How a Ugandan Campaign Became an American Success Story:
Domestic Discourses of Race and Their Inflection in International AIDS Legislation

Allison Schlobohm

In Fulfillment of the Masters of Arts in Communication Studies

To Be Defended April 27, 2010 at 4pm in Murphy 202
"But Marlow was not typical (if his propensity to spin yarns be excepted), and to him the meaning of an episode was not inside like a kernel but outside, enveloping the tale which brought it out only as a glow brings out a haze, in the likeness of one of these misty halos that sometimes are made visible by the spectral illumination of moonshine"

-Joseph Conrad, *The Heart of Darkness*

There has always been a face to AIDS. Through images of gay men, sexually promiscuous youth, intravenous drug users, or third-world mothers, this 30-year-old epidemic has always been represented by its victims. But what do these faces tell us? This paper explores one of the newest faces of AIDS, detailing a shift in American practices of representing the epidemic and the stories surrounding the representations. Perhaps more importantly, it finds truth in what is left out of a representation as much as what it contains.

In the past decade Americans have dramatically shifted their conceptions of HIV/AIDS. While this shift was gradual, George W. Bush's announcement that he would make HIV/AIDS a priority in his 2003 State of the Union address and the subsequent passage of PEPFAR (the President's Emergency Plan for AIDS Relief) condensed a profound transformation in American thinking about HIV/AIDS. This unprecedented grant of money for efforts to combat HIV/AIDS was focused on the epidemic's international manifestations and represented the changing face of HIV/AIDS as an international one, primarily African. George Bush's PEPFAR has since been

---

1 Throughout this paper I will use HIV/AIDS to refer to the Human Immunodeficiency Virus, the Auto Immune Deficiency Syndrome which occurs in those most affected bodies, and the broad cultural configurations and representations related to both. AIDS will be used alone when I refer only to the culturally constructed understanding of the affects of HIV. HIV is used when I am referring specifically to rates of infection. I retain, however, the original wording in all quotations and paraphrases.

2 The act included a record amount of funding for the treatment, prevention, and care of HIV/AIDS, with an authorization of $3 billion for each fiscal year from 2004-2008. By contrast, in Fiscal Year 2001, the final year of the Clinton administration, $785 million was allocated for both international and domestic AIDS ("Clinton Administration Record on HIV/AIDS").
received as one of the few widely applauded policies of the Bush Administration. Longtime HIV/AIDS activist Gregg Gonsalves claimed, "I'm holding my nose as I say this, but I miss George W. Bush...On AIDS, he really stepped up" (Qtd. in McNeil, "Obama is Criticized on AIDS Program"). While there has been much praise, PEPFAR's record in the seven years since its inception may not necessarily support such accolades.

Although there is evidence that PEPFAR has not produced its desired results, it is not my goal in this essay to measure or question its effectiveness. While PEPFAR may not have lived up to expectations, it did a number of positive things: devote an unprecedented amount of money to African governing bodies and non-profit organizations treating and preventing HIV/AIDS, raise American public awareness of the worldwide effects of HIV/AIDS, and instigate prolonged debate on how best to address this now 30-year-old epidemic. Instead, I would like to engage the political discourses surrounding the passage of PEPFAR in order to determine why Americans are invested in stories of PEPFAR's effectiveness. Specifically, I would like to look at the stories that give AIDS a face in the congressional debates surrounding PEPFAR's passage in 2003. In doing so, I hope to employ PEPFAR's passage and popularity as a lens into the domestic HIV/AIDS crisis in the past decade, asking if other societal problems influenced PEPFAR and its policies.

My thesis is that PEPFAR gives AIDS a new face, and in doing so, it displaces anxieties regarding the domestic AIDS crisis into a new context, African AIDS. My goal is to read the logic of these displacements, asking how they re-frame and rearticulate what otherwise seemed

---

For example, in April of 2009 a New York Times article published the results of a Stanford research program, which found that PEPFAR has reduced the amount of AIDS deaths in Africa by 10 percent, but has had no effect on the overall prevalence rates on the continent. Even given this information, the researchers and the author are sure to include that "The report said the full impact of the program, known as Peplar, ‘may not be felt for years’" (McNeil, "AIDS Relief"). This phrase, and many like it, rescue PEPFAR from its criticisms, even when measured against its own goal of preventing 7 million new infections (Bush).
to be legislation about how to most effectively intervene into an international crisis. While these anxieties appear only implicitly in the official discourse surrounding PEPFAR's passage, they produce identifiable displacements of domestic HIV/AIDS discourse. In unpacking these displacements in the discourses surrounding PEPFAR I would like to discover what kind of rhetorical labor the new face of AIDS does in the domestic context by creating this particular international HIV/AIDS intervention.

The question of why Americans invested so heavily, financially and otherwise, in African HIV/AIDS in the early 2000s is not reducible to any single cause. The intensification of attention to AIDS in Africa and its demonstration in the support that PEPFAR elicited is determined by a host of factors: the real effects of and responses to HIV/AIDS in African nations, established norms for international donations, international politics, domestic political wrangling, and a series of political motives and personal beliefs held by the American public and policymakers. Nevertheless, I will argue that all of these factors are framed by unresolved domestic anxieties surrounding American minority and underprivileged populations hit hardest by HIV/AIDS. Americans are invested in the narrative of PEPFAR's success because it does significant cultural work. By investing in African HIV/AIDS U.S. legislators and the American public also calmed domestic anxieties that appeared as a result of high rates of HIV in African-American populations nationwide. Represented as a mode of prevention that has scientifically shown positive results in African populations, PEPFAR afforded U.S. legislators an opportunity to invest in international AIDS as a proxy battle for their own domestic crisis in African-American communities.

Working towards this conclusion, I discuss current theorization on HIV/AIDS as more than just a disease, articulating where my intervention extends Paula Treichler's insights on "how
to have theory in an epidemic." In order to ground my reading of the displacements latent in public support for PEPFAR, and to provide a reading strategy appropriate to it, I turn to Samuel Weber's theory of disfigurations and distortions as a framework for finding where this domestic discourse emerges in discussions of PEPFAR, finally, I will turn to the American political debates surrounding PEPFAR to examine how these displacements frame Africa as the site of a proxy battle over the racial, sexual, and class anxieties that mark domestic HIV/AIDS discourse.

**AIDS: More Than a Disease**

Many theorists and critics have attended to the HIV/AIDS epidemic. Much of this literature focuses on the social construction of the epidemic, often attempting to either give an account of the discourses and practices that surround it, or to orient activists toward practical political interventions that respond to it. Douglas Crimp's anthology *AIDS: Cultural Analysis/Cultural Activism* is one early example of this strand of work. Originally published in the winter 1987 edition of art criticism journal *October*, Crimp's anthology focuses on the representational politics of AIDS. "AIDS," argues Crimp, "does not exist apart from the practices that conceptualize it, represent it, and respond to it" (3). Similarly, Paula Treichler's germinal essay in the anthology frames AIDS as an "epidemic of signification" ("AIDS, Homophobia, and Biomedical Discourse"). Since AIDS is a constellation of other conditions that emerge when a person's immune system is critically non-functional it appeared as nebulous and multiple in the 1980s. In the attempt to describe HIV/AIDS the epidemic takes on its meaning and this meaning determines how HIV/AIDS progresses both medically and culturally. Additionally, efforts to track and predict the course of the epidemic produce populations of people living with AIDS (PLWAs) demarcated by their similarities in behavior or demographics. Helen Grace noted that "...the current instance of AIDS and the hysteria it has caused owes relatively little to the actual
threat it poses and much to the linking of disease with particular social groups” (Grace 75). In addition to the usual contempt associated with gay men, intravenous drug users, and prostitutes, the connection of these groups with AIDS served as a new mode of stigmatization.

Though this early strand of AIDS literature foregrounded the social construction of AIDS panic, it primarily concerned itself with the social construction of domestic AIDS panic. Most of the literature on the cultural construction of AIDS examined the ways that various groups of PLWA figured in the national imagining of AIDS. This literature argues that such stigma works to counteract the general public's anxieties about rapidly increasing rates of AIDS infection by allowing those persons not in these groups to feel safe from potential infection. If you were not an IV drug user, a gay man, a prostitute, then you needn't worry about contracting HIV. Though the critique of the politics of stigma in American AIDS discourse was productive, it neglected an important element of the HIV/AIDS epidemic: the development of international AIDS. Crimp noted retrospectively that the lack of attention paid to "the cataclysmic problem of AIDS in the Third World,” and the virtual silence of AIDS activists on the international dynamics of the epidemic were significant limitations of early interventions in to HIV/AIDS (15). However, this domestic focus was only temporary as both scholars and HIV/AIDS officials became quickly attuned to the perils of international HIV/AIDS and its domestic representations.

Paula Treichler's 1991 article, "AIDS and HIV Infection in the Third World: A First World Chronicle" was one of the first to address the neglect of international HIV/AIDS in American cultural theory. Here, Treichler argues that activists in the 1980s successfully challenged dominant AIDS narratives in order to restore the necessary complexity to

---

4 One frequently theorized example of this mindset was an article in Cosmopolitan that claimed heterosexual women were not at risk for contracting HIV/AIDS in the United States since their partners did not participate in brutal and violent sexual practices. A psychiatrist, Dr. Eliot Gould, wrote the article, “Reassuring News About AIDS: A Doctor Tells Why You May Not Be At Risk,” which claimed that most heterosexual women may not be at risk even if their partners were infected as long as they had "normal" sex.
representations of HIV/AIDS and those living with it. The first strand of HIV/AIDS social theory, that represented in Crimp's anthology, succeeded and "[i]n the developed world...AIDS is now routinely characterized as a social as well as a medical epidemic, as a challenge to conflicting values, and as an unprecedentedly complex cultural phenomenon" ("AIDS and HIV Infection in the Third World" (99). However, "[d]eeply entrenched institutional agendas and cultural precedents in the First World prevent us from hearing the story of AIDS in the Third World as a complex narrative" (99). Arguments such as these represented a new strand in scholarly writing on HIV/AIDS, one that recognized HIV/AIDS worldwide and the powerful influence of its representation in American discourse.

Generally, the works in this second period of scholarship aimed to more accurately represent HIV/AIDS and in doing so reevaluate how to best combat the disease. Continuing to press the cultural construction of AIDS, Paula Treichler's 1999 How to Have Theory In An Epidemic forwarded a claim that knowledge about AIDS was in fact always situated in a relationship to a specific social and cultural context. Treichler argues that:

Each...cultural chronicle involves an effort to understand and evaluate a range of complicated scientific assumptions and practices, the reliability of clinical diagnosis and case definition, contradictory interpretations of serologic data and test results, highly technical genetic comparisons among different viral strains, and the various clinical manifestations of what we have come to call AIDS. (324)

Treichler's call to think the cultural specificity of AIDS invited a more robust appreciation of how AIDS was manifest in specific contexts, but more significantly, it invited thinking about the relationships between the various contexts in which AIDS was represented.
In response, Treichler, Cindy Patton, and their offshoots produced scholarship that wrote the differences between American AIDS and AIDS as it appears in other cultures. These differences emphasize a bifurcation between domestic AIDS policies and international AIDS policies—a false division since these two categories have fueled and effected each other from AIDS first manifestations in the United States. One example of this false bifurcation is Paula Treichler’s project of exploring the cultural specificities of AIDS in the 1990s. By exposing the narrative aspect of AIDS stories and the way they fulfill pre-existing expectations, Treichler hopes that scientists, activists, and academics will be able to develop a more appropriate way of representing peoples, a way that sets aside powered representations for ones that will help "effectively mobilize resources and programs in a given country or region" (125).

Treichler’s subsequent article, "AIDS, Africa, and Cultural Theory" focuses on how the truth of AIDS is constructed at international conferences. Here, Treichler claims that cultural explanations were becoming more foundational but only in the sense of "translating the knowledge and findings of Western biomedical science and medicine in ways that are meaningful to those in other cultures" (223). Her project is not intended to facilitate translation, but to make sense of each instance of AIDS in its own context. In order to take culture seriously, her project explores how it is that language operates as a key component of any AIDS crisis, not just as an overlay on the reality of biomedical facts. "We cannot...look 'through language,' as though it were a plate glass window to see what AIDS really is..." We must instead "look at the window itself, where language, like a series of special effects, constructs what we come to think we know about AIDS" (329). In this effort to study the cultural construction of AIDS in each specificity each culture's epidemic appears to function autonomously.

In Globalizing AIDS, Cindy Patton focuses on the construction of HIV/AIDS in

---

5 AIDS and Africa stuff
international policy discourse. Patton tracks the shifting representations of AIDS primarily in relation to the World Health Organization (WHO) and the Global Program on AIDS (GPA).

According to Patton, WHO prioritizes a region-specific form of disease-understanding, what she calls "tropical medicine." The GPA preferred epidemiology, meaning that it "replaced regions with patterns" when categorizing differential disease development. These patterns were based upon statistical distribution. "[T]he GPA proposed a syndrome-specific system, broadly dividing the world into physically contiguous but temporally conceived 'patterns' that were numbered according to the rough order...in which epidemiologists had identified the global 'emergence' of densities of cases up to about 1984" (Patton 59). Patton urges activists to re-evaluate the current move back to tropical thinking, characterized by theories that AIDS has "settled" into a few distinct neighborhoods in the United States that encourage "them" vs. "us" conceptualizations of disease. Conversely, epidemiological theories do not allow for the specificities of risk activities to be associated with specific dangerous behaviors and threatens to deaden the impulse to feel self-responsible. While tropical thinking spatializes cultural separation through quarantine, the statistical normalization of epidemiology creates patterns of necessary consequences. Under tropical thinking scientists construct spaces of risk, and those not inside these spaces are perceived as free of the threat of disease. In epidemiology, however, one is perceived as free of the threat of disease if not included in a "risk group." Both models allow some persons to seem unaffected even though they may be engaging in behaviors that put them at-risk. Ultimately, Patton offers no alternative modes for thinking outside of difference, just urges activists to be aware of the differences disease models offer.

While Patton and Treichler are both invested in theorizing cultural difference as an aspect of HIV/AIDS, Treichler argues that difference is a natural consideration inherent in taking
cultural context seriously. Patton engages with theories of difference as constructed by the West and projected upon global populations through powered international organizations and governing bodies. The work of both authors signals a shift away from the domestic representations of AIDS circulating in the 1980s. As the epidemic changed throughout the 1990s and U.S. attention turned to international concerns theorists began recognizing the incredible influence that U.S. AIDS knowledge had on developing nations. These nations, absent the scientific components considered necessary for what was perceived as "proper" interventions, were represented as relying upon U.S. knowledge to decrease their own HIV/AIDS rates. As a result, representations of the international AIDS crisis now constitute the popular American conversation on AIDS.

In *Contagious* Priscilla Wald steps away from this well-worn territory of describing the difference between the ways HIV/AIDS manifests in international contexts, instead engaging with the outbreak narrative and finding what work it does in American culture. *Contagious* follows the narrative of outbreak in both its social and medical forms, arguing that this narrative, with its familiar plot and images, represents not just disease in the American imaginary, but also the way community is built. The fascination with disease emergence and the transfer of microbes is also a fascination with "the changing social formations of a shrinking world" (2). The outbreak narrative, she claims, promotes stigmatization, which "is a form of isolating and containing a problem, such as a devastating epidemic. It is also a means of restoring agency...in the utter banality of the foe" (226). In her short section on the outbreak narrative of AIDS Wald analyzes how it is that the story we tell about the beginnings of AIDS helps to calm fears of uncontrollable spread of disease.
Wald's work returns AIDS scholarship to domestic representations in order to flesh out how American anxieties inflect which AIDS solutions are sought publically and politically. However, most of her short section on AIDS is dedicated to early narratives of AIDS regarding the first cases of AIDS in the United States, which were attributed to "Patient Zero." Combining this new strand of work on American fears as displaced onto AIDS narratives with the contemporary acknowledgment of international influence on understanding domestic AIDS, a hole appears in AIDS theorization. How are international representations, which now compose the American conversation on AIDS, inflected by U.S. anxieties?

One proof of the new ways that representations of international AIDS have come to frame the domestic context is how global AIDS comprised American perceptions of AIDS in the discourses surrounding PEPFAR. Global AIDS not only makes up most of the American discourse surrounding HIV/AIDS in the 2000s, but also frames American relationships to domestic AIDS, and even more broadly, to understandings of race, class, and sex in the United States. In the early 2000s, when PEPFAR was passed, U.S. anxieties of race, class, and sex appeared in both domestic HIV/AIDS discourse and discourses surrounding the legislation of international funding. Examining the differences and the distortions associated with the latter will provide a nuanced picture of webs of effect in HIV/AIDS epidemics worldwide.

**Reading PEPFAR**

American representations of Uganda's AIDS response provide strong example of this mutually effective relationship. An article in the June 10, 2003 *New York Times* claims, in fact, that President Bush credited the Ugandan success and President Moweri Yuseveni as his inspiration for PEPFAR. Further, "Uganda's success also helped persuade him, officials say, that money on AIDS in Africa could be well spent" (Bumiller). Members of Ugandan non-profits
testified before congress on the success of the Ugandan program, U.S. medical journals
published articles on how the success was achieved, and Dr. Edward Green sent an opinion piece
to the New York Times lauding "The New AIDS Fight: A Plan as Simple as ABC" (Green).

Figuring the flows of national and international knowledge that constitute the new AIDS
crisis makes understanding HIV/AIDS more complicated. It is still true, as other scholars have
acknowledged, that AIDS is culturally and materially produced. It is still true that differences in
the way that HIV/AIDS manifests itself should be accounted for when producing research on the
disease, and it is still true that the powerful influences of the United States should be checked
and critiqued when promoting international models of prevention, treatment, and care. But it is
not true that the United States has a powerful influence over developing nations who are just
unfortunate victims of disease, colonization, and neo-colonizing foreign aid.

Whether critiquing powerful U.S. interventions in African nations or persuading
legislators that the United States is an expert healthcare giver that has a moral obligation to
intervene in international crises, understanding American influence as non-contingent is a
misrepresentation of how discourses of HIV/AIDS currently circulate. In studying American
representations of African AIDS much can be learned about how both international and domestic
interventions are figured by popular anxieties, not scientific or political certainty. It is clear in
both the final PEPFAR legislation and the discourse surrounding it that representations and
understandings of Ugandan AIDS were employed both to attend to an international epidemic and
allay domestic anxieties of race, class, and sex.

Acknowledging this assemblage of effects involves studying how the U.S. public and
U.S. legislators conceptualize their role in the global AIDS pandemic. In official discussions of
PEPFAR in 2003 U.S. legislators theorized on what the character of U.S. intervention should be
in African nations fighting HIV/AIDS. In these discussions, discursive displacements were made that provide insight into what representatives of the United States are not willing to claim as part of the US's struggle against HIV/AIDS. In other words, by noticing and analyzing the displacements present in what these legislators say, one can hypothesize about what they are not saying. Working with the polysemy of this field of discourses I would like to open up the politics that motivate interpretations of AIDS in Uganda, noticing the processes of distortion and disfigurement present in it.

In *Institution and Interpretation* Samuel Weber argues for a theory of interpretation extended from Freud's work on hermeneutic dream interpretation. According to Weber an interpretation is "a process which by definition entails repetition, alteration, and dislocation" (77). The two specific types of distortion that Weber mentions are disfigurement and dislocation. Dislocation, according to Freud is "to put something in another place, to displace" and disfigurement is to change the appearance of something (Weber n.173). In Freudian theory displacement and disfigurement are natural desires only arrested by language. Because there is a limit of words that we can represent our ideas with the process of distorting is finite, and therefore analyzable.

Freud's description of interpretation charges the interpreter with continuing the process of "repetition, alteration, and dislocation" (77) that occurs in a dream. For my work, this translates into extending the processes of repetition, alteration, and dislocation that occurred when representatives of the United States made sense of the Ugandan success against HIV/AIDS. The original interpretation occurred in a debate in the United States House of Representatives as U.S.

---

*Representative Brown, supporter of the Lee amendment: "You look at what works in Christian Brazil may or may not work in Muslim Bangladesh (sic). What works in Uganda may or may not work in the Ivory Coast or Russia or Estonia. I don't know why we should tell these countries that this is the model, this works in Uganda, so this is the model by which we are going to judge or the standard to which we are going to hold all of these other countries and all of these other programs" (Brown 106).*
congresspersons were choosing whether or not to prioritize abstinence funding in PEPFAR. I will extend the process of distortion in order to interpret this debate and the domestic anxieties it inhered. This involves hypothesizing on the social anxieties that produced the initial distortion and allowing that anxiety to slide further and further away from the manifest information and towards more recognizable cultural anxieties.

The two types of distortion that Weber points to are dislocation and disfigurement. In order to continue the process of distortion one first must recognize it, and I take these two types of statements as cues. Some thoughts/statements are unrepresentable in certain discursive fields and instead evidence themselves in more acceptable ways and places. Dislocation, a slip of the tongue, and disfigurement, a change in something's appearance, both point to such unrepresented thoughts. It is these distortions that my work extends, drawing heavily on contemporary events and critical theory to continue the distorting process.

The move to contemporary events and critical theory in communication and cultural studies is supported by Weber's description of language as arresting the continual slide into desire. These social "desires" are manifested in cultural and political investments, represented by contemporary events and news stories and described in critical theory. Desire's tendency is to continually slip from one investment to the other, a process that would be impossible to either interpret or explain. Language, as a finite, socially constructed apparatus, arrests this process and thus these investments present themselves in collectively acceptable ways.

PEPFAR is one such case where the presentation of repressed investments became acceptable. The problem of interpretation is exaggerated in the case of PEPFAR because it is difficult to determine precisely what happened in Uganda.\(^7\) The lack of scientific and medical

---

\(^7\) In the 2000s there was much official discourse geared toward determining "What Happened in Uganda," which is the title of a report published by USAID based upon presentations by four field experts in 2002. The U.S.
certainty regarding what happened in Uganda renders it a fertile canvas for imposing politically interested conceptions of what type of behavior-change occurred, why, and how. The virtue of this model is that it affords an opportunity to figure the role of ideological and social investments too uncomfortable to discuss outright legislatively but also too important to remove themselves completely from the U.S. imaginary.

On April 2, 2003 the United States House of Representatives Committee on International Relations conducted a markup of H.R. 1298, the act that would eventually become PEPFAR once signed into law on May 27, 2003. This markup took many hours and the ensuing report is over one hundred pages long. The Bush Administration's generally oppressive stance towards sexuality made collective desires to inhibit sexuality more likely to express themselves. Accordingly, I analyzed the section of the hearing that involved a discussion of an amendment to the original text of H.R. 1298 that would emphasize abstinence as the primary mode of HIV/AIDS prevention funded through the act. The amendment, offered by Representative Joe Pitts of Pennsylvania, instigated a thorough debate in the committee as well as a substitute amendment by Representative Brenda Lee of California. Upon a 24-20 vote the substitute amendment was adopted by the committee and was passed by both the House of Representatives and the Senate, and was eventually signed into law by President George W. Bush along with the rest of H.R. 1298.

While the two versions of the amendment differed in their representation of abstinence, their mutual inclusion of the elements of the Ugandan ABC program and the significant amount

---

8 The Bush presidency was well-known for its restrictive limits on aid to foreign countries based on their laws regarding sexual freedom. The "gag rule," no aid for foreign clinics that provided abortions, is one key example. Rf. Crane and Dusenberry "Power and Politics in International Funding for Reproductive Health: The U.S. Global Gag Rule."
of time devoted to discussing abstinence proves that it was an important element of the debate. Also, the final act references Uganda's ABC program in its findings section as "'Abstain, Be Faithful, Use Condoms', in order of priority" ("The United States Leadership" 715). This is the full text of the amendment offered by Pitts:

> provide that the reduction of HIV/AIDS behavioral risks shall be the priority of all prevention efforts in terms of funding, education messages, and activities, and provide further that, while condom use can be a part of a successful HIV/AIDS strategy, promoting abstinence from sexual activity and substance abuse, encouraging monogamy and faithfulness and eradicating prostitution, the sex trade, rape, sexual assault and sexual exploitation of women and children shall be given preference in strategies to reduce HIV/AIDS behavioral risks. "Mark up of H.R.1298" 98

This amendment differs only slightly from the Lee amendment, which removed "while condom use can be a part of a successful HIV/AIDS strategy" and included the phrase "promoting the effective use of condoms" ("Mark up of H.R.1298" 102).

The most significant portions of the debate between multi-pronged prevention efforts and those that prioritize abstinence included a number of interesting semiotic distortions. Moments that reveal the politics of displacement are Representative Donald Payne's reference to Uganda as Ghana, Representative Chris Smith's testimony that ABC "derived itself," and Representative Tom Tancredo's referral to abstinence as a drug.

*Ghana Substitutes for Uganda*

Representative Payne's testimony, full of cultural information about Uganda, referred to ABC as the "Ghana model." Other than this blunder Payne spoke very specifically about how
ABC was developed and why it was successful in Uganda. He went to great lengths to explain his credibility on the subject, having had "head-to-head discussions, person-to-person discussions, with President Museveni" (Payne 110). Museveni is the president of Uganda, and it is clear that Payne intended to say the Uganda model, but as a result of a substitution said "Ghana" instead.

According to Freud, substitutions occur due to a psychic censorship that prevents the latent content of a dream from presenting itself. Instead, the manifest content appears. Freud sees the goal of interpretation as examining the latent content, the manifest content, and the reason that one became the other. In this case, the manifest content is "Ghana," the latent content is "Uganda," and role of analysis is to determine why "Uganda" became "Ghana."

In *Psychopathology of Everyday Life* Freud proves the importance of examining these slips of the tongue, claiming many of his analyses have been helped tremendously by mistakes made by patients. Disregarding earlier arguments that slips of the tongue were based upon speech sounds, Freud claims it is easy to substitute two words when they lie "very close together" in our speech consciousness" (78). And by analyzing the stream of connections that the mind is prone towards analysts can uncover what the psyche tries its hardest to conceal. The substitution of Ghana for Uganda could be read as a slip that exposed the mental energy Representative Payne was expending to try and avoid the common mistake of homogenizing African nations. Given the rest of his testimony's specificity to Ugandan practices and cultural description, this reading seems likely.

In the rest of this speech Representative Payne represented Uganda with care. He was careful not to pass judgments on behaviors:
One side of the river is one country; one side is the other country. There have been a lot of conflicts, and so you have a lot of men who are in the military. Now, unfortunately when persons are away from their homes for long, long, long periods of time, abstinences sometimes become very difficult, they say. (Smith 110)

Elsewhere he made the same argument for truck drivers whose trucks break down and are away from home for months at a time and for polygamous marriage as an ethnic rite. These arguments are all based on cultural sensitivity, confirming that Payne was concerned with presenting a fair and nuanced understanding of Uganda. However, he was working against his own tendency to associate African nations with one another, as evidenced by his slip of Ghana for Uganda.

The desire to speak of cultural specificity was present throughout the debate, and Representative Watson spoke also from personal experience in foreign countries. When Representative Watson spoke she claimed that "If you want to influence a particular village, you would have to go to the chief and you would have to convince the chief that behavioral patterns that go back for thousands of years" should be changed (Watson 104). Interestingly, Watson's argument for cultural specificity originated in her experience with a cholera outbreak in the Federated States of Micronesia. This points to the same problem as Representative Smith's slip of the tongue. Representative Watson may have tried very hard to urge the committee to think about cultural sensitivity, but it was in response to her own psychological homogenization of Uganda and Micronesia.

The desire to treat Africa as culturally diverse and Representative Payne's inability to do so, proved by his slip of Ghana for Uganda, indicate an understanding of Africa as "other" in its mysteriousness while not necessarily homogenous. African nations may be able to maintain their
cultural specificity, and congresspersons accept that each nation and even each village will have its own customs. However, these complexities are grouped together into a more general category of "different." Playing up specificity, the legislators create a view of African nations that makes them all alike in the sense that they are strikingly different than the United States.

Theories of the desire for a national "other" support such a reading. In Stuart Hall's essays on British identity he explicates the logics of national identity that require an "other." In "Who Needs Identity" Hall explains, using Bhabha and Butler, that identity "operates across difference, it entails discursive work, the binding and marking of symbolic boundaries, the production of 'frontier-effects'. It requires what is left outside, its constitutive outside, to consolidate the process" (3). That is to say, every identity has an excess at its margin, and it is this excess that allows the interior to appear homogeneous and unified. Expanding this understanding elsewhere, Hall describes that the homogenization at work in contemporary global mass culture is necessarily incomplete ("The Local and the Global"). The interior of American identity, as it appears in the late 20th and early 21st century, is contradictory. In order to remain a world-power, a key part of contemporary American identity, these legislators had to adjust to what Hall describes as the "global post-modern" (32). The global post-modern is characterized by the pleasures felt from eating exotic cuisine; the differences are celebrated and enjoyable, but are still differences. For Hall, you ought to be able to see the struggle between identity as homogenous and identity as partially reflective of the "other" in America because both voices speak at once. "The voice of infinite pleasurable consumption and what I call 'the exotic cuisine' and, on the other hand, the voice of the moral majority....They are not coming out of different places, they are coming out of the same place" (ibid. 32). National identity formation functions
This form of identity struggle articulates to the discourses of HIV/AIDS. Because of AIDS's nebulous nature and its seeming invisibility due to a long latency period, populations of "others" allow those outside of "risk groups" to understand themselves as somewhat "risk-free." In order to do so, however, these persons must identify an "other" to whom the disease is imminent. Previously, this other had been gay men, intravenous drug users, and the like. In 2003 "Africans" became this necessary other. The aforementioned struggle for identity within contemporary global mass-culture required that Africans as "others" maintain their cultural diversity. As a result, discussions of Micronesia, Uganda, and a slip of Ghana for Uganda in the 2003 PEPFAR debate reveal the desire to maintain cultural diversity while recognizing it as still other than the dominant cultural "norm."

Paula Treichler situates these tendencies historically in *How to Have Theory in an Epidemic*. According to Treichler, the view of Africa as "other" originally flows from colonial desires for resource accumulation which caused the third world to be seen as "the savage, the alien, or the incomprehensible" (*How to Have Theory in an Epidemic* 101). This allowed colonial powers to assert their control as a solution to the innate problems of the third world. In short, "the metaphors of mystery and otherness produce the desire for control, which is in turn fulfilled and justified by the metaphors of otherness and mystery" (ibid.). PEPFAR is an extension of this faulty logic, and the debate on April 2, 2003 recreated Africa as a place of mystery, which made the need for a bill like PEPFAR and strict protocol for its management, such as ABC, all the more necessary.
Displays of mystery and control point to the creation of Africans as a constitutive other of the United States in discourses surrounding PEPFAR. The displays of mystery centered on representations of African nations as difficult to predict or understand. Phrases such as Representative Watson's demonstrate the unpredictability of specific local cultures in Africa: "What you must understand is that you have cultural and traditional patterns that differ not only from country to country but from village to village" (Watson 104). Claims like the following examples by Representatives Brown and Ackerman reveal a more general shroud of mystery:

All of us are happy with the successes of the program in Uganda. I don't know that we know all of the facts of why, but we all applaud that. (Brown 106)
You know, listening to this debate, we realize how much we really don't know....I think we are really walking all around the real issue here, which is confusing, at least to me. (Ackerman 111)

This mystery was espoused by both sides of the debate to legitimize control. It was used by supporters of the Lee amendment to argue that unpredictable cultural specificity and inscrutability made an intervention essential but prioritization of abstinence unethical. Conversely, Pitts supporters, claimed that this mysteriousness made a panacea, such as abstinence, all the more necessary. Either way, mysteriousness produced a desire for control of the African "other," a desire that ultimately produced PEPFAR as its preferred mode of intervention.

References to AIDS as an uncontrollable epidemic legitimated U.S. intervention while securing U.S. identity. Throughout the debate AIDS was referred to many times as an implacable disease that Americans had the moral responsibility to squelch. Representative Smith said this "modern-day bubonic plague" required taking "effective action" (100). Representative Pence
claimed the legislators must "...stem the tide of this scourge of AIDS on this continent" (104). Representative Lee claimed that her substitution amendment centered on "...recognizing the moral imperative which we have to address this in a way that we know the United States of America should address this pandemic" (102). Finally, Representative Davis made the most obviously paternalistic statement when he claimed legislators should support "...Mr. Pitts' amendment which says that we care enough about it that we would educate them and show them that abstinence is really the only proven way to avoid this dreaded disease" (108). Each of these statements points to the need for control of Africa for Africans own good, not out of benevolence, but as a moral response to the uncontrolled mysteriousness of AIDS in Africa.

Otherness and mystery are also related to domestic anxieties of race in the early 2000s. Treichler argues that representations of Africa that include their otherness and mystery have served as harbingers of domestic HIV/AIDS since the 1980s. Her argument is summed up by a 1985 New York Times article: "AFRICA: THE FUTURE IS NOW" (How to Have Theory in an Epidemic 121). I believe that this connection to Africa and African-Americans primarily results from their placement as "other" in the U.S. imaginary.

Paul Gilroy's antiracist work provides a history of how Africa and African-Americans are connected in the national consciousness and the harmful consequences these connections can lead to. Gilroy explains that since slavery there has been cultural work done by those in power to define black persons by their ethnicity. Because of the Atlantic slave trade, this ethnicity is predominantly understood as tracing back to Africa. By associating all persons with black skin with their African roots modern capitalists could claim superiority over those they were taking advantage of. Since that time there have been "historic associations of blackness with
infrahumanity, brutality, crime, idleness, excessive threatening fertility, and so on” (*Against Race* 22).

Many black scholars have attempted to rectify this view of inferiority by calling up more positive associations with Africans. Gilroy claims that these efforts, while understandable, ultimately do a disservice to antiracist politics. Critiquing American black scholars of "popular cultural nationalism," Gilroy claims that their work supports "[a]bsolutest conceptions of cultural difference allied to a culturalist understanding of 'race' and 'ethnicity'" ("Cultural Studies and Ethnic Absolutism" 192). Advances in biological science threaten to disrupt racism's stronghold, a threat Gilroy refers to as a "crisis of raciology" (*Against Race*). However, those scholars who desire to address structural injustices from a subject position of ethnic unity risk reinscribing racism's effects. Whether supporting racist aims by claiming cultural inferiority or seeking redress based on cultural injustice, those who appeal to ethnic ties of Africans and African-Americans sustain "crude and reductive notions of culture that form the substance of racial politics" ("Cultural Studies and Ethnic Absolutism" 188). Much of the discourse surrounding both PEPFAR and domestic HIV/AIDS makes this mistake. Specifically, attempts to address the disparity between U.S. intervention in African communities and U.S. intervention in American minority communities have recently begun connecting the two groups as culturally similar.

Discourses of HIV/AIDS about minority communities connect poor black American communities with African nations. At the beginning of the 2000s, attention to HIV/AIDS in the United States shifted from its predominate loci, male to male sexual transmission and intravenous drug use, to heterosexual transmission in minority communities. According to a CDC report quoted in a 2004 *New York Times* article, "Black women accounted for half of all H.I.V. infections acquired through heterosexual sex, in men or women, from 1999 to 2002"
This change is almost always accompanied by connecting U.S. minority communities with African nations. A 2001 report on HIV/AIDS in its 20th year summarized it thus:

Researchers say that in many ways the epidemic in the South more closely resembles the situation of the developing world than of the rest of the country. Joblessness, substance abuse, teenage pregnancy, sexually transmitted diseases, inadequate schools, minimal access to health care and entrenched poverty all conspire here to thwart the progress that has been made among other high-risk groups, particularly gay men. (Sack)

The change in attention from gay men and drug users to heterosexual black men and women was occurring at the same time that the 2003 PEPFAR Act was being configured.

Another, more recent, link between Sub-Saharan African HIV/AIDS and domestic HIV/AIDS in minority communities has been made by Dr. Kate Whetten, the director of Duke University's Public Health program. In an interview Dr. Whetten gave on National Public Radio on December 1, 2009 she claimed that there were many similarities between the Deep South in the United States and Sub-Saharan African Nations. The Deep South, which she defined as those states that had a strong history of slavery, includes North Carolina, South Carolina, Louisiana, Mississippi, Alabama, and Georgia. These states, Whetten argues, are experiencing an epidemic different than that in the rest of the country, an epidemic that is much more similar to Sub-Saharan African nations in the ways it manifests and is transmitted. Like Sub-Saharan Africa, the Deep South is fighting an epidemic primarily defined by heterosexual contact, high rates of childhood trauma, and high levels of anxiety and depression due to institutional and social oppression (Whetten).
In response to the disproportionate burden of HIV/AIDS in African-American communities the Black AIDS Institute released a document titled *Left Behind: Black America: A Neglected Priority in the Global AIDS Epidemic*. The report begins by hypothesizing "What if Black America Was a Country unto Itself," and according to the Chairman of the Board, Jesse Milan Jr., J.D., "Were Black America a country on its own, it would undoubtedly attract the concern and strategic focus of the U.S. government. It is both a tragedy and an outrage that it has failed to do so simply because its AIDS epidemic occurs within the borders of the U.S." (Wright 5). The article also claims that Black America would have the 16th largest epidemic in the world if it were its own country (Wilson, Wright, and Isbell). This argument would most surely fall into Gilroy's critique of race and ethnicity as similar to dangerous rhetorics of nationalism.

Both Whetten and the Black AIDS Institute are appealing to ethnic connections between African-Americans and Africans, connections based on cultural similarities and not biological ones. This does not make their presence any less dangerous, and ultimately supports slippage between Africa and African-Americans that is produced by conceiving both as "other" in the U.S. imaginary.

In substituting Ghana for Uganda Representative Payne pointed out his own psychical connections between African nations. Africa, represented as a homogenous yet mysterious entity, becomes an "other" to be assisted. Moreover, this mysterious other is a larger group that contains African-Americans in the United States. Since this group contains both Africans and African-Americans a discussion of successful prevention measures in one community assuaged domestic anxieties of rising HIV rates. The slips made when discussing the ABC model reveal why this model specifically was chosen to combat the epidemic of the "others."

*ABC Derived Itself*
Representative Chris Smith of New Jersey claimed that the ABC model derived itself. He argued, "The ABC model derives itself from the three-pronged approach of abstinence, being faithful, and then condom use" (Smith 105). Moreover, he referred to ABC as "adopted by" Uganda, and not "created by." Smith used this phrasing repeatedly, once claiming that "[i]t is not just Uganda that has adopted the ABC approach. Jamaica, Senegal, Ethiopia, and Kenya are in the process of moving into these means" (Smith 105). This language places the ABC model as its own creator or discoverer.

Representative Smith allows it to seem as though the legislators currently discussing PEPFAR could have been ABC's creators by representing the model as adopted by Uganda and other nations and by claiming that the ABC model derived itself. With no demonstrable power held by the Ugandan men and women who worked hard to curtail their HIV/AIDS rates in the late 1980s and 1990s the floor is open as to who is responsible for this success. As described above, discourses of identity require a constitutive other. In this debate the others imagined were "Africa" and "Africans." For the legislators, this other was necessarily incapable of the type of intervention the United States was proposing.

If the U.S. did not derive the ABC model then the only conclusion that avoids assigning agency to Uganda is to claim that ABC derived itself. If Uganda were recognized as the maker of the ABC model then that nation could not be "other" to the United States in this capacity, disrupting the American public's conception of the U.S. as a benevolent expert. The rhetorical structure implied by this erasure of Ugandan creators is exactly what Representative Smith produced. He could not claim, factually, that anyone other than Ugandans created the model, but positioning Ugandans as the creators was also not an option. Accordingly, he stated that ABC derived itself, which clearly is impossible since a model of behavior change is inanimate and
impossible of invention. In his need to represent ABC in this way, as a model that derived itself from itself, Smith removed all agency from both the foreign officials who first described the Ugandan model as "ABC" and from the Ugandan health officials and citizens who originally produced the Ugandan success.

Historically, domestic anxieties of race, class, and sex have also overlapped onto representations of black bodies as incapable of agency. Writing about the Tuskegee syphilis experiments, Martha Solomon claims that the horribly unethical experiments were able to go on so long with the support of the medical community because the victims were presented as scene and agency, in Kenneth Burke's terminology. The black men participating in the Tuskegee experiments were often described as "hosts" "male Negroes" or "syphilitics," which reduced them to background entities in a study about syphilis, the agent, or actor, which resulted in "dehumanization and a process of division (as opposed to identification) between patients and the scientific community" (Solomon 241-242). By making the ABC model the active agent of development, the story of ABC functions similarly. Following Solomon's logic, once ABC becomes the main agent of the Ugandan success story bodies become part of either the scene or the agency. That is, Ugandans themselves become part of the setting where the change took place or tools through which ABC accomplished its mission.

The logics of dehumanization that Solomon describes in the Tuskegee experiment also functioned in the 2003 discourse surrounding PEPFAR. Solomon argues that this change in agency dehumanized the victims of the Tuskegee experiment so much that medical professionals looked the other way for decades. In separating ABC from Ugandans the Ugandans were dehumanized, allowing legislators to view the ABC model as a reliable mode of prevention in

---

9 Kenneth Burke's pentad, as explicated in A Grammar of Motives, describes the scene as "when or where" an act takes place, the agency as how it was done, and the agent as "who did it" (xv).
complicated situations. If ABC derived itself then Uganda is still capable of being understood as a strange and mysterious place full of complex cultural behaviors, is still capable of being part of the "other." If ABC were derived by Ugandans then understanding ABC would mean at least partially understanding Ugandans and recognizing their behaviors as rational. If Ugandans were represented as rational, their connection to the other "unknown" domestic communities of black bodies that are seen as non-rational even when regarding their own health, would evaporate. Without such a connection the homogenous entity of "Africa" could not stand in for these communities.

*ABC is a Drug*

During the debate many of the speakers urged their fellow representatives to think critically about prioritizing abstinence as an extension of the discourse on cultural sensitivity. In order to move past this argument proponents of the Pitts amendment, which prioritized abstinence, had to persuade detractors that abstinence is a universally effective mode of HIV/AIDS prevention. Representative Schiff, a supporter of the Lee substitute amendment, put the cultural argument against the Pitts amendment best: "[The Lee substitute] says here is a whole panoply of strategies that can be effective, and at the local level you will have to decide what is most effective in light of the customs and traditions and the conditions of a particular village or country..." (Schiff 109). Representative Tom Tancredo took the floor after this statement, arguing that offering a whole panoply of strategies is unethical since abstinence works as an undeniable prevention technique.

Tancredo substituted "drug" for "behavior" while acknowledging the difficulty of doing so. Responding to representative Schiff, Tancredo claimed that if Congress were debating about

---

10 There is not a whole panoply of strategies in the Lee amendment, and in fact there are the same strategies as the Pitts amendment only without a priority for abstinence. The strategies offered warrant a study of their own.
a disease that had a known cure or a known vaccine there would be little conversation. "We would simply approve that measure because we know that that particular drug serves the purpose of dealing with that particular disease" (109). Admitting this is more complex than a known drug "...because the issues are behavioral in nature with which we are dealing and not strictly with a drug that is a panacea," Tancredo still argued that "what we do know is that there is a way of dealing with this disease. It is the one drug--if you substitute the word 'drug' for 'behavior,' it is the one way we know works" (109). This comment both contains the substitution and some of the work of describing why a drug is preferable to a behavior. Behavior is not a panacea. It does not have a 100% rate of effectivity. However, Tancredo's argument against the cultural relativism Schiff proposed required censorship of any solution that does not work all of the time.

The metaphorical substitution of "drug" for "behavior" articulates some domestic anxieties around HIV/AIDS. Instead of engaging with the inherent contingency involved when asking a group of people to alter their behavior Tancredo referred to ABC as a drug, an self-regulating creator of effects. The desired solution to the HIV/AIDS issue at hand was one that could potentially staunch rising rates of HIV/AIDS without contingency. The aforementioned stereotypes of "ethnically" black bodies, both African and African-American, as unruly and hypersexual required that the solution presented create automatic responses, like a pharmaceutical drug would.

Domestic anxieties of unruly and highly pathological black bodies created anxieties of unstaunched spread of disease in the early 2000s, inflecting the discourses of PEPFAR. As commentator Tricia Rose recognized in her op-ed to the *New York Times* these anxieties included representations of black women as unethical or incapable of controlling themselves. While the CDC’s recognition that black women, only 15 percent of the female population in the United
Represented 64 percent of all new AIDS cases among women in 2001,” should drive more domestic programs to thoroughly address systemic and institutional reasons for this disparity they instead find scapegoats (Rose). Rose submits that part of the reason that black women in the United States are so often left out of these calls for an end to HIV/AIDS is that "[o]ver the decades, black women have consistently been portrayed as Mammy and Jezebel and through abundant television and film roles as prostitutes, drug addicts and bad mothers" (Rose).

Black men were also represented as unstable sites of behavior change, often accused of being on "the down low." A feature in The New York Times in August of 2003 titled "Double Lives on the Down Low," the April 16, 2004 Oprah Winfrey Show dedicated to the "down low" lifestyle, and the 2004 book On the Down Low by J.L. King, Oprah's guest on her show, are all examples of some of this popular discourse. While speaking to Oprah, King gave the following advice: "To be on the down low means to keep it hush-hush; to be unreadable, to be able to cover your tracks. Women who are married...need to take another look at what's going on in their house" ("Men Living on the D.L." 2). To be on the down low (also known as the d.l.) is to have sex with men but not identify as gay, and therefore not tell your wife or long-term partner that you are at risk for contracting HIV. This advice responded to the rising numbers of blacks with HIV by blaming black men who have sex with men for infecting their partners. There were certainly some men who engaged in this behavior, but to recognize it as an identity category further incited stereotypical images of over-sexual black men, a fertile ground for media exploitation.

The categorization and stigmatization of men on the "down-low" derives from structures of racism. Public health experts Chandra Ford, Kate Whetten, Susan Hall, Jay Kaufman, and Angela Thrasher and women's studies scholar Layle Phillips have all written of how the
discourse blaming men on the down low for high HIV/AIDS rates maps onto previously held stereotypes of black men as hypermasculine and animalistic, both of which contribute to dehumanization. Phillips claims that since behavior characteristic of the down low has existed for long periods of time and among white and black men and women, its particular designation to black men results from a "neo-racist" agenda that "evokes and synthesizes tropes of pre-existing tropes" of black men, such as "the Black predator" (9). Acknowledging this, Ford et. al. argue this particular articulation of racist tropes "conspire to magnify perceptions that links exist between black sexuality and observed disease patterns" because of "threats of stigmatized disease" (22). The tropes, once again, connect African-Americans to Africa through the stereotypes of both that presume uncivilized and savage behavior.

By funding abstinence in the mysteriously homogenous Africa U.S. legislators could assuage some fears of unruly black bodies. When the ABC program or any behavior change is represented as a "drug" it seems able to sidestep contingency. This allows it to even be followed by those American black men and women who are understood as jezebels, welfare queens, and men secretly on the down low. Connecting these three distortions, it appears that discussions about Africa in this legislative debate were also about domestic minority communities. The legislators saw themselves as combating a disease of "others" (as Ghana could be substituted for Uganda) who had no agency of their own (since the ABC model derived itself) and needed to be controlled by a benevolent American intervention with non-contingent measures (after all, behavior change functions like a drug).

Conclusion

With the introduction of an effective African prevention campaign into the United States' conception of HIV/AIDS, U.S. legislators and the U.S. public both had to take a hard look at
their own struggles with the epidemic. While American minority communities had found little success in preventing HIV/AIDS Uganda was capable of achieving a remarkable transformation in its HIV/AIDS epidemic. It is clear from the 2003 House debate that this was disconcerting to at least some Americans. Africa, that mysteriously complex other, should not be capable of preventing HIV/AIDS better than the United States.

The legislators above reacted to this dissonance by recreating the Ugandan success as the ABC model, a mode of prevention that was much more like a scientific discovery than a concerned and thoughtful domestic effort to help those most in need. Representative Tom Tancredo's remark that a behavior can function like a drug and Representative Chris Smith's comment that ABC derives itself both point to an anxiety surrounding the notion that Uganda developed its own successful campaign. A drug is movable from culture to culture, no matter how intricately complex and mysterious they might be.

In legislating this "drug" the representatives could see themselves as making an important intervention into HIV/AIDS. They were supporting a measure proven effective in even the most mysterious of circumstances. Further, since it was produced in these mysterious circumstances it is almost as if the legislators discovered it in its natural habitat. Since this model had been successfully by Uganda it was appropriate for other African nations. This is not because all African nations are the same, but because they are so intricately different that they are mysterious and a solution from one can be moved to another.

Since minority communities in the United States are also viewed in this mysterious way--as somewhat incomprehensible--legislating this solution served as a proxy battle for domestic concerns. The mystery in both of these communities originates from a desire by those in power to remain pure and free from potential disease. In her essay "AIDS and Africa: United States
Media and Racist Fantasy" Sydney Bryn Austin follows Foucault, arguing that in connecting pathological sexuality with the relatively visible trait of skin color, middle-class white scientists were able to maintain a sense of security in the late 1980s.\(^{11}\) The black urban center and the central, most "African" portion of Africa, are seen as connected:

The African experience of AIDS is assumed to indicate what course AIDS will take in American black urban communities but is not relevant to white society. In addition, within the white cultural fantasy, the course that AIDS does take in American black urban communities is assumed to result from African ancestry more so than from any conditions or events specific to the United States or the general population. (145)

Austin is arguing that those persons in positions of power while HIV/AIDS was still mysterious in the late 1980s created an understanding of AIDS that allowed them to see themselves as separate from those most affected communities. This supported the creation of an "other" that included both Africans and African-Americans, an "other" that came to the fore again in the 2000s.

Tactically, the connection between African-Americans and Africans is persuasive. It is compelling to recognize how many billions of dollars Americans can support for international humanitarian aid while ignoring the needs of people within their own nation. One need only think of the tragedy of Hurricane Katrina to recognize the deep structural imbalances at play. Unfortunately, these moves are necessary as a result of the projection of U.S. anxieties around

\(^{11}\) Skin color, a randomly assigned cultural marker, becomes sedimented as it is associated with pathological bodies. Race is formed from the very need for an "other" that marks its most racist supporters. While I agree with Austin's conceptualization of race and disease in the late 1980s, it is important to recognize that the reason "white scientists" are attempting to be pure is primarily because of their position in power. All of the arguments about minority communities are based primarily on socio-economic class, which is associated unfortunately with black persons in the contemporary United States.
high HIV rates in minority communities onto African nations. A recent *Washington Post* investigative report lambasted the federal government and Washington D.C.'s city government for the way they have dealt with D.C.'s HIV/AIDS epidemic. Titled *Wasting Away*, the report claimed that the money dedicated to AIDS in Washington has been squandered while the rates of infection in the district are staggering. In the same five-year span that PEPFAR was deployed with a tremendous amount of structural oversight legislated into the bill, African-Americans in the nation's capital were dying at alarming rates.

These disparities do not require, and should not invoke, a call to ethnic ties or proclamations of origins. Calls to ethnicity only fuel racist understandings of "cultural" behavior such as animalistic hypersexuality or predatoriness. These categorizations further provoke the displacement of domestic concerns of HIV/AIDS onto African nations. Instead, scholars, activists, and politicians should all call for more complex understandings of how disease and identity circulate, hopefully allowing silenced anxieties to be spoken in a productive space. By examining disease in all its intricateness, we can avoid re-inscribing racist structures and their deadly consequences.
Works Cited


