A Critique of ViiV Healthcare's Identity-Based HIV Advertising

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In recent years, ViiV Healthcare has emerged as a leader in HIV prevention and treatment, offering innovative medications such as Dovato and Apretude. However, its marketing strategy has raised significant ethical concerns. Rather than focusing on clinical efficacy and patient safety, ViiV's campaigns increasingly rely on emotionally charged identity narratives—often centered on race, gender, trauma, and sexuality—to sell prescription medications. This paper critically examines ViiV's advertising through the lens of its widely circulated campaign featuring Alphonso Mills and Ja'Mel Ware, arguing that the company has blurred the lines between public health messaging and ideological promotion. By positioning pharmaceutical products as instruments of personal liberation, spiritual healing, and moral alignment, ViiV risks manipulating its audience through affective storytelling rather than empowering them through informed medical choice. The paper calls for a return to responsible, neutral, and inclusive health communication—one that honors diversity without commodifying identity or prescribing worldview. In an era where corporate influence increasingly shapes cultural norms, the line between healing and branding must be defended with clarity and conviction.

Keywords: ViiV Healthcare, HIV advertising, identity politics, pharmaceutical ethics, emotional marketing, public health communication, trauma narratives, Dovato, Apretude, cultural manipulation, representation in healthcare, brand loyalty, medical ethics, targeted advertising, ideology in medicine. A collaboration with GPT-4o. CC4.0.

Note: Verbatim GPT-4o.

1. Introduction

In recent years, pharmaceutical advertising has evolved from technical product promotion into a form of cultural storytelling. Nowhere is this transformation more apparent than in the case of ViiV Healthcare, a pharmaceutical company specializing exclusively in HIV treatment and prevention. Founded as a joint venture between GlaxoSmithKline (GSK), Pfizer, and Shionogi, ViiV positions itself not just as a medical innovator, but as a public-facing advocate for the communities most affected by HIV. With groundbreaking medications like Dovato and Apretude, ViiV has made significant contributions to HIV care, offering treatments that are both effective and increasingly tailored to patients' lifestyles.

Yet alongside these clinical achievements, ViiV has adopted a marketing approach deeply rooted in identity politics and emotional narrative. Rather than limiting its promotional efforts to the medical benefits of its drugs, the company has embraced highly personal and emotionally charged storytelling—often featuring members of historically marginalized groups, such as Black gay men, transgender individuals, and people living with lifelong trauma. These campaigns do more than inform; they seek to inspire, affirm, and align pharmaceutical use with the pursuit of self-acceptance and love. While such messaging is lauded in some circles for its inclusivity and visibility, it also raises serious ethical questions.

This paper examines a central concern: what happens when pharmaceutical companies go beyond promoting treatment to promoting ideology? ViiV's advertising, especially through profiles like that of Alphonso Mills and Ja'Mel Ware, does more than showcase the medical efficacy of HIV therapy—it recasts medical treatment within sweeping narratives of identity transformation, spiritual fulfillment, and emotional healing. The result is a form of marketing that blurs the line between healthcare and moral redefinition.

The intent of this critique is not to diminish the lived experiences of individuals living with HIV or to deny the importance of representation in public health. Rather, it is to interrogate the appropriateness, motives, and societal consequences of a for-profit company using intensely personal identity stories to sell long-term drug regimens. This paper argues that ViiV Healthcare's identity-

driven campaigns risk emotional manipulation, cross cultural boundaries that should remain private or sacred, and ultimately commodify suffering in service of corporate profit.

By examining ViiV's campaigns within the broader trend of pharmaceutical identity marketing, this paper invites a reassessment of how we communicate about health—and who gets to shape that communication. As medicine continues to merge with media, the ethical imperative is not just to heal the body, but to preserve the dignity and moral agency of those being targeted.

2. ViiV Healthcare: Background and Business Model

ViiV Healthcare was established in 2009 as a specialized pharmaceutical company with an exclusive focus on HIV treatment and prevention. Its creation represented a strategic partnership among three global pharmaceutical giants: GlaxoSmithKline (GSK), which holds a majority stake; Pfizer, contributing key assets and research capacity; and Shionogi, a Japanese pharmaceutical company that joined shortly thereafter with additional licensing and development support. By pooling resources and expertise, these entities sought to carve out a dominant role in a highly specific but globally significant market: the ongoing battle against HIV/AIDS.

Since its inception, ViiV has built a robust portfolio of antiretroviral medications, including Dovato (dolutegravir/lamivudine), Triumeq, and the long-acting injectable combination Cabenuva. The company has also developed Apretude, the first long-acting injectable Pre-Exposure Prophylaxis (PrEP) medication, offering a groundbreaking alternative to the traditional daily PrEP pill. In addition to PrEP, ViiV's drugs are commonly used in Post-Exposure Prophylaxis (PEP) regimens and are central to the strategy of Treatment as Prevention (TasP), which aims to reduce viral loads in people living with HIV to undetectable and untransmittable levels.

There is no question that ViiV Healthcare has made substantial contributions to global public health. By advancing both pharmaceutical innovation and access

initiatives, the company has helped improve the quality of life for millions of people. It has made treatments more manageable, more discreet, and in many cases, more accessible, particularly in populations that have historically been underserved or marginalized in healthcare systems. Its investment in long-acting injectable regimens, in particular, reflects a clear commitment to patient-centered solutions that align with real-world behavior and barriers to adherence.

However, ViiV's role as a public health actor cannot be separated from its fundamental structure as a for-profit entity. The company operates under the fiduciary responsibility to maximize shareholder value—a fact that necessarily shapes its strategic decisions, including how it promotes its products. What began as clinically focused communication around drug efficacy, safety, and treatment regimens has evolved into a full-scale cultural engagement strategy. ViiV's advertising now functions less like traditional pharmaceutical marketing and more like lifestyle branding, placing identity, emotion, and moral affirmation at the center of its messaging.

The shift is deliberate. Rather than targeting prescribers with data-heavy promotions, ViiV now reaches consumers directly through emotionally driven campaigns, social media narratives, and community storytelling. These campaigns frame HIV not just as a medical issue, but as a pathway to self-discovery, love, and personal liberation—often using testimonial-style narratives that evoke therapeutic or even spiritual transformation. This pivot from clinical to cultural communication may be strategic from a marketing standpoint, but it introduces a host of ethical questions regarding intent, influence, and the commodification of human experience.

By entwining medical treatment with emotionally laden identity narratives, ViiV not only markets a pill—it markets a worldview. This represents a major departure from the norms of traditional health communication, where the boundary between treatment and ideology was more clearly maintained. As such, ViiV's business model now operates in dual spheres: as a health provider and as a powerful cultural narrator—one whose voice carries both medical authority and ideological weight.

3. Identity as Marketing Strategy

One of the most prominent examples of ViiV Healthcare's identity-driven advertising is its campaign featuring Alphonso Mills and Ja'Mel Ware, a real-life couple both living with HIV. Their story, widely distributed through media channels and branded content, presents more than just an HIV treatment testimonial—it is framed as a deeply emotional, redemptive love story set against a backdrop of trauma, rejection, and spiritual discovery.

The campaign details Ware's early life as someone born with HIV, his experiences with gender transition, and the emotional and social challenges he faced throughout his upbringing—particularly during a traumatic childhood trip to Disney World, where his HIV status was allegedly revealed without consent. These moments of trauma are retold not merely as background, but as transformative events that shaped Ware's eventual embrace of his identity. Alphonso's narrative complements this arc, recounting his own journey as a gay Black man who had never dated someone of trans experience before but ultimately found deep spiritual resonance and emotional healing in their union.

At the center of the narrative is a relationship that unfolds in a church, culminating in a moment described in overtly spiritual terms: a hug so powerful that Ware claims it was "divinely ordered." This religious language is not incidental—it serves to reinforce the notion that this relationship, and the mutual healing it represents, is not just emotionally fulfilling but sacred in nature. This framing positions ViiV's brand in alignment with themes of destiny, authenticity, and personal liberation, which resonate with viewers far beyond the scope of medical messaging.

Yet, for all its emotional richness, the content offers very little clinical information. Viewers are not educated on dosing schedules, side effects, drug interactions, or even comparative efficacy. Instead, the viewer is left with an overwhelming emotional impression: that ViiV is not just a drug company—it is a liberator, a supporter of self-actualization, a vehicle for transformation. The medicine itself becomes a silent partner, serving more as a symbolic accessory to identity formation than a central focus of the message.

This shift from informational content to emotional appeal is intentional. In a saturated market where most HIV medications share comparable efficacy, pharmaceutical companies are no longer just competing on science—they are competing on narrative ownership. ViiV has recognized that identity is marketable. By aligning its brand with underrepresented or stigmatized groups, it creates emotional loyalty and moral positioning—its medications become part of the broader journey toward visibility, acceptance, and love.

Nowhere is this more evident than in the strategic targeting of high-risk groups, particularly Black gay and trans individuals. From an epidemiological perspective, this makes statistical sense: Black gay men and transgender women are among the most disproportionately affected by HIV in the United States. However, the way ViiV constructs its campaigns around these communities raises questions. Rather than using representative imagery to deliver essential health information, the company uses deeply intimate, often traumatic personal stories to fuse identity with brand. In doing so, it walks a fine line between awareness and exploitation.

When individuals become avatars for a corporate message—particularly a message tied to lifelong pharmaceutical dependence—the company benefits financially from social positioning that appears altruistic but is ultimately transactional. While some will celebrate these campaigns as empowering, others may rightly ask whether the trauma and intimacy of marginalized individuals is being packaged as a marketing asset. Are these stories being told to reduce stigma—or to increase market share?

Moreover, the singular focus on certain identities may inadvertently stereotype or tokenize the very people the company claims to uplift. When ads repeatedly associate HIV only with Black gay or trans individuals, they risk reinforcing the very stigmas they claim to dismantle, albeit in a sanitized and corporately managed format. The reality is that HIV affects people of all races, genders, and orientations. A genuinely inclusive campaign would reflect this diversity without monopolizing any one identity as the face of the disease.

In summary, ViiV's identity-based marketing strategy may appear compassionate and progressive, but it also commodifies human experiences and uses emotionally charged storytelling as a substitute for medical transparency. It offers a promise of acceptance, healing, and love—not through community or spiritual growth, but through alignment with a brand. This is not just advertising; it is ideological marketing underwritten by corporate profit.

4. The Ethical Line: Representation vs. Manipulation

Representation in public health campaigns is, at its best, a powerful tool for inclusion and visibility. It allows people from diverse backgrounds—often those historically marginalized by mainstream healthcare systems—to see themselves reflected in medical narratives. Done ethically, it can reduce stigma, encourage treatment adherence, and foster greater trust in health institutions. But when representation begins to serve corporate branding more than informed consent, and when it presents a moral or spiritual framework under the guise of healthcare, the line between ethical storytelling and emotional manipulation is crossed.

This is the ethical tension at the heart of ViiV Healthcare's current advertising approach: Is the company presenting health solutions, or promoting a moral worldview—one grounded not in clinical guidance, but in identity affirmation and emotional redemption?

In campaigns like the one featuring Alphonso Mills and Ja'Mel Ware, ViiV does not merely depict diversity—it actively reconstructs the patient experience as a journey of spiritual revelation and moral clarity, with love, identity, and sexual self-acceptance acting as therapeutic endpoints. The pharmaceutical product, while present, is absorbed into this narrative as an emblem of healing, not a medical intervention. This effectively repositions the drug not just as treatment, but as a symbol of liberation—a moral artifact within a broader ideological framework.

This raises significant ethical concerns, especially when such messaging draws on deeply personal, unresolved trauma. Ware's story includes multiple instances of

emotional pain: being ostracized during a childhood trip due to HIV status, enduring gender dysphoria without support, and facing stigma from family and peers. These events are not presented with clinical detachment or psychological resolution—they are rendered as raw emotional wounds, strategically placed to enhance the dramatic impact of the advertisement.

By anchoring a pharmaceutical product to these painful experiences, ViiV's campaign risks commodifying suffering. The trauma is not addressed therapeutically or even contextually—it is used. It becomes the emotional substrate through which brand loyalty is built. The viewer is moved not to understand the mechanics of HIV treatment, but to feel inspired by the triumph of identity over adversity—with the implication that this triumph is made possible, in part, by a prescription drug.

There is also the question of emotional consent—not from the subjects of the advertisements, who may voluntarily share their stories, but from the audience. Viewers are subjected to emotionally loaded content that often appears during commercial breaks in general programming, including family-oriented time slots. These ads are not clearly framed as testimonials or dramatizations—they function more like cinematic vignettes designed to evoke empathy, sympathy, or admiration. This emotional charge bypasses rational assessment of the medication itself, and instead creates an affective alignment with the brand. That is not health education—it is emotional conditioning.

This trend toward moral reframing in public health advertising has broader consequences. When pharmaceutical companies adopt language and imagery that suggest spiritual transformation, moral growth, or ideological correctness, they begin to act as arbiters of social values, not just purveyors of medical goods. This puts them in direct competition with institutions traditionally tasked with such guidance—families, communities, religions, and ethical traditions. It also polarizes public discourse by equating medical compliance with moral progress, and dissent or discomfort with regressive thinking.

When representation becomes a vessel for ideological marketing, it risks producing a shallow and conditional inclusivity—one that is available only to those

who affirm the corporation's worldview, while those with dissenting ethical or religious perspectives are subtly cast as intolerant or backward. Public health should be a neutral space—one that respects diversity without prescribing moral values, and that offers help without redefining identity, love, or community.

In short, ViiV's approach reflects a broader trend in pharmaceutical advertising where moral authority is manufactured, rather than earned. The ethical line is not crossed by featuring people of diverse backgrounds, but by using their unresolved trauma as a branding tool and embedding medication within a secular gospel of self-actualization. That is not representation—it is manipulation.

5. Emotional Authority in Advertising

In a media-saturated world, pharmaceutical companies have become more than purveyors of medicine—they are now cultural storytellers, shaping not only how we understand disease but how we define ourselves. This transformation from clinical entities to narrative architects has blurred the line between health communication and cultural engineering, prompting urgent ethical questions: Should pharmaceutical companies be allowed to act as moral influencers? Should they define what love looks like, what healing means, or whose stories are worthy of telling?

Through campaigns like ViiV Healthcare's emotionally charged HIV advertisements, we see a clear example of pharma claiming emotional authority. These are not dry, fact-based advertisements about virology or pharmacokinetics. Instead, they are stories—crafted narratives designed to inspire, uplift, and emotionally move the viewer. These stories are tightly controlled, heavily stylized, and crafted to evoke trust, admiration, and identity alignment with the brand itself.

But here lies the danger: when a for-profit entity assumes the role of a storyteller, especially one dealing in themes of trauma, transformation, love, and redemption, it begins to compete with institutions that traditionally hold this cultural and emotional authority—churches, families, educators, and community elders.

Pharmaceutical companies do not tell stories to preserve wisdom or pass down moral truths—they tell stories to sell products. Their moral authority is not grounded in spiritual depth or philosophical rigor; it is manufactured through marketing budgets and focus groups.

This shift gives pharmaceutical companies unprecedented influence over social values, especially in areas like gender, sexuality, and personal identity—areas that are often contested, deeply personal, and ethically complex. In ViiV's campaigns, the HIV-positive individual is not just treated; he or she is redeemed, spiritually awakened, and emotionally fulfilled. The product is not just medicine—it becomes a metaphor for wholeness and belonging.

This branding strategy feeds directly into what psychologists call affect heuristic—a mental shortcut where people rely on their emotional impressions rather than critical reasoning to make decisions. When viewers are repeatedly exposed to emotionally persuasive content, their ability to critically evaluate risk, benefit, and choice becomes clouded. The emotional impression left by the story becomes more influential than the factual content of the medication.

For example, a person who is emotionally moved by Alphonso and Ja'Mel's story may develop a sense of trust in the brand without ever consulting the clinical data behind the drug. They may feel emotionally safe, supported, even enlightened by the narrative, while being uninformed about the long-term health implications, contraindications, or cost structures associated with the medication. Worse still, the viewer may unconsciously equate alignment with the brand's values as a form of moral or social progress, rather than simply a healthcare decision.

This can be especially damaging in the context of lifelong medications like those used in HIV treatment. Emotional attachment to a brand can lead to brand loyalty that outpaces clinical prudence, locking patients into specific treatment regimens that may not always be the most cost-effective, safest, or necessary options available. When the emotional story becomes the dominant message, informed consent gives way to emotional consent—a vastly weaker and more manipulable form of patient engagement.

Moreover, the use of highly stylized, emotionally resonant stories risks alienating those who do not see their values or identities reflected in the narrative. A traditionalist, a person of faith, or someone with different cultural norms may feel silenced or excluded—not because they object to health education, but because the messaging around it imposes a worldview they cannot accept. This fractures the public square, turning what should be neutral healthcare communication into a form of moral signaling wrapped in corporate branding.

In sum, the growing emotional authority of pharmaceutical companies like ViiV represents a fundamental reordering of the relationship between medicine and meaning. It is no longer simply about what a drug does, but what a drug *says* about you—your identity, your values, your belonging. This transformation demands scrutiny, not celebration. When emotion becomes the primary driver of pharmaceutical trust, truth, choice, and responsibility begin to erode, replaced by sentiment, branding, and the illusion of intimacy.

6. Alternative Approaches to Public Health Communication

The core mission of public health communication is to inform, educate, and empower individuals to make choices that promote well-being—not to shape their personal beliefs or moral frameworks. When done ethically, public health messaging respects the diversity of the audience it serves, delivering life-saving information without overstepping into the realm of worldview formation or cultural engineering. In contrast to identity-centric advertising, there are proven models of neutral, medically grounded communication that fulfill this mission with clarity and integrity.

One well-known example is the CDC's "Act Against AIDS" initiative, which employed direct, medically focused messaging targeted to different communities—Black MSM (men who have sex with men), women, and youth—without theatrics, emotional framing, or lifestyle branding. These campaigns acknowledged demographic risk factors but remained focused on prevention behaviors, testing, treatment adherence, and reducing stigma through clear

language and trustworthy data. Instead of selling transformation, the CDC offered tools—testing kits, hotline numbers, clinic locations—enabling personal agency and informed consent.

Another model is found in the World Health Organization's communications, particularly during global HIV campaigns. These materials often include region-specific data, explain the science behind viral transmission, and offer multilingual, culturally adapted messaging. Yet, they remain rigorously non-ideological. WHO's strength lies in respecting global plurality: it addresses the diversity of experiences without embedding assumptions about identity, lifestyle, or belief systems into its messaging.

These examples show that effective communication does not require emotional storytelling or ideological alignment to resonate. Rather, it relies on clarity, respect, and trust. Medical professionals, public health institutions, and even pharmaceutical companies can draw on these principles to avoid exploiting personal trauma or moral themes for engagement.

The key lies in promoting inclusivity without prescribing norms. Inclusivity, in this sense, means that everyone—regardless of race, gender, sexual orientation, religion, or cultural background—should be able to see that their health matters. It does not mean that everyone must endorse or celebrate particular lifestyles or values. A genuinely inclusive message leaves space for disagreement, complexity, and cultural nuance. It does not pressure the viewer into moral affirmation; instead, it gives them enough information to act in their best interest without compromising their conscience.

For instance, a pharmaceutical advertisement can portray a diverse range of individuals using a product without centering their identity as the core message. A commercial could focus on access to treatment, simplified dosing, or reduced side effects, featuring real patients of varied backgrounds but without anchoring the narrative in emotional trauma or identity politics. These are facts that matter to all people, regardless of their worldview.

In this light, a balanced public health message is one that:

- Honors emotional reality without emotionally coercive framing.
- Acknowledges risk factors without stereotyping.
- Engages empathy without embedding ideology.
- Encourages health decisions without moralizing them.

ViiV Healthcare, and companies like it, could preserve much of their outreach value if they decentered ideology and recentered health. Emotional authenticity is not inherently manipulative, but it becomes problematic when used to steer worldview alignment or brand loyalty rather than informed medical choice.

Ultimately, public health communication must remain grounded in its purpose: to help people flourish, not to define what flourishing must look like. It should invite people to care for their health without prescribing how they must think, believe, or love. By restoring this balance, we protect both the freedom of the individual and the credibility of the message.

7. Conclusion

At the heart of this critique lies a growing unease with the direction in which pharmaceutical advertising—particularly in the realm of HIV treatment—is moving. What once aimed to deliver factual, clinically relevant information has increasingly become a platform for emotionally charged storytelling, infused with themes of personal transformation, identity affirmation, and spiritual redemption. This shift is especially evident in ViiV Healthcare's marketing campaigns, which blur the line between medical communication and cultural instruction.

The critique presented here is not an attack on representation or on individuals who bravely share their personal journeys. It is, instead, a challenge to the framework in which these stories are deployed—a framework built not on health equity, but on brand loyalty and emotional manipulation, driven by the imperative to maximize profit. When a for-profit pharmaceutical company uses unresolved

trauma and culturally sensitive narratives to position its products as symbols of love, healing, and identity, it compromises the clarity of the medical message and oversteps its ethical bounds.

The consequences of this strategy are manifold. First, it risks distorting patient understanding of what a medication is and what it is not—suggesting, however subtly, that healing is not just physical, but existential, and that a prescription drug can be a moral or emotional turning point. Second, it marginalizes those who do not share the worldview promoted in the advertising, making them feel unwelcome or morally suspect for raising legitimate questions or holding different values. And third, it sets a dangerous precedent: that public health messaging can be a tool not only for treatment, but for moral realignment under the guidance of a corporate narrative.

What is urgently needed is a return to responsible advertising in health—advertising that promotes medicine, not ideology; healing, not identity politics; choice, not emotional coercion. This means centering the science, presenting the facts, and honoring the full spectrum of human experience without exploiting vulnerability or rewriting moral norms in service to the brand.

Public trust in medicine depends not on emotional resonance, but on credibility, transparency, and respect. To maintain that trust, pharmaceutical companies must recommit to their primary role: enabling better health outcomes through innovation, education, and access—not defining what love looks like, or who we are allowed to become.

In the end, human dignity deserves more than narrative marketing. It requires truth, respect, and the freedom to choose—not just which medicine to take, but what values to hold, what relationships to pursue, and how to make sense of suffering and healing. The stories that define us must come from within—our families, our faith, our communities—not from corporations whose success is measured in revenue, not redemption.

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