GAYS and the GULF CRISIS

special reports by

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Risking Resistance


We advocate that everyone who is at risk get tested.


by Max Cavitch

Knowledge of one's HIV-antibody status has always been understood in terms of responsibility—principally the gay community's responsibility to contain the virus within its expendable ranks, the responsibility of the HIV-positive to protect the general public from infection (preferably by dying quickly, but in the meantime by identifying their doomed selves as a threat to the health of others). With increasing evidence of AZT's apparent medical benefits for asymptomatic HIV-positive people, however, has come the message (from the medical establishment, from AIDS service organizations, from activists) that getting tested is now the best way of taking responsibility for oneself.
Cindy Patton is not out to discourage anyone from getting tested, but rather to encourage all of us to place less faith in the notion that there can be a simple, scientific response to this epidemic that ignores the social repressions that make it a true crisis.

The presumption used to be that knowing one's HIV antibody status would help in making decisions about sex and recreational drug use. Now, the supervening presumption is that it will help in making decisions about treatment.

It's hard—perhaps irresponsible—to question the advocacy of testing for "everyone who is at risk" in light of the lifesaving potential of early treatment. Yet, as Cindy Patton demonstrates in *Inventing AIDS*, what "the test" is able to establish often can't compare with what it encourages us to ignore. Without pausing even to consider the unreliability (and thus potential lethality) of current testing technology, it's clear that the anxious enforcement of the categories "positive" and "negative" has the lethal effect of reinforcing what Patton calls "the stigma and patterns of discrimination already insinuated into AIDS risk logic." Risk behavior is still so closely linked in the public mind with gay men, prostitutes, drug users and people of color that seropositivity acts more as a confirmation of one's membership in those communities least likely to be valued or listened to. Advocating testing for "everyone who is at risk" still means advocating for those who, regardless of their serostatus, already run the risks of gross mistreatment.

Cindy Patton is not out to discourage anyone from getting tested, but rather to encourage all of us to place less faith in the notion that there can be a simple, scientific response to this epidemic that ignores the social repressions that make it a true crisis. These repressions occur, Patton argues, not merely because George Bush favors genocide over education, but because AIDS is a phenomenon around which reaction and resistance to a staggering array of power relations assume a heightened significance for our entire culture—indeed, for the global community. Paula Treichler has spoken of the "epidemic of signification" engendered by the AIDS crisis. Cindy Patton, with Treichler and other cultural analysts like Simon Watney, has been brilliantly successful at helping us explore the etiology, symptomatology and possible treatments for this other "epidemic" by unpacking the significance of the words we use (and are told to use) when speaking about AIDS.

"The test," "risk," "community," "health," "public," "science" and "knowledge" are just some of the terms that Patton would likwe us to be skeptical about, for the simple reason that they are made to mean very different things in different contexts. Who decides, for example, whether "healthy" means antibody-negative or asymptomatic? What is the difference between a "risk group" and a "community"? Where does the "general public" end and all the rest of us begin? Such terms structure our experience of AIDS; they help determine who gets attention and who doesn't.

*Inventing AIDS* is not simply a glossary of dangerous terms marked "handle with care." Patton knows that she can't inoculate her readers against the virulent effects of language any more than she can quarantine particular words. What she does do with impressive clarity and sophistication is to show how in a variety of contexts (coalition politics, medical literature, the classroom, international AIDS work, minority activism), the way we speak about HIV and AIDS can and must be less complacent, more critical and thus more likely to disrupt the power relations that continue to silence, marginalize and punish. Patton’s work is critical in many senses, but most of all because it helps locate points of possible transition and change, not just in the deadly progress of a single virus but also in the juggernaut of social repression that has accompanied it.

The test, says Patton, "is a series of events, not a moment of transcendentally assessing truth." Ultimately, the results of testing pose a range of questions without definitely answering them: questions about treatment, certainly, but also about education, about counseling, about community awareness and action, about individual lives and how they can be lived with a minimum of suffering and a maximum of dignity. *Inventing AIDS* insists that we not stop short of addressing these questions. Don't risk not reading it.