination that immigrant women and women of color continuously face, it highlights the dire need for public health measures that actually meet the needs of marginalized communities. Cervical cancer disproportionately impacts immigrant women, particularly Latina, Vietnamese, and Korean women.¹¹⁹ Yet mandating the use of a medical procedure, regardless of its efficacy rate, does not address the roots of the problem. Much research has shown that immigrant women forego important routine preventative health services—such as pap smears, which identify cervical dysplasia before cancer develops—because of structural barriers that contribute to inequalities in access to health resources.¹²⁰ HPV is the most widespread sexually transmitted infection in the U.S., and various

¹¹⁹ Miriam Yeung, Amanda Allen, "Eliminating HPV Vaccine Mandate for Immigrant Women: A Victory On the Road to Reproductive Justice," *RH Reality Check*, <http://www.rhrealitycheck.org/blog/2009/12/13/eliminating-hpv-vaccine-mandate-for-immigrant-women-one-victory-on-road-toward-reproductive-justice> (Dec. 14, 2009).

¹²⁰ See, for example, Scarinci et al, "An Examination of Sociocultural Factors Associated With Cervical Cancer Screening Among Low-Income Latina Immigrants of Reproductive Age," *Journal of Immigrant Health* 5:3 (July 2003); De Alba et al, "Impact of U.S. Citizenship Status on Cancer Screenings," *Journal of General Internal Medicine* (July 2004); Lara M. Knudsen, *Reproductive Rights in a Global Context: South Africa, Uganda, Peru, Denmark, United States, Vietnam, Jordan* (Nashville: Vanderbilt University

strains are responsible for virtually all cases of cervical cancer.¹²¹ All women, despite their citizenship status, should be able to access the necessary preventative health measures to decrease their risk of getting cervical cancer. Instead of requiring public health procedures such as Gardasil, however, efforts should be made to increase access to health information and services by ensuring they are affordable, culturally appropriate, and non-coercive.¹²²

It will not be possible to eliminate inequities in health, however, as long as government legislation prevents immigrants from accessing public health services. In this essay, I have shown how discourse not only produces knowledge on subjects and objects, but also has real sociopolitical implications. In 1996, a nationwide anti-immigrant discourse discernibly paved the way for the creation of legislation that erected structural barriers to dissuade immigrants from entering or staying in the country. Today, the Obama administration's 2010 health care reform bill maintains barriers for immigrants by requiring that documented immigrants wait five years before they can enroll in public health programs like Medicaid, and denying undocumented immigrants the ability to purchase health insurance altogether. Senators who were in favor of the health care reform bill echoed the rhetoric used in 1996 by arguing that "maximizing restrictions on legal and illegal immigrants will...prevent health care benefits from becoming a magnet that

Press, 2006); Joshua S. Yang, "Contextualizing Immigrant Access to Resources," *Journal of Immigrant and Minority Health* (2008).

¹²¹ "HPV in the United States and Developing Nations," Guttmacher Institute, www.guttmacher.org/pubs/tgr/06/3/gr060304.html.

¹²² One interesting study that engages with the cultural aspects of the HPV vaccine in immigrant communities came out more than a year before the HPV vaccination requirement. The study uncovers various factors that affect the acceptability of the controversial vaccine among Latinas and African American women. The researchers find that both groups believed that in order for their communities to fully accept the HPV vaccine, it must be promoted by multiple credible sources of information, such as government officials, medical professionals, health advocacy organizations, and community members. Many Latina immigrants stated that "they would trust a vaccine that is on the market...because when a vaccine is approved it is because it is really effective."¹²² Overall, the study demonstrate that the development of a preventative vaccine is not enough to curb cervical cancer incidence rates. Instead, it must be coupled with non-coercive, culturally-appropriate promotional strategies.

Isabel Scarinci et al., "An Examination of Acceptability of HPV Vaccination among African American Women and Latina Immigrants," *Journal of Women's Health* 16:8 (Oct 2007), 1229.

draws new migrants to the United States.”¹²³ The passage of the health care reform bill illustrates the far-reaching roots that anti-immigrant discourse has in U.S. society.

Making health resources truly accessible to immigrants then requires a holistic understanding of the discourses and structures that perpetuate issues of health inequity are embedded within the socio-historical and political contexts that immigrants inhabit. The NCIWR’s success in removing the HPV vaccination for immigrant women signals the importance of continuing to build movements that address the intersections between immigration status, class, and access to health care. A reproductive justice perspective recognizes that it is precisely those kinds of intersections that shape people’s realities, and so strives for multi-issue analysis and organizing to effect change. Thus, a reproductive justice organizing model is an essential tool for ensuring that immigrants and other historically marginalized groups have access to safe, affordable, and culturally appropriate health resources. We must move towards a more holistic and contextualized understanding of the factors that perpetuate injustices in order that all individuals can ultimately have the resources they need to make healthy choices for their bodies, families, and communities.

¹²³ Julia Preston, “Health Care Debate Focuses on Legal Immigrants,” *New York Times*, Nov. 2009, (http://www.nytimes.com/2009/11/04/health/policy/04immig.html?_r=1&hpw).

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