the changing profession

The Humanities and HIV/AIDS: Where Do We Go from Here?

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SCHOLARS IN THE HUMANITIES MAY BE SURPRISED TO LEARN THAT THERE HAS BEEN AN OUTPOURING OF NEW WORK ON HIV/AIDS BY ECONomists and political scientists in the past few years, as it has finally become clear that the pandemic has seriously impacted governmental operations, redirected state resources, and threatened national and even international security around the globe.[1] This upsurge of interest accentuates the decline in scholarly attention to HIV/AIDS in the humanities that has occurred now that the high tide of AIDS activism has receded across much of the global North and West and nearly a generation has passed since the pandemic first appeared. In an effort to jump-start a second-wave approach to the study of HIV/AIDS in the humanities, I show here how new scholarship in the fields of economics and political economy helps to revitalize questions of subjectivity, epistemology, globalization, and representation that have long been central to the study of HIV/AIDS in traditional humanities disciplines. Given the global reach of the pandemic and the vast technological, disciplinary, and governmental expertise required to contain it, a deliberate yet self-reflexive turn to political economy may help humanities scholars find a foothold in responding to HIV/AIDS. The pandemic has been the catalyst for an entirely new set of techniques of governance related to the health and well-being of nations and global populations—a global biopolitics of HIV/AIDS—yet there is virtually no work in the humanities responding to these dramatic changes.

My interest in political economy is practical and immediate—it offers real hope for inciting new local and global responses to the pandemic; despite the apparent normalization of HIV/AIDS in contemporary Western societies, the need for an invigorated response to the pandemic is grave. As the pandemic has grown, so too have the myriad problems associated with identifying, representing, and treating the human subjects of HIV/AIDS, leading to what we in the humanities might call a series of global crises in HIV/AIDS subjectivity.[2] One of the signs of crisis is the obvious limit of the

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one-size-fits-all HIV-prevention mantra, "Use a condom every time." While persuading people to use condoms to prevent the spread of HIV has arguably been the greatest public-health achievement of all time, the supposedly rational subject of HIV prevention, who dutifully and routinely adheres to safe-sex practices after learning the routes of HIV transmission, has not fully materialized, at least not in sufficient numbers to reverse the tide of the pandemic. This is true not just for condom use but for all safe-sex practices.[3] Competing rationalities of health and safety, as well as complex economies of pleasure and risk, make it dangerous to presume a universal, rational subject of HIV prevention.[4] These difficulties result not only from the vastly different social and economic circumstances of those affected by HIV/AIDS around the globe but also from the availability of new treatment technologies that make life, for some, sustainable even when infected. Access to highly active antiretroviral therapy (HAART) raises, for example, new ethical and epidemiological questions about how, and whether, those infected with HIV can sustain healthy sexual lives.[5] In addition, the very act of survival in the midst of the pandemic has led to new sexual identities (such as "barebackers"), new valuations of life and health, and new modes of subjectivity (or what one researcher calls new models of "patient-citizenship" [Biehl 224]), many of which challenge basic assumptions about how life might best be lived. Perhaps in response to these developments, there are signs today, in countries around the globe, of a new wave of conservative backlash against those infected with HIV: the criminalization of HIV transmission from one person to another is on the rise; there is talk once again of closing gay bathhouses and sex clubs; sensational fears of HIV "supercarriers"—those infected with multiple or drug-resistant strains of the virus—are commonplace in the popular media; racist stereotypes of primitive, hypersexual "natives" who supposedly exacerbate the pandemic have resurfaced in scientific accounts of the pandemic in Africa and elsewhere; and a neoliberal exhortation to take "personal responsibility" in managing one's HIV serostatus now competes with older public-health approaches that look to the state, rather than the individual, to stem the tide of the pandemic.[6]

The fracturing of the subject of HIV prevention, new cultures of survival, and the growing backlash against those infected with HIV are some of the most portentous developments in the recent history of the HIV/AIDS pandemic. Scholars in the humanities have a tremendous opportunity to respond to these developments, but doing so requires looking at problems of HIV/AIDS and subjectivity through the lens of political economy. It seems impossible to understand either the complexities of the globalization of HIV/AIDS or the effects of the disease on human lives and cultures without analyzing the novel forms of governance being created to contain its spread.

One of the most important developments in global HIV/AIDS governance has been the formation of UNAIDS, the Joint United Nations Programme on HIV/AIDS. Since its inception, in 1996, UNAIDS has spearheaded global efforts to treat and prevent HIV/AIDS, charting new territory in the global management of health. While the United Nations has addressed health issues before HIV/AIDS, the security council's January 2000 meeting addressing the impact of the HIV/AIDS pandemic was a pivotal event in the global history of health management. This was the first time in its history that the security council addressed a public-health issue as a matter of international security.[7] That meeting was followed by the adoption of the Millennium Development Goals, eight global development targets that integrally link prevention and treatment of HIV/AIDS to international efforts to eliminate poverty, increase global security, promote sustainability, increase

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access to education, and protect children's and maternal health. Other institutional responses to the global pandemic include the Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2002, and the Bush administration's commitment, in 2003, to the President's Emergency Plan for AIDS Relief, which promised fifteen billion dollars for international AIDS treatment, care, and prevention. These developments signal a new era in the globalization and governmentalization of HIV/AIDS.[8]

A turn in the humanities to political economy will need to include an epistemological and materialist critique of the governmentalization of HIV/AIDS, as well as a critique of the scholarly discourse through which our understanding of that process emerges. Nana K. Poku and Bjorg Sandkjaer, writing about HIV/AIDS in parts of Africa, have described the hollowing effects of the pandemic on the practices of state government:

> The net effect of HIV/AIDS is institutional fragility compromising the overall capacity of the state. The effect is then circular; the pandemic weakens government institutions, rendering the government increasingly ineffective in stopping the very agent that is weakening it. The result is a downward spiral wherein the pandemic relentlessly reduces state capacity, even as the state requires ever-increasing capacity to stop the growing pandemic. The structures of government remain, but the ability to govern is diminished. It may be useful to refer to this situation as the "hollow states." The concept refers to the existence of state systems, but the inability of the state to fulfill its stated responsibilities and functions. (23)

The emergence of "hollow states," in which the ability to govern effectively has been significantly diminished, demonstrates just how grave a threat the pandemic poses to national and international security. Yet the notion of governmentalization refers less to this destructive capacity than to the proliferation of new ways in which HIV/AIDS is becoming part of government discourse. As researchers such as Colin McInnes and Susan Peterson have argued, the language of security has become a form of orthodoxy in policy discussions of HIV/AIDS. McInnes writes that the "UN and its associated agencies have been amongst the most important players globally . . . not simply in raising HIV/AIDS awareness but in constructing HIV/AIDS as a national security problem which demanded international attention and action" (93–94). This "securitising move" has emerged not only through the implementation of international policy but also through the disciplinary response to the pandemic by political scientists and economists. Thus, present developments in government and academic discourse regarding HIV/AIDS suggest how the pandemic will be managed governmentally and how it will be framed as an object of study.

The move to "securitise" HIV/AIDS is itself part of a larger history of the Western—and now global—production of knowledge about HIV/AIDS. What forms of knowledge are constrained and enabled by this "securitising move"? What are the implications of conceiving of a disease—one tied so intimately to expressions of human sexuality—in terms of state security? It becomes clear how pressing these questions are when one considers that, since the security council passed its resolution on HIV/AIDS in 2000, it has issued a resolution on another issue related to health and sexuality—namely, rape. In June 2008, the council declared rape a "tactic of war" that poses a direct threat to national and international security (United Nations). Those of us in the humanities, and particularly in cultural studies, may be best suited to take stock of these unprecedented developments that take up issues of health and sexuality in the biopolitical discourse of state security. In the case of HIV/AIDS, we are witnessing a shift not only in global HIV/AIDS policy but also in the rationalities of governance used by

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sovereign states to address issues of illness, sexuality, and productivity. How, then, do the shifting disciplinary forces that shape the current field of HIV/AIDS knowledge production relate to the networks of power and knowledge internal to sovereign states that Michel Foucault called "governmentality" (108)?

With the recent publication in English of Foucault's 1977–78 lectures on the evolution of governmentality and apparatuses of state security, *Security, Territory, Population*, cultural studies scholars can move beyond the influential first wave of HIV/AIDS scholarship, which focused on disciplinary forms of power.[9] While first-wave critiques remain valuable, they are limited in their analysis of HIV/AIDS knowledge and power to the extent that they consider only one of the dimensions of power that Foucault would later identify. In his lectures on governmentality, Foucault noted the limitations of his own earlier work on institutions, bodies, and objects of knowledge, showing how these analyses of power "fall under a global, totalizing institution that is, precisely, the state" (118). Governmentality, for Foucault, is a unique form of power distinct from, but experienced simultaneously with, disciplinary power and sovereignty that "has population as its target, political economy as its major form of knowledge, and apparatuses of security as its essential technical instrument" (108). If this is correct, then the HIV/AIDS knowledge production we are witnessing now is nothing short of the consummation of the governmentalization of HIV/AIDS. This line of force is the development of knowledge and technologies of power specific to the management of states, preeminently expressed in (and as) the discipline of political economy.

While this description may seem like good reason for the humanities to eschew an embrace of political economy, the premier science of the state, there is no reason to feel paranoid about the governmentalization of HIV/AIDS or about the fact that the pandemic has become a privileged focal point in political economy. As Foucault might suggest, this is the predictable course of knowledge production in the West, especially in the case of epidemic disease. Whereas Foucault used smallpox (in contradistinction to leprosy and the plague) to illustrate the emergence of governmentality, HIV/AIDS would have been a much better example, had Foucault lived to see the pandemic progress. Recent responses to HIV/AIDS are, in short, exemplary expressions of biopolitical governmentality, and the humanities have an important role to play in making sense of this fact, particularly in terms of its effects on subjectivity.[10]

For help in coming to terms with the governmentalization of HIV/AIDS, scholars in the humanities might turn to the field of contemporary ethnography—specifically, to the work of Didier Fassin, João Biehl, and Mark Padilla. Each of these researchers—whom I collectively call the new HIV/AIDS ethnographers—attends simultaneously to the macrosocial and subjective aspects of the pandemic, combining painstakingly researched ethnographies of individual subjects with a critical focus on the larger political economy of HIV/AIDS. As Fassin notes, this kind of work "begin[s] with history at the global level and move[s] gradually into history as lived local space" (xvii), an approach that from the outset blurs the distinction between history and ethnography, individual and context. He relies on methodologies drawn from traditional ethnography, structuralist anthropology, Marxism, psychoanalysis, cultural studies, discourse analysis, and history, arguing that "[w]hat may on first analysis seem an overly dense, heterogeneous tissue of events, statistics, narratives, and anecdotes is very simply the compact, composite matter of which social content is made" (xxi). He moves freely between theoretical reflection on subjectivity and empirical observation of his subjects in social environments.

In a chapter called "Living with Death," Fassin describes his South African subjects'

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psychological and material struggles with HIV/AIDS: the refusal to take antiviral drugs, out of fear that they are Western poisons; the turn to evangelical mantras of moral and physical rebirth; the preparation for one's own impending death; and the daily drudgeries of cleaning infected sores and living in the squalor of poverty. While some might explain these behaviors as mere superstition or describe only for sentimental effect the harsh realities of dying, Fassin argues that the meanings of even the most mundane and private experiences take shape in historical, political, and epistemological contexts particular to the South African state. These include the legacies of colonialism, the influence of the African Renaissance, the statistical logics of modern governance, and, perhaps most important, the competing political imperatives of what he calls the "right to life" and the "right to justice." The right to life is expressed through the political demands of activists and people living with HIV/AIDS who insist that the government make universal access to HIV treatments its highest priority; the right to justice is expressed in the government's claim that treatment costs must be weighed against other governmental priorities, such as the fights against poverty and discrimination, especially when polls show that "unemployment and violence are far ahead of AIDS among the preoccupations of South African citizens" (269). The meanings of life and death for many people living with HIV/AIDS emerge in the context of this larger political economy of life.

The most significant contribution of the new HIV/AIDS ethnographers is their ability to sidestep a methodological problem that has hamstrung previous analyses of HIV/AIDS. Until recently, researchers interested in pandemic disease have chosen between the analysis of individual subjects and the analysis of macro-social determinants of diseases.[11] Those who believe HIV infection is primarily the result of individual behavior tend to seek a behavioral solution to the problem of new infections. Behavorial models generally produce prevention studies that focus on psychological and interpersonal aspects of risky behavior, atomizing the pandemic as a crisis of individual, independent decision makers. While behavior modification has been enormously successful in curtailing the spread of HIV, it is now commonplace to note that asking people to change behaviors, especially sexual behaviors that are central to their sense of individual and social identity or that are crucial to their happiness or survival, will not always lead to change, much less bring about an end to HIV/AIDS. In addition, behavioral models can lead to outright moral condemnation of those who have unsafe sex and thus to the intensification of efforts to make those at risk for HIV conform to a neoliberal, rationalist model of sexual decision making.[12]

Those who believe that HIV/AIDS is a social—as opposed to an individual—problem seek macro-social solutions to the pandemic that entail changing the material conditions in which members of populations at risk for HIV make decisions about their lives. Searching for the broadest possible understanding of how and why pandemics take shape the way they do, macro-social approaches consider the influence of governments, the environment, and infrastructure on the course of pandemics. They advocate "upstream" policy interventions, in which governments, nongovernmental organizations, and global development organizations like the World Health Organization work together to effect lasting change.[13]

By paying sustained critical attention to subjectivity while analyzing global networks of capital, governance, colonialism, and political rationality, the new HIV/AIDS ethnographers have moved beyond this methodological binary.[14] They teach us that the human subjects of disease, like diseases themselves, are products of their surroundings and that they are shaped as much by macro-societal structures as by the pandemics that affect their lives. In this sense, these ethnographers' work

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might best be described as ecological, because it attends to the life of subjects in relation to their physical and social environments.[15] This type of ecological analysis extends the optics of both social-scientific and humanist inquiry by showing how subjects become intelligible in fields of governance, political economies, health-care networks, treatment campaigns, geographies, and other structures.

The new HIV/AIDS ethnographers have not, by any means, exhausted the potential of ecological analysis, and scholars in the humanities and cultural studies have important contributions to make. As Fassin notes, "Works in the social sciences rarely mention subjectivity" (261), yet ecological analysis leads precisely toward a more thorough examination of subjects in relation to their surroundings. Moreover, despite the recent increase in work on HIV/AIDS in the field of political science, Catherine Boone and Jake Batsell rightly observe that political science "has been slow to grapple with" the pandemic, mostly because "the HIV/AIDS issue has been conceived of as too private, too biological, too micro-level and sociological, too behavioral and too cultural to attract the attention of many political scientists" (4). Given these disciplinary constraints, one clear avenue for work in the humanities is to help develop ecologies of the subject that are more comprehensive, that stretch the notion of ecology to include the domains of language, literature, art, religion, and disciplinary discourse—what might be thought of as the cultural, as opposed to the material, environment of the subject.[16] Lack of clear direction in addressing these cultural dimensions of pandemics and their effects on subjectivity is one of the greatest challenges to moving scholarship on HIV/AIDS forward.

Progress in this direction would help scholars in the humanities and social sciences break free of the most rigid binaries that have shaped the first three decades of HIV/AIDS knowledge production: first world/developing world, homosexual/heterosexual, behavioral/social, and philosophical/practical. Transcending these binaries, however, does not mean doing away with them in toto; rather, the challenge today lies in knowing when to make such distinctions and when to transgress them and in learning how to shuttle between the frequently antagonistic methodological approaches to which the opposing sides of these binaries steer us. What I admire most in the new HIV/AIDS ethnographers is their facility for making these kinds of choices. Fassin routinely pauses to ruminate on Jacques Derrida and Maurice Merleau-Ponty in his book, but he still calls himself an "impenitent positivist" whose primary goal is to produce "socially useful" work (xxii). He moves back and forth between conventional, positivist conceptions of knowledge and more postmodern ones, just as he alternates between micro and macro lenses in his analysis of the subject. Thus, one task for the humanities is to help develop innovative approaches to some of the most vexing problems facing researchers who work on HIV/AIDS, such as how to study individual lives without reifying the notion of the subject or how to produce empirically verifiable facts on which to build prevention campaigns while acknowledging that truth claims are always contingent, cultural constructs.

I am not, of course, suggesting that humanities scholars turn to ecological analysis and to political economy more generally to promulgate a kind of neopositivism girded by the social sciences. Rather, the disciplinary challenge we in the humanities face today is to reenergize our responses to HIV/AIDS, and there is much we can learn, right now, from the social sciences that will help us think about problems we already confront in our own disciplines. Consider how humanities scholars have begun to address the problem of barebacking—the practice, when there is risk of HIV transmission, of intentionally unprotected anal sex between two men. Political pundits and public-health experts express

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dismay over barebacking, a seemingly illogical and self-destructive behavior undertaken by men who supposedly know better than to have unprotected sex. Yet knee-jerk condemnations of barebacking frequently stem from traditional, behaviorist approaches to HIV prevention and from predominantly psychological models of sexual subjectivity that rely on narrow definitions of rationality. In response to the moral and medical furor over barebacking, David Halperin has recently published *What Do Gay Men Want? An Essay on Sex, Risk, and Subjectivity*, an alternative account of gay male sexual subjectivity, as seen through the lens of abjection. Through readings of Jean Genet and others, Halperin explores relations to risk and pleasure seeking that fall to the side of the rationalist, normalizing discourses of science and psychology. He argues that it is better to employ "a gothic language of abjection or martyrdom—a set of figural linguistic gestures whose outlandish Catholic kitsch prevents anyone from taking them literally—than the presumptively objective, theoretically elaborated, scientific languages of psychology and psychoanalysis, with all their glittering jargons and, far worse, their terrifying institutional, social, and political authority" (104).[17] Alongside Halperin's work, we might consider that of Tim Dean, a psychoanalytic cultural critic who has also recently addressed the issue of unsafe sex among men who have sex with men. Dean argues that "the actual practice of [psycho]analysis depends upon not pathologizing any desire in order to see where its logic takes you" and thus reads the seemingly "nonrational logics" of barebacking as attempts to establish new bonds of male-male kinship ("Breeding Culture" 83). In his analysis of metaphors of breeding that are central to bareback culture, he writes that "unprotected sex has given rise to a discourse of kinship, based on the idea that the human immunodeficiency virus may be used to create blood ties, ostensibly permanent forms of bodily and communal affiliation" (82). Whereas Dean seeks to refine psychoanalytic criticism by depathologizing desire, Halperin distrusts psychological models of sexual subjectivity, especially psychoanalytic ones, both because of their normalizing tendencies and because they limit our ability to think about things like desire, pleasure, risk, and abjection that resist the elegance and efficiency of master narratives. In the difference between these two approaches, we see something of the behavioral-social divide that separates traditional public-health approaches from macro-social ones. Is barebacking primarily a psychological phenomenon, as Dean suggests, or are subjectivities of risk formed in discursive and material contexts that exceed the domain of psychology?

Putting the question this way may oversimplify the issue. In *Unlimited Intimacy: Reflections on the Subculture of Barebacking*, Dean at times pays careful attention to the material and discursive surroundings in which ego formation takes place. His work includes descriptions of the spatial layouts of San Francisco bathhouses and a discussion of the American "imperative of health," a homophobic and "distinctly medicalized understanding of what counts as health" (60). And Halperin, while eschewing the language of psychology, still seeks to describe what he calls the "inner life of male homosexuality" (1). Nevertheless, the differences between their approaches demonstrate how discussions of barebacking in the humanities share many of the conceptual and methodological challenges that have dogged the social sciences. They also show that we need, in the humanities, to give renewed attention to the issue of sexual subjectivity vis-à-vis HIV/AIDS. The differences in approach are not only methodological but also, some may say, moral: they bear directly on the questions of how, when, and where to respond to sexual risk taking among gay men as a public-health crisis and thus on how HIV/AIDS will continue to be governmentalized in the future.

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As we consider the question with which this essay began—"Where do we go from here?"—it seems clear that we face a pressing need for more expansive ecologies of the subject that, whatever their disciplinary moorings, respond to changing meanings of health, sexuality, subjectivity, and risk. Our opportunity for action lies in the fact that the hurdles we face today in the humanities are being overcome in other disciplines, as scholars in political economy and ethnography teach us to move more deftly between macro and micro, or social and psychological, analyses of HIV/AIDS and subjectivity. We should aim to locate human responses to HIV/AIDS in the contexts of globalization and governmentalization, to displace the conceptual binaries that shaped first-wave responses to the pandemic, and to insist on being heard as we express our ongoing struggles with loss and survival, even if—especially if—what we have to say strikes others as repugnant or distasteful. Far from being behind us, the best work on HIV/AIDS in the humanities is yet to come.

Notes

1. Two recent anthologies that bring together some of the best new work on HIV/AIDS and political economy are *HIV/AIDS and the Threat to National and International Security*, edited by Robert L. Ostergard, Jr., and *AIDS and Governance*, edited by Nana K. Poku, Alan Whiteside, and Bjorg Sandkjaer. These books build on the global economic and political analysis of the pandemic begun by Tony Barnett and Whiteside in their earlier book, *AIDS in the Twenty-First Century: Disease and Globalization*. See also Patterson; Poku and Whiteside; Seckinelgin; Harris and Siplon; Hoad; De Waal.

2. From the earliest days of the pandemic, when the infamous "four H's" (homosexuals, hemophiliacs, Haitians, and heroin addicts) first emerged in the epidemiological literature on HIV/AIDS, humanities scholars have taken an active interest in how medical and popular discourses have framed the medicalized, and frequently demonized, subjects of HIV/AIDS. The first wave of humanities and social science responses to HIV/AIDS, including work by Cindy Patton, Douglas Crimp, Simon Watney, and Dennis Altman (to name only a few of the early pioneers), largely attended to the epistemological and representational crises surrounding the experiences of people with HIV/AIDS as their lives took on new meanings in complex networks of disciplinary power. The work of these scholars marked something of a golden age of HIV/AIDS scholarship, when queer theory, the writings of Michel Foucault, poststructuralism, and ACT UP (the AIDS Coalition to Unleash Power) were fueling what seemed to be an intellectual revolution around issues of sexuality, health, and power. As early as 1996, the sociologist Steven Epstein analyzed many of these changes in his book *Impure Science: AIDS, Activism, and the Politics of Knowledge*.

3. On the limitations of current prevention efforts, see Campbell; H. Epstein.

4. For cutting-edge assessments of HIV prevention efforts on a global scale, see Merson et al.; Coates et al.; Padian et al.; Gupta et al.; Bertozzi et al.; Piot et al. These six articles, written by some of the world's leading experts in HIV prevention, compose a special series on prevention in the *Lancet*, the United Kingdom's leading medical journal. Their publication coincided with the August 2008 meeting of the International AIDS Conference in Mexico City.

5. Even the basic science of HIV transmission is in question again, particularly in terms of the infectiousness of people with HIV who are taking HAART. See Vernazza et al. (the "Swiss statement" on HAART and HIV infectiousness) and early responses to this study by Wilson et al. and Stürmer et al.

6. For an up-to-date overview on criminalization, see "Policy Brief." On bathhouse closures, see "Issue" and Farley. France provides a particularly lurid example of the HIV "supercarrier" myth. On HIV/AIDS and neoliberalism, see Adam; Mindry. Epprecht discusses stereotypes of African sexuality.

7. Ostergard presents a series of responses people have had to this security council meeting from a policy–political economy perspective.

8. In addition to these developments, the World Health Organization has become an increasingly important international player in HIV/AIDS treatment and prevention; in 2004 the International Monetary Fund published *The Macroeconomics of HIV/AIDS*, the fund's first book to focus entirely on a public-health problem; and the number of nongovernmental organizations (NGOs) dedicated to HIV/AIDS relief in countries around the globe has grown significantly.

9. See note 2.

10. Much to the credit of political scientists, the epistemological problems associated with the governmentalization of HIV/AIDS have not been lost on them. As Hakan Seckinelgin demonstrates in his recent book *International Politics of HIV/AIDS: Global Disease—Local Pain*, a deeper understanding of the epistemological and material arrangements of the governmental structures through which

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HIV/AIDS treatment and prevention are administered is crucial for any future policy decisions. His work critiques aid workers and policy makers who rush into action or put all their faith in "evidence-based" approaches without considering how what constitutes useful action and evidence are products of complex and variable networks of knowledge production. Jeremy Youde explores a different set of epistemological problems in *AIDS, South Africa and the Politics of Knowledge*. Focusing on HIV/AIDS dissidents and the controversial policies of Thabo Mbeki, the president of South Africa, Youde analyzes the formation and influence of what he calls "counter-epistemic communities" in the struggles to shape HIV/AIDS policy (43).

11. Muntaner and Chung provide a recent example of how this binary shapes discussions of public-health policy.

12. One of the most trenchant critiques of behavioral approaches that has recently emerged from the field of political economy is Eileen Stillwaggon's *AIDS and the Ecology of Poverty*. Stillwaggon analyzes the relation between poverty and HIV infection around the globe, arguing that prevention experts who focus on behavior have failed to develop policies that address the underlying causes of the pandemic: "prevention policy is restricted, almost exclusively, to interventions aimed at influencing individual sexual or needle-sharing behavior, rather than addressing the social and biological context in which those behaviors occur" (11).

13. The focus on individual behavior has long been the dominant approach, since it often yields dramatic results such as those seen in the 1980s and early 1990s in safe-sex campaigns centered on abstinence and condom use. By contrast, it is hard to measure the success rate of prevention efforts aimed at populations instead of individuals, and the kinds of large-scale social changes advocated by ecological analysis do not readily enhance the cash flows of pharmaceutical companies, condom manufacturers, and prevention-focused NGOs. Gupta and her coauthors offer more information on the methodological and assessment challenges associated with structural analysis. Decosas discusses how ecological analysis has been left behind in HIV/AIDS research.

14. One sees this in João Biehl's recent study of the AIDS pandemic in Brazil, *Will to Live: AIDS Therapies and the Politics of Survival*. Analyzing the "micro-politics of survival" among HIV-positive people alongside the macro politics of what he terms "the pharmaceuticalization of public health" (49, 97), Biehl, like Fassin, offers a critically informed ethnography that includes analysis not only of political structures and governmental organization but also of how changes in Brazil's political economy inform the everyday sensibilities of those infected with HIV. He documents how Brazil's world-renowned approach to HIV management, which promotes widespread access to antiretroviral therapies, has incited a "will to live" among people with HIV/AIDS. This "will" expresses a novel form of "patient citizenship"—a new subjectivity—produced by the state's embrace of pharmaceuticals (101). Biehl's work elaborates the complexities of subject formation by blurring the line between expressions of individual will, a privileged signifier of human autonomy, and the domain of neoliberal political economy, in which governments and pharmaceutical companies enter into mutually beneficial partnerships to manage disease and create new markets.

15. Both in and outside the field of HIV/AIDS studies, the history of ecological analysis in the social sciences is multifaceted, so much so that it is impossible to offer a unified definition of it here. For a general overview of ecological analysis as it relates to public health, see Poole; Susser, "Logic . . . I" and "Logic . . . II"; Schwartz; Koopman and Longini. Decosas addresses the history of emerging ecological analyses of the HIV/AIDS pandemic. Barnett, Whiteside, and Decosas explain the "Jaipur paradigm," a standard for ecological analyses of HIV/AIDS in the social and political sciences. My use of *ecological* here differs somewhat from these scholars' definitions, which tend to equate *ecological* with *macro social*. The spin I am giving the term emphasizes the importance of analyzing subjectivity vis-à-vis social, physical, and epistemological-discursive environments.

16. For many scholars in the humanities and social sciences, ecological thinking about HIV/AIDS and the subject got off to an unfortunate start back in 1997 with the publication of Gabriel Rotello's *Sexual Ecology: AIDS and the Destiny of Gay Men*. This book disappointed many readers because, despite the author's claims to the contrary, it sought to address the link between the spread of HIV and gay male sex by implicitly advocating traditional, monogamous family values for gay relationships. Gay male sexual ecology, for Rotello, essentially came down to a conventional critique of promiscuity. As the psychologist Walt Odets put it in a letter to the editor of the *New York Times*, Rotello's "'imaginative' use of the environmental metaphor" and his analysis of a "destructive 'gay male ecosystem'" appeared to be "rooted in little more than Rotello's own moral feelings, feelings only poorly disguised behind unexamined assumptions and carefully selected, heavily massaged 'facts.'" The idea of sexual ecology has gained little traction since then, despite its enormous potential for spurring thinking about how individuals interact with their environments.

17. Halperin's writing shares the concerns of pioneering HIV/AIDS sociologists like Kane Race, Mark Davis, and Barry Adam, who have crafted new approaches to studying the HIV/AIDS pandemic among men who have sex with men, resisting the univocal definitions of health, the universalizing logics of rationality, and the frequently moralizing discourses of personal responsibility, factors that have all limited public-health responses to HIV/AIDS. They have done so by attending to local and even individual understandings of what constitutes health, well-being, and acceptable risk, even when these views stand outside

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the norm, and by recognizing that a life without pleasure, including sexual pleasure, is not much of a life at all. See Race, "Engaging" and "Undetectable Crisis"; Adam; Adam et al., "Risk Construction" and "AIDS Optimism"; Davis, "HIV Prevention Rationalities" and "'Loss.'"

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