Politics and the Pandemic: HIV/AIDS, Africa, and the Discourse of Disability

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In 2004, *Africa News* filed a report on then12-year old William Msechu, a young African who lost both of his parents to AIDS in 1999. He, too, was HIV positive. Msechu is characterized as a "very bright boy," although, the article reports, he is "yet to come to terms with his HIV status." "'I was told that I have tuberculosis and I am getting better,'" the article quotes William as saying to journalists ("HIV-AIDS and STDs," 2004). William Msechu's disbelief at having contracted HIV is unremarkable; persons diagnosed with severe diseases, including HIV/AIDS, often work through denial and incredulity.[1] Just as unremarkable, however, is Msechu's contention that he had not tested positive for HIV, but rather, had contracted tuberculosis, another widespread disease but not nearly as stigmatizing as HIV/AIDS. Substituting "tuberculosis" for "HIV" may be an affirming measure for Msechu, but it also provides one more example of the rhetorical slipperiness that historically, and still continues to accompany, the HIV/AIDS pandemic.

In the late 1980's and early 1990's, HIV/AIDS was beginning to consistently "break" as a news and human interest story, in part because the cause of HIV/AIDS at the time was still widely misunderstood. Yet almost from the start, an understanding of HIV/AIDS has been intimately linked to linguistic constructions. In 1988, Paula Treichler argued that "AIDS is not merely an invented label, provided to us by science and scientific naming practices, for a clear-cut disease entity caused by a virus. Rather, the very nature of AIDS is constructed through language" (1988, 31). Like Susan Sontag, who posits illness as a metaphor, Treichler claims that "AIDS is a story, or multiple stories . . . a nexus where multiple meanings, stories, and discourses intersect and overlap, reinforce, and subvert one another" (1988, 42). In the more than 20 years that HIV/AIDS has been identified, the language used to define it has suggested several realities: that belonging to a particular cultural or ethnic group was a greater risk factor than behavior; that women are only passive receptacles for the virus; that AIDS is an "exotic" disease because it originated "elsewhere" (outside the geographic boundaries of the United States), and that, in the early 1980s, those who presented with the ubiquitous markers of infection, were informally categorized as suffering from "WOGS: the Wrath of God Syndrome," as David Black recounts in his early history of the disease (1985).

Despite the relative "youth" of HIV/AIDS as a disease, it created, in Treichler's phrase, a "dense discursive jungle" (1988, 48). The complexity of the rhetoric has only grown as the disease has come to be recognized as a global pandemic that can all too quickly refute the previous realities that were constructed about it. "WOGS" and "G.R.I.D." (Gay Related Immune Disease) (Black 1985) are now only historical linguistic markers, race and ethnicity are not causes of infection, and rates of infection among women are increasing. Yet the reality of the disease continues to be created by language, particularly in this post-September 11 world. The rhetoric that has accompanied and constructed HIV/AIDS now relies on the linguistic framework that the current wars in Afghanistan and Iraq, and the "war on terrorism" provide.

This essay first examines how the current U.S. political discourse about war and terrorism is mirrored in its rhetoric about HIV/AIDS, particularly in the Bush administration's initiative for Africa, the "Emergency Plan for AIDS Relief." In 2003, President George W. Bush stated the worldwide AIDS epidemic has become a "U.S. foreign-policy priority," and he placed

this historic "mission of rescue" of Africa within the long line U.S. global, altruistic know-how. "The United States of America has a long tradition of sacrifice in the cause of freedom," he explained, "and we've got a long tradition of being generous in the service of humanity. We are the nation of the Marshall Plan, the Berlin Airlift and the Peace Corps. And now we are the nation of the Emergency Plan for AIDS Relief." Allan Brandt avers that AIDS "makes explicit, as few diseases could, the complex interaction of social, cultural and biological forces" and "demonstrates how economics and politics cannot be separated from disease" (1988, 163).

In this paper, I argue that this rhetorical strand introduces crippling metaphors of the disease that simultaneously mask and demarcate a disability composed of certain moral behaviors, race, and sex/gender. The Emergency Plan for AIDS Relief advocates an "ABC" approach toward HIV/AIDS prevention, comprised of "abstinence," "be faithful," and "condom use." The shift in discourse that supports the funding is clear; attacking the pandemic of HIV/AIDS is no longer simply about fighting the disease, but also about addressing the types of behavior that allow the transmission of the disease. That the "Emergency Plan" is directed to Africa (sub-Saharan countries, in particular) yet ignores the real discrimination faced by African women, crafts a discourse of disability that is reconstituting the global body politic as one composed of healthy--defined according to sex/gender, morality (both personal and political), and race--and disease-free citizens.

The Politics of the Pandemic: The Emergency Plan for AIDS Relief

At the 1992 Republican National Convention that nominated George W. Bush for President of the United States, HIV-positive and reluctant AIDS activist Mary Fisher addressed the delegates on the convention floor:

> "I would never have asked to be HIV positive, but I believe that in all things there is a purpose… The reality of AIDS is brutally clear. Two-hundred-thousand Americans are dead or dying. A million more are infected. Worldwide, forty-million, sixty-million, or one-hundred-million infections will be counted in the coming few years. But despite science and research, White House meetings, and congressional hearings; despite good intention and bold initiatives, campaign slogans, and hopeful promises, it is--despite it all--the epidemic which is winning tonight" ("Official Report," 1992).

Although Fisher assures the delegates that the AIDS virus is "not a political creature," the history of the rhetoric of HIV/AIDS has proven this view to be naïve.[2] At the very heart of HIV/AIDS, even the very name of the disease, is a story fraught with battles over language, misunderstandings (deliberate and inadvertent) about risk groups and means of transmission, and a medically-defined disease that became associated with the popular currents of the late-twentieth, and now early twenty-first centuries.

Almost from the start, the discourse on AIDS quickly was couched in the rhetoric of war. As Michael S. Sherry explains, such appropriation of war rhetoric was not surprising; "There was," he notes, "a long tradition before AIDS of militarizing disease" (1993, 45). Donna Haraway concurs. "Modern immunology," as Treichler explains Haraway, "moved into the realm of high science when it reworked the military combat metaphors of World War II (battles, struggle, territory, enemy, truces) into the language of postmodern warfare: communication command control—coding, transmission, messages—interceptions, spies, lies" (1988, 59). Even

more specifically, the 1980s had seen a "war on terrorism," a "trade war" with the Japanese that was linked to the U.S.-Japan military battles of World War II, and of course, the "Cold War" stand-off between the United States and the Soviet Union. Moreover, as Sherry observes, the late 1980s also brought a "war on drugs, "complete with incessant talk of 'battle plans,' 'fronts,' enemies,' 'victory,' and 'prisoner-of-war camps'" (1993, 46). Such discourse mobilized not only the government to take action according to a plan with which they were familiar--military engagement--but also activated community groups. In the early 1990's, the first Iraq War both flamed the militaristic discourse and allowed activists to draw a clear contrast between the war abroad and "the neglected war against AIDS" at home (Sherry, 1993, 50). "It prompted," as Sherry explains, "a far more pointed and conscious deployment of the war metaphor, whose earlier use had been reflexive and diffuse" (1993, 50). Treichler (1988) wryly observes, "The epidemic of signification that surrounds AIDS is neither simple nor under control" (p. 63).

Perhaps not surprisingly, in the post-September 11 world, the rhetoric that has accompanied and constructed HIV/AIDS has infiltrated national security discussions. Sandra Wallman suggests that "metaphors used to explain or blame disease are neither random nor idiosyncratic" but instead "reflect the anxieties of the cultures that give them currency" (1998, 175). Indeed, HIV/AIDS is "inextricably connected with war and civil unrest," Dennis Altman explains, referencing the use of rape as a weapon in multiple civil conflicts and the conditions in camps to which war refugees are subject (2003, 421). Even more specifically, the discourse of HIV/AIDS has relied on the linguistic framework that the current wars in Afghanistan and Iraq provide. Former U.S. Secretary of State Colin Powell termed HIV/AIDS "the greatest weapon of mass destruction in the world today, killing 8,000 people every single day and infecting so many more every single day" ("Secretary of State," 2005). More recently, current Secretary of State Condoleeza Rice suggests that the President's Emergency Plan for AIDS Relief "is a key example of effective foreign assistance and transformational diplomacy in action" ("Remarks," 2006).[3] The non-partisan Council on Foreign Relations, in a special report released January 2006, argues that responding to Africa is about "more than humanitarianism." Focusing on the rise of terrorism on the continent, conflicts within failing states, an increasing Western interest in oil and gas reserves, and the HIV/AIDS pandemic, Africa has increasing strategic significance and threatens economic and political stability around the globe ("More than Humanitarianism," 2006).

Indeed, HIV/AIDS plays a role in the national security strategy issued by the Bush administration in March 2006, a reaffirmation of the Doctrine of Preemptive War. According to the *Washington Post*, the Doctrine outlines action against terrorists and hostile states with chemical, biological or nuclear weapons. The document "lays out a robust view of America's power and an assertive view of its responsibility to bring change around the world," Peter Baker writes, and includes topics such as genocide, human trafficking, and AIDS ("Bush to Restate," 2006). This shift in conceiving of HIV/AIDS as a national security issue does initially seem to offer the pandemic political clout it had heretofore not enjoyed, although it does so by changing the nature of the pandemic from disease to weapon. Such increased discursive importance veils significant political and humanitarian trade-offs.

Specifically, the political rhetoric of HIV/AIDS in the United States can be understood to have two interrelated parts. First, the pandemic is viewed to be a threat to national (U.S.) security. Second, the U.S. understands itself to have a moral duty to combat the spread of HIV/AIDS that is clearly linked to controlling certain behaviors. Stefan Elbe contends the "prospect of normalizing the sexual behavior of people around the world has been one of the

principal attractions driving more conservative and religious political groups to join the global struggle against AIDS" (2005, 414). In the last two years, these components to the U.S. government's rhetoric of HIV/AIDS have escalated and become more firmly entrenched.

In a 2003 address, President George W. Bush stated that AIDS "is a tragedy for millions of men, women and children, and a threat to stability of entire countries and of regions of our world" ("President Urges," 2003). Fighting the worldwide AIDS epidemic has become a "U.S. foreign-policy priority," he continued, with a focus on, "Compassionate pricing policies and aid from developed nations." The initiative, called the "U.S. Leadership against HIV/AIDS, Tuberculosis and Malaria Act," seeks to integrate prevention, treatment, and care ("United States," 2005). In a speech to commemorate the 2005 World AIDS Day, Bush painted this vision of America: "I believe America has a unique ability, and a special calling," he said, "to fight this disease. We are blessed with great scientific knowledge. We're a generous country that has always reached out to feed the hungry, and rescue captives, and care for the sick. We are guided by the conviction of our founding--that the Author of Life has endowed every life with matchless value" ("President and Mrs. Bush," 2005). Even Irish rock star Bono, long a critic of Western governments' responses to global political, health, and economic crises, couches the fight against HIV/AIDS within the terrorist milieu of post-September 11 and the belief that the United States holds hope and promise. September 11 "was not just an attack on physical America," Bono argues. "It was an attack on the idea of America, too" ("U2's Bono," 2005).

The Emergency Plan for AIDS Relief relies on a litany of three behaviors: "abstinence, be faithful, use condoms." In testimony before the Committee on Senate Health, Education, Labor and Pensions, Claude A. Allen, former Deputy Secretary, Department of Health and Human Services, elaborated upon the Bush administration's "ABC" policy toward HIV/AIDS transmission prevention. "For too long," he begins, "people in the developing world have seen a diagnosis of HIV infection as a death sentence. And it has been. But with the promise of care and treatment, for the first time, learning your HIV status can be seen as a stepping-stone to needed care. An HIV test will be the gateway to services. For those who are infected, they will be able to receive treatment--and essential prevention and support services to keep from transmitting the virus to others. For those who are not infected, they can receive vital prevention services to learn how to remain HIV-free, emphasizing the ABCs of HIV prevention. 'A' is for abstinence in young people, 'B' is for being faithful within a relationship, and 'C' for condom use in high risk populations with the knowledge that condoms are not as effective in preventing all sexually transmitted diseases as they are with HIV." Then, Allen adds his own testimonial for this method: "I have traveled to Uganda, and I have seen that ABC is working. Uganda is the only country in Africa with an increasing life expectancy. The ABC prevention concept is something that we should seriously examine in our own country" ("Congressional Testimony," 2003).

The shift in rhetoric that supports the funding is clear; attacking the pandemic of HIV/AIDS is no longer simply about fighting the disease, but also about addressing the types of behavior that allows the transmission of the disease. Antonio Maria Costa, director of the United Nations Office on Drugs and Crime, announced that "the HIV/AIDS epidemic among injecting drug users can be stopped--and even reversed--if drug users are provided with... outreach, provision of clean injecting equipment and... substitution treatment." A few months later, an assistant secretary of state forced Costa to publicly affirm that the UN Office would "neither endorse needle exchange as a solution for drug abuse nor support public statements advocating

such practices" (Hunter, 2005). Several Congressional representatives have even begun suggesting U.S. funds should be withdrawn from relief agencies that operate or promote needle exchange programs. Mark Souder (R-Indiana) explains: "These lifestyles are the result of addiction, mental illness or other conditions that should and can be treated rather than accepted as normal, healthy behaviors" (Hunter, 2005). The people suffering from HIV/AIDS, these comments infer, are considered to be socially deviant and as a result, their infected bodies have become dis-abled, incapable of performing the normality of disease-free ablebodiedness.

This sense of HIV/AIDS as a threat to national security in the United States goes hand-in-hand with the moral imperative behind the U.S. action, a similar rhetoric apparent in the administration's desire to bring democracy to the Middle East. The government's rhetoric often invokes its "passion about doing our duty" ("President Urges, 2003), and touts the important work of faith-based and community organizations, often affiliated with churches and religious orders.[4] To assist in such a message, political speeches and announcements are often wound through with Biblical narratives and allusions, which, given the Bush administration's public professions of faith, lend a Judeo-Christian undertone to official national positions. "We know that AIDS can be treated," Bush begins in touting the Global HIV/AIDS Initiative. "Anti-retroviral drugs have become much more affordable in many nations, and they are extending many lives. In Africa, as more AIDS patients take these drugs, doctors are witnessing what they call the Lazarus effect, when one patient is rescued by medicine, as if back from the dead." The cause of fighting AIDS on the global scale is "rooted in the simplest of moral duties. When we see this kind of preventable suffering, when we see a plague leaving graves and orphans across a continent, we must act. When we see the wounded traveler on the road to Jericho, we will not, America will not pass to the other side of the road" ("President Urges," 2003). In the same announcement, Bush declared, "Confronting this tragedy is the responsibility of every nation. For the United States, it is a part of the special calling that began with our founding. We believe in the dignity of life, and this conviction determines our conduct around the world. We believe that everyone has a right to liberty, including the people of Afghanistan and Iraq. We believe that everyone has a right to life, including children in the cities and villages of Africa and the Caribbean" ("President Urges," 2003).

The special nature of the United States' founding carries significant weight in this call to action, yet it is a calling whose motivations are not clearly delineated and, in fact, become blurred by the rhetoric that invokes a "right to life" or the "Author of Life," the term the Administration uses to signal a divine origin to all life. Even more so, linking those countries suffering under the assault of HIV/AIDS to the warfare in Afghanistan and Iraq further emphasizes the war-like nature required to battle the epidemic. Democracy, a state in which the body politic exists, now goes hand-in-hand with disease-free bodies. To eradicate a lethal virus is the same as eradicating a (lethal) dictator--the body and body politic have become one, the individual is erased in favor of the state, and fighting a disease is both a political and moral imperative.[5]

This linking of the political to the moral in the fight against AIDS in Africa is not surprising given the historical conceptions of the "dark continent." Lucy Jarosz traces the imagery back to British colonial commercial, religious, and exploratory initiatives in East Africa, and Simon Watney points to "the long discursive tradition" made most completely available, perhaps, in Joseph Conrad's *Heart of Darkness* (1989, 46). Africa has long been viewed in Western perspective as a place mired in depravity and licentiousness, and that is dirty even unclean, rampant with promiscuous sexuality, and primitive, as critics such Joane Nagel have

claimed (2003). In Watney's study of images of AIDS in Africa appearing in the popular press in the 1980s, Africa "becomes a deviant continent," (1989, 50) infected by a terrible disease and the rhetoric used to describe such a place is "far more interested in stopping 'promiscuity' than it is in stopping the transmission of HIV" (1989, 46).

So it is now more than 20 years later. with current United States political rhetoric, except with one important addition. Africa still teems with a disastrous disease capable of infecting the global population. But the threat is no longer simply biological or viral. Rather, the disease has been mutated into a terrorist weapon, capable of not only infecting the human body, but most importantly, of destroying the United States body politic. Epidemic disease, as Wallman posits, "is seen as a threat to the purity and the survival of 'us' as moral beings" (1998, 176), thus explaining and reinforcing the patriotic rhetoric of America's identity and destiny as articulated by Bush. And like the vague use of the term "terrorist" or "war on terror" employed so readily in characterizing the motivation for the battles in Iraq and Afghanistan, so too is the far from specific term of "Africa" used to locate the pandemic. As Watney notes, "Every country affected by HIV has its own epidemic, shaped by a multitude of variable local factors" (1989, 51). Referencing the scores of countries, tribes, regions, and cultures of all the people on the continent as solely "Africa" denies their individual identities, and, as Treichler notes, "Once again reinvents 'Africa' as an undifferentiated mass of disease" (1991, 88).

The Discourse of Disability: African Women with HIV/AIDS

Disability studies scholars have been productive not only in interrogating cultural understandings of physical difference in human bodies, but also in suggesting that social constructions of ableness inform categories such as "normal" and "disabled," and in identifying the ways in which the "disabled" have been ignored. Douglas Baynton, writing about the ways "disabled" status has been applied in American history, suggests, "Disability has functioned historically to justify inequality for disabled people themselves, but it has also done so for women and minority groups. That is, not only has it been considered justifiable to treat disabled people unequally, but the *concept* of disability has been used to justify discrimination against other groups by attributing disability to them" (2001, 33).

Critiques of the HIV/AIDS pandemic have identified the transformation of several minority populations. In the early social history of the disease they were the four H's: homosexuals; hemophiliacs; Haitians; and heroin users (Black, 1985). These were termed "risk groups," emphasizing and projecting, as Meira Weiss contends, the disabling "politics of stigma and marginality" (1997, 458). People were segregated by their normal or deviant behaviors, by their races or ethnicity, or by their already-compromised physical status.[6] In current political discourse, such is the case with Africans whose very behavior interferes with or prevents their "normal" achievement, and even more terrifying, who threaten the security health of the entire world.

Today, women make up the majority of bodies already infected with HIV or already suffering from AIDS. In sub-Saharan Africa, women and girls make up 60 percent of those infected by HIV and in most of these countries, the rate of new infections is highest among women in their twenties and thirties; in southern Africa, young women aged between 15 and 24 are at least three times more likely to be HIV positive than men of their same age. According to the 2005 report on the Emergency Plan for AIDS Relief, approximately 60 percent of those receiving antiretroviral treatment are women; about 69 percent of those who receive counseling

and testing are women; and among orphans and vulnerable children, about 52 percent are girls. According to Helen Jackson, HIV/AIDS advisor for southern Africa with the UN Population Fund, "The physiological data seem to indicate it's something like twice as easy for women to become infected as for men" (Vespirini, 2005).

The reasons for this discrepancy in infection rates are both biological and sociocultural. Infection often occurs between older men and younger women, and women are often economically dependent on a male partner. Domestic violence also plays a role, as do ignorance of or lack of women's legal rights. As a result of their economically and culturally disenfranchised status, it is difficult for women to insist that their male partner use a condom or to refuse unprotected sex, even if they suspect the man is infected or sick. Additionally, once women become infected, their access to HIV testing, counseling, and care is often dictated by their male partner, or their compromised economic state. To make matters worse, women account for the majority of the world's hungry or malnourished, and often must assume the burden of breadwinner and primary caregiver, should their male partner develop AIDS and become unable to work. In Nigeria, the Women's Leadership Centre (WLC) has urged the government to implement fully the National Gender Policy in order to ensure that Nigerian women "enjoy full human rights that would enable them to survive the HIV/AIDS pandemic," and to make women's employment a priority. As Nadia Ihuhua, one of the WLC's workshop participants explained: "Women who are dependent on boyfriends and husbands will not have the courage to demand the use of condoms. You cannot say no to unprotected sex at night and ask your boyfriend in the morning to give you taxi money" ("HIV-Aids and STDs," 2005).[7]

Some activist-critics have argued that the "ABC" campaign of the Emergency Plan for AIDS Relief, that relies on the easily-remembered refrain of abstinence, be faithful, and condom use, needs to be expanded to include "DEF" since "ABC" does not allow for culture- and sex/gender-specific behaviors. "D," these activists argue, should be for disclosure because "women living with HIV-AIDS risk violence or abandonment in disclosing their status and are often blamed for bringing the virus into the household." Disclosure, then, must necessarily occur in a safe environment. "E" should stand for education because women's lack of educational access worsens their economic exploitation. "F" posits that women need female-controlled prevention methods, such as microbicides and female condoms, so that they can be in control of their sexual health (Fleischman, 2004, A23). The pandemic is at a critical juncture, and the global response to it must include programs targeted specifically toward women, journalists Janet Fleischman and Kathleen Cravero suggest. "Expand prevention messages beyond 'abstinence, be faithful, use condoms,' which are often not in a woman's power to decide, especially for married women" (Fleischman and Cravero, 2004, A15).

African women suffer from a variety of contradictory stigmas that disenfranchise them and disable their political power in their societies. Patricia Stamp asks, "What is thought about African women today?" In answer, she notes the stereotypical, "facile but compelling Western popular imagery," which reduces the African woman "to the anguished, helpless mother holding a famished child" (1995, 71). Sexually, African women occupy the binary of prostitute or wife and mother (Austin 1989-1990). Yet, as Patton argues, the concerns of women "have been erased from AIDS policy and media accounts because women are not considered to be persons. Women, and especially women's bodies," she continues, "are decontextualized from women's concrete social existence, and treated as of concern only insofar as they affect men or children" (1994, 107). HIV/AIDS still, as was the case in the early years of the disease, is considered to be a disease of the behaviorally-deviant. Those who contract the disease, given the current political

discourse, are encouraged to modify their deviant behavior in order to reenter the mainstream society. The stakes are high, for both the state that has made HIV/AIDS a security issue and for the person who contracts HIV/AIDS. Stefan Elbe cautions against potential outcomes of what Michel Foucault called "biopolitical strategies," a growing concern of political powers with shaping biological characteristics of populations (Elbe, 2005).[8] On one hand, biopolitics have created hospitals and universal healthcare systems, Elbe contends, but on the other, "They have also led to justification of eugenics and mass death" (2005, 408). Should Africans succeed in such modification and adoption of normalizing practices as the U.S. discourse of "A, B, C" would have them do, they assist in stabilizing the state but do so at the expense of their autonomy and perhaps, personal cultural beliefs.

Shifting the rhetoric of HIV/AIDS into conversations of national security and war and away from the view of the pandemic as a humanitarian crisis reinforces existing power and the powerful, and tamps down the threat to those who have the most to lose. "At some level," Altman contends, "politicians understand that to speak of empowering women, of abolishing stigmas based on unpopular behaviour and status, threatens the status quo from which they benefit" (2003, 423). But until these views are publicly articulated, the current discourse will continue to disenfranchise and disable the individuals who most greatly suffer.

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Endnotes

[1] Health care workers also have been reported as not disclosing a diagnosis of AIDS to patients in several African countries because of the stigma the diagnosis carries, as Kwesi Yankah explains. "Narrative in Times of Crisis: AIDS Stories in Ghana," Journal of Folklore Research 41. 2/3 (2004): 181-198.

[2] There are activists who deny the pandemic proportions of HIV/AIDS and instead suggest that the staggering figures of people with the disease are simply computer-generated statistics that are grotesquely exaggerated when set against population statistics. According to Rian Malan, in an editorial published in The Spectator, "We all know thanks to Mark Twain that statistics are often the lowest form of life, but when it comes to HIV/AIDS, we suspend all skepticism. Why? Aids is the most political disease ever." Later, Malan acknowledges that although "people are dying,… this doesn't spare us from the fact that Aids in Africa is indeed something of a computer game. Africa Isn't Dying of Aids," The Spectator, December 13, 2003.

[3] "Remarks on the Release of the Second Annual Report to Congress on the President's Emergency Plan for AIDS Relief." Condoleeza Rice, February 8, 2006, Washington, D.C., State Department Documents and Publications. Even the rhetoric used to categorize compliant pharmaceutical companies--those who commit to produce less expensive drugs for use in Africa--has started to resemble the rhetoric of the "coalition of the willing" of the Iraq War. In response to a question on whether the U.S. has given up on resistant pharmaceutical companies, Dr. Mark Dybul, Deputy U.S. Global AIDS Coordinator, claims, "We haven't given up on anyone. We need all companies who are willing to engage in this battle." "On-the-Record-Briefing on the President's Emergency Plan for AIDS Relief." State Department Documents and Publications, February 8, 2006.

[4] Given the strength of such conviction regarding the behaviors that increase risk of contracting HIV/AIDS, it is not unanticipated that religious beliefs and institutions play a pivotal role in moderating the rhetoric of the disease. In late 2004, the Vatican attributed the HIV/AIDS pandemic to an "immunodeficiency" of moral and spiritual values, while at the same time calling for increased education and access to medications. Pope John Paul II referred to HIV/AIDS as a "pathology of the spirit" that should be fought with "correct sexual practice" and "education of sacred values." Echoing U.S. foreign policy toward HIV/AIDS, the Vatican reiterated its view that "chastity" and "responsible sexual behavior" are the best ways to prevent HIV transmission," while maintaining its controversial position that condoms do not protect against HIV. Education, lower-cost antiretroviral drugs, and eliminating the stigma and discrimination associated with people with HIV/AIDS should be the focus of the fight against the disease" ("PanAfrica, 2004).

[5] In contrast to the political uses of morality, African American church leaders in California have become heavily involved in education efforts and are disseminating HIV/AIDS Church Information Kits in an effort to convince their Black parishioners to be tested. The Kits contain potentially life-saving information and resources on HIV testing and support services available in local communities. "'It would be a sin and a crime not to do this work" of raising awareness about HIV/AIDS, the Rev. Dr. Clyde W. Oden, Jr., said, "'because so many of our communities

are affected by this disease due to a lack of understanding and education'" ("African American Churches, 2004).

[6] In a different perspective, several recent news reports document the affect of the pandemic on the disabled. In Namibia, hearing-impaired people often lack access to HIV prevention campaigns because the messages are deployed on the radio and television and sign language interpretation is limited. Zimbabwe reports that sexual violence, which fuels the spread of HIV, is increasing against women and girls with disabilities, and testing and counseling facilities are limited by both biased attitudes of staff toward people with disabilities, and by a lack of resources, such as Braille literature. In Uganda, people with disabilities have launched an association whose major aim is to fight the spread of HIV among disabled people.

[7] "HIV-Aids and STDs; Gender Policy Key in Fighting HIV/AIDS." Africa News, October 19, 2005. United States First Lady Laura Bush provides a counter to Ihuhua's comments: "'I think it's very important to talk about abstinence, especially in countries where girls *think* they have to comply with the wishes of men, in countries where girls are not educated, where they are oppressed, in many instances.'" (italics added) "U.S. First Lady Defends Abstinence Approach to AIDS in Africa." Agence France Presse--English, January 21, 2006.

[8] Foucault traced biopolitical strategies back to eighteenth-century Europe, as Elbe articulates, "around the government of 'life'" (404). "If one of the goals of biopolitics is to maximize the health of populations, then disease could no longer be left to random the random fluctuations of nature," Elbe explains, "but would have to be brought under continuous political and social control" (406). "AIDS, Security, and Biopolitics." Stefan Elbe. International Relations 2005 v. 19.1: 403-419.