Reluctant Subjects: The Place of Gay Men in Canadian Media Discourse on HIV

by

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Department of Sociology
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Abstract

This dissertation maps the struggles for gay men’s inclusion into the national and global health imaginaries of HIV/AIDS over the past three decades. I order to do so, the author analyzes three instances of public discourse on vulnerability and risk, and their representation in the continuum between individual and collective victimhood and responsibility in the aftermath of the HIV/AIDS epidemic, as reported in Canadian media. The central claim is that national and global health discourses are underpinned by the double helix of biopolitical and humanitarian imaginations, which I argue, require the production of morally worthy subjects for anchoring political and material responses to the pandemic. This is the case because biopolitical and humanitarian imaginations nurture specific ways of collecting, understanding, reporting, and responding to epidemiological data. Equally important, these ways of imagining morally worthy subjects nurture the symbolic, that is, political and cultural moves that inform priority setting and shape resource allocation for different populations.
Acknowledgments

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Introduction

This dissertation explores the following question: *Who are the morally worthy subjects produced in the Canadian biopolitical and humanitarian imaginations of the HIV/AIDS pandemic?* In order to answer this question, this dissertation maps the struggles for gay men’s inclusion into the national and global health imaginaries of HIV/AIDS over the past three decades. This map is the product of selected moments of public discourse on vulnerability and risk, and their representation in the continuum between individual and collective victimhood and responsibility in the aftermath of the HIV/AIDS epidemic, as reported in Canadian media. The central claim is that national and global health discourses are underpinned by the double helix of biopolitical and humanitarian imaginations, which I argue, require morally worthy subjects for anchoring political and material mobilizations. This is the case because these imaginations nurture specific ways of collecting, understanding, reporting, and responding to epidemiological data; but also nurture the symbolic, that is, political and cultural moves that inform priority setting and shape resource allocation for different populations.

The question that this work addresses is of central import for sociologists, practitioners within the medico-pharmaceutical and public health assemblage, and activists alike (Rose, 2009). This question reveals the unintended consequences of the mobilization of epidemiological profiles underpinned by socio-political identities, in particular, sexuality and gender, for resource allocation in the HIV/AIDS pandemic. The cartography of biopolitical and humanitarian imaginations nurturing HIV/AIDS discourse, traces the ways in which subjects at risk of HIV/AIDS are located in distinct moral orderings or hierarchies of deservedness that underpin collective mobilization. Drawing from the rich framework offered by scholarship on biopolitics, it is argued that this moral ordering reflects a continuum between the construction of proper citizen-subjects of advanced liberal societies in the West on the one hand, and the morally and medically worthy subject of the global health and humanitarian enterprises on the other. In this analysis, gay men and men who have sex with men (MSM) emerge as reluctant objects, but also
as individually responsible citizens, within both the national and global public health imaginaries.

1 Why study HIV/AIDS?

HIV/AIDS is perhaps one of the most poignant biopolitical events of the second half of the 20th century. Its heavy toll on human lives, initially concentrated amongst young gay men in the West, and its risk of mass infection and casualties amongst the general population, ignited the public’s imagination by drawing from the collective history and fears of pandemics and civilizational decay (Sontag, 1989). The abrupt and dramatic rise of HIV/AIDS as the impending final pandemic of the 20th century fed fears of a double contagion; this fear was equal parts biological and moral as it seemed to express itself in the conflation of homosexual desire and lethal disease (Altman, 1986; Gilman, 1988; Patton, 1986; Sontag, 1989; Treichler, 1987). The extreme risks associated with HIV drew together important sectors of the public health and biomedical professions to curb and eventually eradicate the HIV threat. (Epstein, 1995; Rasnick, 2003; Rose, 2009). At the same time, the gravity of HIV/AIDS galvanized sexual communities of practice, in particular, gays and lesbians, to organize and respond to the immediate individual and collective needs of the first wave of casualties (Epstein, 1995; Gamson, 1989; Silversides, 2003).

HIV/AIDS can therefore be seen as an axis of health-making political mobilization (Epstein 1995; Brown & Zavestoski, 2004). It simultaneously drew together gay men and their communities, as they found expression in AIDS Services Organizations (ASOs), and private and public actors, in the form of state institutions and the medico-pharmaceutical sector, into an uneasy but productive political and health assemblage (Epstein, 2007; Petryna, 2013; Rose, 2009). Equally important, as the epidemic progressed, it drew into the fold global health and non-governmental actors, like the World Health Organization (WHO), the United Nations (UN), and a host of humanitarian players acting both locally and globally to curb, cure and eradicate the medical, social and political effects of the virus (Altman, 2003; De Cock et al., 2002).
As an event, HIV/AIDS has created spaces of creative tension between practitioners of biomedical sciences and invested political actors. These tensions have produced a collective although contested imagination on population risks, state and individual responsibilities towards people at risk, and a classification system of moral deservedness that expands from local to global populations. The creative tensions amongst these sets of actors, mingling and reacting to one another in public discourse, have produced HIV subjectivities and orders of moral dessert and responsibility that powerfully undergird discourse and practice in HIV medical, social and political mobilization (Beyrer, 2012; Brodie et al., 2004).

Focusing on HIV/AIDS media and public health discourse in Canada, this project examines these productive tensions in three particular moments. The first chapter is an analysis of the media’s representation of gay men in the Canadian Tainted Blood Scandal. Here, the author maps the production of a proper Canadian public, that at the height of the HIV/AIDS epidemic was allegedly heterosexual, and its unintended consequences for gay men. The second chapter examines the re-direction of discourse from risk communities in North America to the humanitarian subject of HIV risk in sub-Saharan Africa. This global subject of HIV/AIDS risk is almost exclusively African, female and young; men and gay men in general disappear. In both analyses, the responsibility to protect those deemed as structurally vulnerable is shared by state and non-state actors at both local and global scales. The third chapter traces discourses of moral responsibility in a media-driven public health campaign on HIV prevention and stigma targeted towards gay men. Here the responsibilization is undertaken by gay men as subjects of risk; state and non-state actors are absent in the background. The analysis reveals that media reporting in Canada reflects and helps to construct a moral ordering of vulnerable subjects in the HIV/AIDS epidemic. This moral ordering may unintentionally obscure objective HIV/AIDS risks and vulnerabilities for gay men and men who have sex with men (MSM), and positions them exclusively as self-responsibilized actors.
2 Setting the Context: Situating Gay Men in HIV/AIDS’s History

Historians of gay life have noted that the sexual liberationist politics of the 1960s and 1970s came to a momentous halt when HIV/AIDS spread through the gay communities of the largest metropolitan areas of North America and Europe in the mid-1980s. As extensively documented in biomedical and social science research, as well as in popular culture (Brophy, 2004), the devastating effects of the epidemic amongst gay men, and eventually Men Who Have Sex with Men (MSM) as an epidemiological instead of an identity category, transformed gay and lesbian political organizing. Of course, this transformation was not only underpinned by the effects of HIV/AIDS, as eventually gay and lesbian organizing came to encompass a diverse and complex set of cultural and political identities and claims under the umbrella of LGBTQIA organizing.

Certainly, what is now known as LGBTQQ liberationist politics were never a monolith (Adam, 1985; Berube, 2001; Berube, 2011; Bronski, 2011; d’Emilio, 1983; Carter, 2005; Paton, 1986). As sociologists and historians have noted, since its early days, gay and lesbian consciousness has been marked on the one hand, by a politics of assimilation, and on the other, by a politics of difference (Bronski, 2011; Carter, 2005; Rimmerman, 2008). In a nutshell, assimilationist politics proposed a vision of same-sex desire as morally equivalent to bourgeois heterosexual coupledom, and thus fully integrate-able into mainstream bourgeois society. At the other end of sexual liberationist politics was an ethical-political praxis that proposed to deconstruct and challenge bourgeois ideas of proper sexuality and coupledom (Carter, 2005; Rimmerman, 2008). This camp embraced free sexuality, non-monogamy and experimentation that queered taken for granted understandings of sexual mores, intimacy, partnerships and bourgeois responsibility (White, 2014). These are of course, “sociological ideal types” that underscore the main features of each pole in the political mobilization spectrum. In reality, practices of intimacy amongst LGTBQQI identified populations may be more creative on the ground. For the purposes of this analysis, the label gay men and MSM will be used to underscore the place of these two specific groups in media discourses on HIV/AIDS. The rationale behind this focus is the fact that gay men and MSM continue to be the most impacted by the HIV/AIDS epidemic, albeit mediated by class, ethnicity and race in different locales (Bowleg et al., 2013; Field et al., 2015; Whitehead et al., 1997).
In his revisiting of gay history in the United States, White (2014) notes that it seems as if HIV/AIDS has wiped out the most vocal members of the latter camp, and vindicated a transformed LGTBQ organizing along the lines delineated by the former of the two visible poles of gay liberationist politics. Perhaps with tongue-in-check, he notes how by the 2000s all gay men seemed to have settled into the suburbs and adopted an Asian baby (sic). The point that White makes is to draw attention to the increasing normalization of gay men’s relationships under the model of heterosexual coupledom. This normalization follows the line of what Valverde has termed a New Entity in the History of Sexuality: The Respectable Same-Sex Couple (2006). It could be argued that, at least in part, this new entity arose from the ashes of the HIV epidemic. Indeed, the Respectable Same-Sex Couple was a socio-political achievement throughout the Western world, as demonstrated by the legal and political recognition of same-sex couples in almost all aspects of social life in Canada, in many European countries, increasingly in Latin American countries, and eventually throughout the US (Adam & Rangel, 2015; Epstein, 2014; Lister, 2002; Weeks, 1998).

3 Communities of Care and HAART

Before the current socio-political achievements, in the 1980s and early 1990s AIDS activists drew from the strengths of lesbian and gay organizing to provide solutions to the immediate crisis. Drawing from feminist and grassroots organizing, gay and lesbian communities organized to push for political recognition of the crisis, collect financial resources, participate in scientific research, and advocate for medical and policy responses to the virus. In the process, gay men’s organizing against AIDS became a paradigmatic and successful example of bio-political consciousness and organizing in advanced liberal societies (Epstein, 1995; Epstein 2007). These communities developed endogenous responses in an ethics of care that promoted harm-reduction approaches. Early in the epidemic this ethics of care found expression in an emphasis on intimacy, trust and monogamy, and eventually, in a compulsory use of condoms for sexual intercourse and sero-sorting (looking for partners of similar HIV statuses), to halt the spread of the virus (Jin et al., 2007; Mao et al., 2006; Silversides, 2003). Paradoxically, but perhaps
unsurprisingly, this communitarian ethos of prevention may have also reflected a profound fear of contagion, which produced and reproduced HIV stigma in gay communities, a sero-divide amongst gay men (Adam, 2005; Jin et al., 2007; Rangel & Adam, 2014; Smith et al., 2012).

These community strategies and eventually the introduction of Highly Active Anti-Retroviral Therapy (HAART) produced a decline in both infection rates and mortality in the most affected populations (Guihot et al., 2011; Viard et al., 2004). Indeed, by the 1990s HIV infection rates were in decline amongst sexually active gay men. However, this decline was short-lived. Despite new advances in prevention and treatment, infection rates spiked up again and remain stubbornly high for sexually active gay men from the mid-2000s onwards (Beyrer et al., 2012; Sullivan et al., 2009). In fact, in the West, as gay men and MSM (and other marginalized populations, like injection drug users (IDUs), and ethnic minorities in particular) continued to occupy a prominent place in epidemiological trends of new infections, HIV/AIDS migrated towards mainstream populations in the Global South.

In the midst of continuities and discontinuities in infection trends and less than two decades after the onset of the epidemic, the medico-pharmaceutical and public health apparatus that emerged in response to HIV/AIDS developed HAART. As a new biomedical model, HAART offered a viable, scalable and direct medical solution to treat infected individuals regardless of gender, sexual orientation and any other social markers, as long as access was provided by both individual states as well as global public health actors (Biehl, 2007). Moreover, HAART and accompanying technologies, such as Post-Exposure Prophylaxis (PEP), Treatment as Prevention (TasP), and more recently Pre-Exposure Prophylaxis (PrEP) have offered the medical gateway to curb risk of direct transmission, reduce viral loads, and even increase immunity at individual and population level scales (Nosyk et al., 2014; Montaner et al., 2014).
4 Reluctant Subjects: Gay Men and MSM at Different Points of the HIV Pandemic

HIV and AIDS left an indelible mark on both gay men and MSM, and the collective epidemiological imaginary. For example, despite the medical advances to detect and treat HIV on the one hand, and the socio-cultural advances in LGBTQIA organizing and achievements on the other, gay men were and continue to be systematically excluded from the blood supply via a legal ban that prevents gay men from donating blood for life (Jubran et al., 2016; Smith et al., 2012; Wainberg et al., 2010). The blood donation ban is a legally-enforceable public health measure to prevent the spread of HIV to the general population. In the Canadian context, the legal ban was the direct outcome of a public health tragedy known as the Tainted Blood Scandal (TBS) whereby HIV tainted blood contaminated the national blood supply and infected unsuspecting populations, mostly hemophiliacs and their partners (Picard, 1995).

As will be discussed in chapter 1, media representations in Canada do not directly blame gay men for the spread of the virus via blood contamination, as the media in the United States did (Brodie et al., 2004; Lupton, 1994; Treischler, 1987). However, gay men are alluded to as unwilling but clear vectors of risk for the general population—the contaminating donor. As unwilling vectors of risk, gay men seem to quickly disappear from media narratives of harrowing suffering on the part of the HIV-infected, in favour of the HIV-infected but innocent and, above all, monogamous heterosexual couples and their families. Certainly, the TBS tragedy was not uniquely Canadian. Indeed, most countries around the world had to deal with HIV contamination of their blood supply in the aftermath of the discovery of HIV. In fact, the global public health response to HIV contamination was a blanket ban against gay men and other at risk groups from donating blood at a time of scientific uncertainty for detection and treatment (Bennett, 2015; Smit, 2012, Wainberg, 2010).

As the fear of HIV contagion continued, HAART transformed HIV from a deadly disease into a treatable and chronic condition for most people (there are exceptions). This new biomedical response offered hopes of a cure for HIV and created a cultural category but also a biomedicalized identity for the HIV positive individual, or Poz identified individuals, that came to define an individual successfully surviving and thriving under HAART. This individual could
now live a normal lifespan and sexually mingle with non-infected members of the community. However, in the gay community, the presence of this new subject revealed that what was once an objective fear of infection for an untreatable and lethal condition had now morphed into stigma against HIV positive individuals that further divided gay men along the lines of sero status. This stigma, it has been argued, hindered a comprehensive and community-oriented response to HIV prevention (Adam, 2005; Rangel & Adam, 2014; Smit et al., 2012).

Despite the continuous stigmatization of HIV-positive individuals, by the 2010s the scientific evidence revealed that individuals under HAART were instrumental for HIV prevention as adherence to the treatment lowered the virus to undetectable levels, and thus, rendered these individuals virtually non-infectious (Nguyen et al., 2011; Wood et al., 2012). At the population level, poz individuals under treatment presented the opportunity to drastically lower community viral loads and thus reduce the potential for new infections (Garret et al., 2012; Wood et al., 2012). In this way, treatment as prevention or TasP came to simultaneously reinvigorate HIV prevention discourse, and offer an opportunity to curb HIV stigma as poz individuals came to be seen as full biomedical partners in HIV prevention. They were no longer see an unavoidable vectors of infection. (Epstein, 1995; Montaner et al., 2014; Nguyen et al., 2011; Rose, 2009).

As access to HAART dramatically changed outcomes of HIV-infection amongst the most affected communities in the Western World, HAART increasingly became a humanitarian project for helping HIV/AIDS ravaged communities in the third world and, in particular African women and children. Indeed, it could be argued that throughout the 1990s but with particular intensity in the late 1990s there was an Africanization of HIV in global public health discourse (Holden, 2004; Hope, 1999). The mainstreaming of HIV global health discourses, perhaps unintendedly shifted the focus from those initially affected populations at risk, in particular gay men, to a new biopolitical subject, HIV-infected African heterosexual couples. Although the HIV epidemic was described as heterosexual, the shift towards Africa emphasized the plight of African women, and their potentially infected children (mother-to-child transmission) and the African grandmothers who had to look after their grandchildren in the absence of a generation of parents.
As Chapter 2 shows, media representation of the HIV pandemic came to reflect that African women and their children occupied a central space in the biopolitical imagination of global health and humanitarian projects. The problem is that this emphasis was made at the expense of an epidemiological reality, that is, the equally high incidence of HIV/AIDS amongst men, and gay men and MSM in particular in the Global South (Baral et al., 2007; Smith et al., 2009). The analysis suggests that these two population groups became invisible in media discourse as either vulnerable subjects or subjects of risk, but paradoxically they were continuously made visible, as vectors of infection or risks for others (UN-AIDS, 2000).

The new vulnerable subject captured the humanitarian imagination and in the process repositioned HIV as a bygone problem for the developed world and their gay populations. This new humanitarian discourse ignored the stubbornly high rates of infections of gay men, in particular, gay men from ethnic minority groups throughout both the Global North and South (Baral et al., 2007). The new humanitarian subject rendered the biological and social vulnerabilities of same-sex sexual intercourse among men in African societies invisible, indeed inexistent in media reporting on the epidemic (Beyrer, 2012). The deletion of gay men’s vulnerabilities in the African humanitarian context as evident in the reporting of the epidemic in the Canadian media, as I will show in Chapter 2, underscores the reluctant space that gay men continued to occupy in narratives of the HIV epidemic in the public health imaginary at both local and global scales.

As scientific evidence accumulated, determining that sexual practices and not identity (same-sex desire) constituted the vectors of risk, prevention campaigns aimed at gay men and MSM emphasized the behavioural responsibility of every gay man and MSM to avert and reduce HIV infections. Certainly, these behavioural interventions originated within an ethos of collective responsibility to curb the spread of HIV during the early days of the epidemic (Marks et al., 1999; Silversides, 2003; Wolitski, 2001). However, as the epidemic progressed, these campaigns revealed a logic that emphasized the responsibilities of individual sexual actors towards their own health in terms of gaining information and deploying practices of self-protection (Adam, 2005; Rangel & Adam, 2014). In so doing, these logics produced gay men and MSM as self-empowered and autonomous actors, able to shape their own social and political conditions, that
is, a subjectivity concomitant with the logics of advanced liberal societies (Rabinow, 2006; Rose, 1999a; Rose, 2007; O’Malley, 1996). This construction of gay men, MSM, and it seems men in general in media representations, but also in public health campaigns, offers a sharp contrast with the logics that came to inform the humanitarian discourse that called for interventions to curb and eradicate HIV in the third world and Africa, in particular.

5 Dissertation Structure

This dissertation consists of three chapters, each of which focuses on a distinct historical point of heightened discourse production on HIV/AIDS in Canada. Although individual chapters, each builds and draws on the other to present a comprehensive analysis of the reluctant space that gay men occupy in the Canadian and global HIV/AIDS biopolitical imaginary.

Conceptually, each chapter is connected by an analytical framework that draws from the established literature on biopolitics and current critiques of humanitarianism, with particular attention to HIV humanitarian discourse. This conceptual apparatus is complemented by historical work on HIV/AIDS, writings on gay and lesbian organizing, and epidemiological scholarship. In what follows, I first provide a synopsis of each chapter, including the conclusions chapter, and lastly, I provide a general overview of the methodological approach, which is expanded in each individual chapter.

6 Chapters Synopsis

The first chapter traces the media representations of gay men in an emergent Canadian biopolitical imaginary in the aftermath of the Tainted Blood Scandal (TBS) from the early 1990s to 2014. This chapter maps the manner in which the historical association of gay men with HIV provided media opinion-makers with a warrant to introduce gay men as vectors of risk for an unsuspecting, innocent and heterosexual Canadian public. This warrant produced a narrative whereby gay men were presented as the natural carriers of a biological contaminant into
Canadian families and the larger health system. Media reporting on HIV/AIDS risks reveals that discourse producers resort to a transfer the biological risk into the biological and moral vulnerability of the Canadian public. In the process the very humanity, vulnerability and suffering of gay men in the HIV epidemic was erased to emphasize the vulnerability of the Canadian heterosexual public. In fact, the deletion of gay men’s vulnerability served to articulate a Canadian vital public in need of institutional protections.

This chapter argues that the media’s framing of gay men as vectors of HIV risk vis-à-vis an innocent and vital Canadian public reinstates a moral order whereby gay men are marginal actors to be contained in the name of national public health. The erasure of gay men’s HIV risks, via discrimination and silences, reproduces the structural vulnerabilities to infection that gay men face along the lines of social locations, in particular class, immigration status, as well as identities in terms of race and gender constructions.¹

Chapter two expands the scope of the quest to locate gay men in media representations of HIV vulnerability by focusing on a second moment of the epidemic: media representations of HIV/AIDS as a global health problem. In order to make this endeavour manageable, the analysis centers around media representations of the global health event called World AIDS Day from 1988 to 2016 (WAD). In this chapter, WAD is conceptualized as media-driven discursive event that underscores the global and the local logics that inform the construction of vulnerability but also collective responsibilities in the face of the ongoing HIV pandemic. WAD serves as a case study on media representations of populations at risk, as these media discourses draw from epidemiological data, experts’ opinions, and politicians to call for the social, political and moral responsibility of (mostly) the western public to solve the crisis. In so doing, WAD draws actively from the logics that inform medical humanitarianism.

¹ A revised version of this chapter was published in co-authorship with R. Crath under the title: Paradoxes of an assimilation politics: media production of gay male belonging in the Canadian ‘vital public’ from the tainted blood scandal to the present in the Journal Culture, health & sexuality, 19(7), 796-810.
In studying the media production around WAD, this chapter traces the emergence of the moral hierarchies that positions some subjects as the natural objects of humanitarian compassion and political action. In the process, these humanitarian logics reproduce deeply held ideas about vulnerability that draw from colonial constructions of race, sex, and gender. At the same time, these logics that incite compassion towards vulnerable subjects necessitate the exclusion of abject subjects, which are simultaneously constructed as agentic. These logics obfuscate the fact that subjects located at both sides of the compassion spectrum are equally produced by the material and political apparatuses unchained by and deeply rooted in ongoing flows of capitalism and colonialism (Lakoff, 2010; Fassin, 2007a; Ticktin, 2011).

Chapter 2 is the connective tissue of the dissertation arch. It traces the production of hierarchies of moral desert via the HIV humanitarian project in Africa and the exclusion of gay men from HIV discourse in the context of AIDS Day. Starting with in the late 1980s, the analysis covers the biomedical optimism inaugurated by the introduction of HAART and the media representation of marginalized North American subjects, such as ethnic minorities and homeless youth, vis-à-vis the morally deserving African subject. In so doing, I discuss the unintended biopolitical (health and political) and moral implications in the erasure of men’s same-sex desire and HIV vulnerability in both North American and African contexts.

Chapter 3 examines the consequences of the neoliberal ethos undergirding HIV public health prevention efforts directed towards gay men. In this chapter, I trace the discourse on personal versus collective responsibility in an ambitious and multiplatform HIV prevention campaign in Canada: the HIV Stigma Campaign. Drawing from the interactive discussions that took place in the blogs of the campaign, this chapter analyzes the self-representation of gay men as moral subjects that embrace an individualized ethos of risk avoidance as fully responsibilized biopolitical citizens. The unintended implications and risks that stem from prevention centered around neoliberal logics are revealed.²

² This chapter was revised and submitted for publication under the guidance of Dr. B. Adam. Everyday moral reasoning in the governmentality of HIV risk. Sociology of health & illness, 36(1), 60-74.
The Conclusion contains a series of recommendations to critically examine the moral hierarchies produced at the intersection of the pragmatic operationalization of populations at risk, via epidemiological data, for example, and the problematic imaginaries on responsible citizenship in the global north, as well as the imaginaries that underpin humanitarian projects in the global South. By drawing attention to three instances of discourse production, this work attempts to provide a comprehensive history of the place that gay men occupy in the continuous construction of HIV risk and vulnerability. It does so in order to contribute to a critical revision of the discourse, but also the epidemiological data that undergirds HIV work both in Canada and in global and humanitarian health enterprises.

In specific terms, this analysis calls on academics, public and global health practitioners and activists alike to tease out the extent to which their analytical and policy preferences may be underpinned by sexist, homophobic and racist colonial legacies that may continue to inform public health and global health-humanitarian projects. These recommendations are of central import to sociologists of health and medicine, but also for public and global health practitioners and activists. This analysis contributes to a nuanced critique of the unintended consequences of current biopolitical and humanitarian orderings in Western societies. In so doing, it brings to the fore the concomitant exclusions that these orderings generate, in this case of gay men, MSM, and men in general as morally worthy subjects for societal protection in both local public health policy and in global health projects. In so doing, this analysis can inform gay men’s health and HIV activism to draw attention to the continuous exclusion of gay men from the biopolitical and moral imaginaries of health policy in Western democracies and their counterparts in the global south.

7 Methods: Data Type, Sources and Analytical Approach

Methodologically, each chapter draws from specific sources of data and deploys analytical techniques that are suited to the questions it addresses. Each chapter therefore, presents a detailed methodological discussion. Overall, the three chapters draw predominantly from textual data available through digital academic and business databases. The textual data for Chapter 2 is
complemented by information collected via professional communication with program offices and other experts, and archival sources from gay and lesbian media. The textual data were collected from two main sources. The main textual data for Chapters 1 and 2 were collected from the main printed news media in Canada, The Globe and Mail. It was obtained via FACTIVA, a business and news search data engine owned by Dow Jones Co, and available through the University of Toronto’s Academic Digital Search Engines. Supporting textual data for Chapter 2 were obtained via official websites of different news organizations and UN-AIDS. The textual data from chapter 3 draw from an online public forum developed by an Ontario (Canada) public health campaign called HIV Stigma Campaign.

Each chapter develops a two-part cohesive analytical approach. The first part consists of a content analysis that discusses the findings in terms of the coding system utilized in each chapter. In so doing, each chapter presents findings in a descriptive and comprehensive fashion. The second part utilizes a Critical Discourse Analysis (CDA) approach that engages with selected codes in order to make the analysis of the data collected manageable. More importantly, this strategy allows for a nuanced analysis of the ongoing construction, and the slippages in the construction of meanings by different actors as they engage in the production of HIV discourses on risks, vulnerability and responsibility vis-à-vis affected populations. In so doing, Chapters 1 and 2 focus on official discourses as produced by state and non-state actors and as interpreted by the media. Chapter 3 analyzes the discourses that emerge via personal interactions amongst self-identified gay men, and as these discourses are mediated by institutional forces.
Chapter 1: Media Production of Gay Male Belonging in the “Canadian Public” from the Tainted Blood Scandal to the Present

1 Introduction

On August 15, 2014 Canada’s leading national newspaper, The Globe and Mail, featured an article by award-winning public health reporter, André Picard, entitled “How the advent of AIDS advanced gay rights.” In the opening paragraphs, Picard stated the following,

…three decades after the “gay plague” began, there is a once-unthinkable acceptance of same-sex relationships in the Western world: Gay marriage is widely accepted, human-rights protections have been extended to gays and lesbians, and events like World Pride are not only mainstream family activities, but tourist draws. How did this happen? How did fear of pestilent homosexuals give way to acceptance of men loving men? And are the horrors that are taking place now in the developing world the last gasp of homophobes, an inevitable clash on the road to gay liberation? (Picard, 2014)

Picard’s piece is constitutive of a larger trend in what historians of gay life have termed a politics of assimilation in a post-AIDS era, a culmination of strategies cultivated by economically and politically privileged segments of gay organizing in Western societies (Berube, 2011; D’Emilio, 2014; Patton, 2012; Valverde, 2006; White, 2014). Two operating discourses solidify this teleological narrative of origins and gay advancement (Patton, 2012). In a first discursive layer, the AIDS crisis in the Western World becomes a fixed moment of a distant past, a moment of crisis that has been superseded both by gay men and by society at large. A second layer, building on the first representation of AIDS as a bygone threat, posits a celebratory embrace of a new face
of male homosexuality. This new face is rooted in a post-AIDS subjectivity, a homosexuality cleansed of its associations with moral danger and biological threat. These two operating discourses draw from the objective realities represented by public health and biomedical advances in HIV treatment and prevention on the one hand, and the legal and political advances of gay mobilization and its culmination in same-sex recognition on the other (Epstein & Carrillo, 2014; Richardson, 2000; Weeks, 2000).

A careful reading of media representations of gay men’s sexuality and political subjectivity in the collective imaginary would suggest, however, that this linear narrative runs in parallel to a shifting yet persistent narrative of gay men’s inherent biological and moral risk to both individuals and nations (Strong, 2009). As a case in point, the narrative of risky subjectivity is mediated through techno-political and biological rationales in blood donation governmentality where gay men continue to face bans and limitations for blood donation. It is indeed in the management of blood as a biological but also as a political subject where the politics of assimilation seems to have been unable to take root.

In this chapter, the author analyses media representations of gay men’s sexual and political subjectivity in the wake of the Tainted Blood Scandal (TBS) in the mid-1990’s to current debates on gay men’s blood donation in Canada. The TBS was a globalized public health event in which different national publics became aware that their respective national blood supplies had been contaminated by two lethal viruses: the human immunodeficiency virus (HIV) and Hepatitis C (HVC). In the Canadian context in which thousands of recipients of blood transfusions became infected, the scandal of improperly managed national blood supplies was first illuminated by the investigative journalism of André Picard and Rod Mickleburgh, two journalists writing for the
It is argued here that current media representations of the place of gay men in a national social imaginary via the elision of gay men’s desire and HIV constitute a rich site for understanding ongoing tensions in biopolitical specifications and practices (Foucault, 2003; Strong, 2009). Drawing from literature on biopolitics, this chapter is an attempt to address how public health reporting in one news media source, The Globe and Mail, discursively produces contiguous understandings of the moral, social and biological dimensions of gay male subjectivity and sexuality within the national imaginary (Lemke, 2011; Strong, 2009). Following Lemke’s (2011) conceptualization of biopolitics in advanced liberal democracies, biological risk of HIV can be understood as instituting a border between the biological and the political, not as a separate set of problematics but as the very edge where biological and political subjectivities are co-constituted between a liberal regime of rights and hierarchies of physical and moral belonging. Furthermore, belonging in this instance coalesces around what Thomas Strong has termed a “vital public.” A vital public, according to Strong (2009):

binder people into relations in which the intimate acts of others always already impinge upon them. Blood supplies brings sex and society into touch, crossing gingerly between private and public. I suggest that the intense focus that blood/HIV scandals continue to receive devolves specifically from this very juncture and from the awareness that it generates: much as we may wish to shield ourselves from the others in our midst, we are ever more intimately bound to them nonetheless (Strong, 2009, p. 173). This observation yields a question: Can ‘vital publics’ embrace the sexual minorities they have long excluded? (Povinelli, 2006, p.175–236, as cited in Strong, 2009, p. 173).
Strong’s rhetorical questioning of the constitutive nature of a vital public’s threshold of belonging serves as a useful heuristic device for investigating the Globe and Mail’s staging of gay men’s sexuality and political subjectivity within a particular Canadian contemporary biopolitical imaginary. Specifically, this chapter pays attention to the Globe and Mail’s representation of gay male subjects as sexual agents and as citizens engaged in the staking of claims for legal recognition and social inclusion into the national imaginary in an era haunted by HIV risk. The focus here is on identifying who and what is/should be constitutive of the “public good” when national blood supplies are at stake (Strong, 2009). These representations are held in tension with the newspaper’s parallel coverage of gay rights activism and legislative changes reported upon during the period when coverage of the TBS was most prevalent (1990-1999), and then with current debates on gay men’s blood donation.

The analysis is structured in three parts. First, it describes the ways in which media coverage of TBS brought the Canadian vital public to the fore. Second, it accounts for the ways in which gay men as sexualized subjects were represented in that coverage as (a) biological risk subjects; (b) morally responsible subjects; and (c) citizen subjects. Finally, it offers a discussion of how these representations weave an intricate connection between a Canadian vital public and the imperative of heteronormativity, the social effect of which is an ongoing marginalization and textual erasure of non-conforming social/sexual identities and practices.
2 Methods

The decision to focus on the Globe and Mail’s newspaper archive was justified in the following ways: first, newspaper archives are understood to provide the most reliable and consistent measure of coverage trends in news media landscapes (Brodie, Hamel, Kates & Altman, 2004; Stevens & Hull, 2013). Second, given that the Globe and Mail is Canada’s most widely circulated national news service, it was reasoned that its representations of the TBS and gay rights mobilizations can be read as “a proxy” (Stevens & Hull, 2013) for messaging occurring in wider national news media. Moreover, the Canadian news media landscape is marked by its consolidation of corporate ownership of news sources (Jiwani, 2009), which results in a rather restricted range of news messaging across both local and national environments. What gets reported in the Globe and Mail’s news coverage and how that coverage is represented, imprints on urban discursive environments, environments in which gay and bisexual men tend to concentrate for work, home or play, and centres which have witnessed the highest concentrations of HIV incidence rates.

The author engaged in two phases of analyses. In the first phase, the author (and an external reviewer) developed search terms to scan for all possibly relevant news stories for the identified two story lines in Factiva’s Globe and Mail (all sources) archive. A procedure developed by Stryker, Wray, Hornik and Yanitzky (2006) was drawn upon to establish inter-coder reliability and to identify and evaluate the quality of the search term coverage. For the first story line—coverage of the TBS and its relationship to HIV/AIDS discourses—the author (and the external reviewer) deployed several search terms: “blood scandal,” “blood donation” or “tainted blood.” When adjusted for recall/precision bias, these terms retrieved 999 full article stories including
editorial commentary by *Globe and Mail* staff. For the second theme, mobilizing gay rights, the author relied on the search term “gay” and “rights” and then applied a Factiva filter “Human Rights/Civic Rights.” This subsample of 466 articles was drawn from news articles ranging from January 1, 1990 to December 30, 2014, a period corresponding to the newspaper’s most concentrated coverage of the TBS.

In the second phase, the author (and an external reviewer) randomly selected a sub-sample from the two streams of coverage (25% of each selected samples - n= 255; n=116). An analytic-content analysis was conducted on the sub-samples to identify framing devices deployed, “the centrally organizing ideas or storylines that produce social meaning” (Pan & Kosicki, 1993, p. 55). In order to capture the complexity of discourse production and to consider the possible social and health effects of these discursive practices (Jorgenson & Phillips, 2002), content rich articles generated by the first procedure were tracked. These articles were then analyzed employing critical discourse analysis (CDA) (Fairclough, 1995, 2003), a complementary mode of analysis allowing us to see tensions, interruptions and inconsistencies across emergent themes. Findings in this study are reflective of these two interpretive strategies at work in sifting through the *Globe and Mail’s* discursive reporting on gay men’s sexual and political subjectivities in the shadow of a breach to Canadian blood security.

3 **Instituting a Canadian Vital Public**

Media’s discursive production of the TBS was inaugurated by a two-part investigative piece written by *Globe and Mail* journalists André Picard and Rod Mickleburgh in 1992. The TBS
occupied much of the newspaper’s HIV news and editorial coverage during the 1990s (approximately 23% of articles between 1994-1999). The reporting trend continued well into the 2000s as reporters documented results of what became popularly known as the Krever Inquiry, a Royal Commission of Inquiry established in 1993 to investigate governmental and private-sector mismanagement of Canadian blood supplies during the 1980s. These articles, together with post-Krever accountings of Canadian blood management systems offer a targeted probing into systemic failures to regulate blood supplies, the subsequent court proceedings, legal settlements and the transformation of the blood supply industry in Canada, and finally, legal contestations on who should be eligible to donate blood.

Picard and other investigative journalists’ attention to the TBS not only created necessary public awareness about systemic failures in Canada’s public health apparatus (Stead, 1997), but was instrumental in instituting policy changes to how blood supply systems were managed and importantly, perceived by an informed Canadian public (Picard, 1994b). As the author argues in the section below, *Globe and Mail* reporters and editorial columnists mobilized a series of discursive frames calibrated to the logic of biopolitical risk management to adjudicate lines of culpability and responsibility for key public health institutions (Strong, 2009) and a range of social actors, including public health experts, health authorities, and non-normative subjects such as sexually active gay men. What resulted was a sedimentation in public and institutional consciousness of the need to secure the safety and welfare of a distinctive Canadian public exclusive of the full civic participation of sexually active gay men.
4 Delineating Lines of Responsibility and Innocence

Early reporting’s focus on the suffering that ensued as a result of contamination to the blood supply eclipsed the fact that in the early years of the AIDS epidemic in North America, experts themselves were only starting to learn about HIV transmission mechanisms. To say this is not to downplay the responsibility of experts and health officers in managing risk, but to draw attention to the ways in which the tropes of innocence and suffering rather than epistemological confusion, for example, figured as a narrative framing device in the early 1990’s reporting of the crisis. Most articles either directly or indirectly point to the institutional and individual disregard for the bodily integrity and well-being of the victims (i.e., non-culpable subjects) of the crisis: hemophiliacs, their partners (usually wives) and their families, as well as all other child and adult patients requiring blood transfusions during that period. André Picard’s framing of the death and suffering of transfusion patients in an article appearing on the opening day of the Krever Inquiry, is haunted by the shadow figure of the well-intentioned donor marked by the toxicity of its blood.

Almost 400 hemophiliacs and transfusion patients have died without receiving a full explanation for the tragedy. More than 100 more will likely die before the commission tables its final report, and many will tell their poignant stories in the months to come. Their legacy, they hope, will be a blood system with enough safeguards to prevent an act of generosity from ever again becoming a poison that leaves so many to die in silence. (Picard, 1994a).

Perhaps unintentionally, such an emotionally charged framing sets the groundwork for establishing the naïveté/innocence and de facto heterosexuality of this newly affected population.
Heterosexuality stands in this article, and in others, as an often unnamed but assumed norm signaling a propensity in public health discourse and indeed, in legal proceedings, to both delineate absolute distinctions between subjective categories of health risk and to disavow complex intersections between sexuality, sexual practices, health status, race, etc., as a means of managing population difference (Epstein, 2007). For example, in a series of pieces recounting the testimonies given during court proceeding of the TBS cases, readers are told,

Mr. Conliffe said he’d been informed of his infection by a doctor at Thunder Bay’s special hemophilia clinic. “He said I did have the virus and that was it. I'd never heard of AIDS before.” … “He was given no advice about safe sex. The only counselling was basically about how to deal with the fact that Wayne was going to die” (Mickleburgh, 1994a).

In a later article, written by reporter Thomas Claridge (1999) after the release of the Krever Commission Report, innocence and heterosexuality become entwined with naturalised rights – the undisputed entitlement to proclaim rights to state protection. Gay subjectivity, in contradistinction, regardless of its claims to an appearance of health, is passively aligned with a lethality requiring state intervention:

The ruling allows an appeal against the dismissal of a lawsuit by the widower of Alma Walker who got HIV from a transfusion in 1983… In dismissing the suit by Douglas Walker, the trial judge said he had failed to prove better screening would have prevented the lethal donation of blood by a seemingly healthy gay man. But the appeal court said innocent victims of tainted blood should not have to prove anything beyond the blood
agency's negligence and that HIV was acquired from a blood product. (Claridge, 1999).

This propensity to delineate lines of distinction between innocent, heterosexual subjects worthy of sympathy, and those whose sexual proclivities had put themselves and others at risk was questioned, and at times recognized by opinion-makers. For example, when justifying the Globe and Mail’s near exclusive reporting focus on the social and health effects of the TBS, Picard drew attention to the tensions that an early emphasis on hemophiliacs and transfusion victims produced when he noted,

I, among others, have been criticized for giving so much prominence to the tainted-blood story, because transfusion represents only about 4 to 6 per cent of AIDS cases. Granted, some of the coverage has perpetuated biases: A boy who contracted HIV from a transfusion at birth is still seen as somehow more deserving of sympathy than a gay man who contracted the virus sexually.

I believe tainted blood is, in itself, a legitimate and important story. Of course, I would like to see more stories about the epidemic among gay men -- but this is not a contest. (Picard, 1996)

In one sense Picard’s reflections acknowledge the media’s culpability in generating social stigma as an unintended by-product of a nearly exclusive focus on the TBS. And yet, the dismissive concluding phrase “this is not a contest” belies a more important role that Globe and Mail health reporters played in shaping the wider public discourse on blood products and HIV risk.
5 The Production of a Moral Order

In line with Picard’s observation, the data suggest that gay men enter HIV related TBS news stories either as minor, or near accidental actors in the unfolding of a Canadian public health drama, or are systematically erased from the landscape of HIV in order to reposition the disease as morally worthy (Lacey, 1993). On the rare occasion that gay men’s subjectivities are brought to the surface of HIV concern, it is in the context of exploring sources of contagion. In this framing, it is the more culpable, agentic and thus non-innocent risk practices of gay men, via anal penetration and IDU (Injection Drug Use) practice that are articulated as vectors of biological risk to the safety of a Canadian vital public. As an example, during testimony given at the Krever Inquiry, the main victim seeking compensation from the state is described in the following terms:

Kenneth Pittman died of AIDS-related causes in March of 1990 at the age of 59, after he received AIDS-tainted blood from a donor who, the court was told, later acknowledged that he had had homosexual encounters without knowing that he was putting himself at risk. Mr. Pittman, the father of four, died unaware that he was infected with AIDS. (Downey, 1993).

While audiences are told about the family details and the unfortunate fate of Mr. Pittman, the donor’s own humanity disappears behind what the reporter labels his “homosexual encounters” – a representation of sexual engagement that suggests a level of anonymity or irrationality to these relationships rather than ones that were possibly intimate, personal or sustained.
In the TBS news media coverage, it is only when gay men’s sexual practices are represented as unbridled and suggestively rapacious that gay men are brought explicitly into the narrative arc of innocent transmission. Several news articles covering the Krever Commission, for example, revealed that one screening protocol deployed by nurse practitioners in Red Cross donor clinics in Montreal and Vancouver in the early 1980s, was to assess, at the level of appearance, not only a man’s presumed sexuality (gay/not gay) but more specifically, whether they were “sexually promiscuous” (Mickleburgh, 1994b; Picard, 1994c). The term “sexually promiscuous,” although often left undefined, is given numerical flesh in several articles. In these pieces, as exemplified in the quote below by reporter Makin (2001), a known gay/HIV positive donor’s sexual practices are represented as context-less, quantified events:

He [the presiding judge] dismissed the Walker lawsuit on the ground that the donor involved – a gay man known as Robert M who had about 1000 sexual encounters in the seven years before his 1983 blood donation – would have ignored the information supplied to [by the Red Cross] him even if it had been adequate, since he felt he was in good health at the time …” He [Robert M.] said he donated blood “out of the goodness of my heart” and did not think he was putting anyone at risk. “I was healthy, so I figured I was not going to cause anyone any harm.”…He did not encounter any information at the blood-donor clinics that might call into question the acceptability of his blood. If he had, he said, he would have talked to one of the nurses and said, “I've got a problem here, I'm homosexual.”

In drawing attention to the quantifiably salient, and potentially furtive and non-emotional nature of Robert M’s sexual encounters, the excess of gay men’s sexuality, as potentially contaminating
and illicit, is positioned in the fault-lines of systemic failure between the state and public health – a toxicity that leaks beyond the limits of a proper Canadian “Vital public”, and thus, legitimate sexual citizenship.

This culturally saturated narrative of the morally questionable proclivities of gay men is seemingly disrupted, however, by the introduction of Robert M’s own testimony in which this gay subject (as plausible stand-in for all gay men) professes an ability to rationally assess his actions as a viable health threat and thus his ability to be a responsible, moral actor. Under this narrative framework, gay men are suspended at the boundary of moral innocence, where their claims of ignorance and nascent responsibilisation to behave properly, as a sexual community, as social citizens and as individuals, are haunted by the spectre of their untamed (and thus ultimately culpable) sexual nature (Rangel & Adam, 2014). In a rare moment in Globe and Mail reporting, the responsibilised nature of GM’s sexual practices is attested to through a quote by Ottawa’s chief epidemiologist. According to the health science expert, a much feared heterosexual epidemic had not materialized and that the decline of HIV infection could be attributed to

\[\text{… changes in behaviour among groups at high risk. Much depends on whether young gay men continue to protect themselves. We’re starting to see a small increase among the young and a lowering of the rate among older gay men” (Immen, 1994)\]

In this discursive rendering, experts and the general public had embraced the need for implementing more sexually responsible behaviour at the population level, and yet it is gay men who are targeted specifically as fully agentic and thus capable of keeping HIV/AIDS risk at bay. If for the general public HIV risk seems to emerge as a byproduct of the failure of the state and
experts to properly monitor and protect, for gay men, HIV is presented as a sub-population risk created by personal and responsibilised decision making. In one sense, this celebration of gay men’s self-protective responses to HIV/AIDS cemented the idea that the very nature of gay men’s social/sexual intimacies and practices were the direct outcome of individuals’ behavioural responses to the spectre of HIV risk (Adam, 2005). An unintended consequence was a de facto dissociation of these practices from the larger social and political forces operating on gay men’s lives.

This tension between innocence and a heralded moral-social responsibilisation on the one hand and culpability via a risky, sexual body/subjectivity on the other not only played itself out in the *Globe and Mail’s* 1990s and early 2000s coverage of TBS, but was echoed in its reporting of the emergence of gay civil and political rights protection and legislation during the same period. Under question in these two parallel storylines is the place of gay subjects within an emerging biopolitical imaginary fixated on shoring up the proper boundaries of a Canadian public.

6 A Parallel Discourse: Vying for a Place Within the Boundaries of Responsible Citizenship

As sociologist Cindy Patton (2012) recalls, a North American gay political drive for citizenship rights accommodation, although emerging in the 1960s, had gained renewed momentum by the mid 1980s in the wake of struggles to induce a social and governmental response to AIDS. Based on the visibility and “acceptance of homosexuality as a minority experience” (Weeks 1985, p. 198), this emergent politics called for gay men’s assimilation within a prescribed social fabric. It was a politics that emerged in opposition to an earlier, more radical liberationist politics
questioning the institutional processes pathologizing homosexuality as a particular condition or experience (Patton, 2012; Weeks, 1985). In an article appearing in June 1990, journalist David Pederson foreshadows Picard’s 2014 casual reference to World Pride as “a mainstream family activity” and index of the social/legal acceptability of “men who love other men”. Pederson draws an explicit connection between a celebratory parade of “cultural difference” and a politics of accommodation abiding by the codes of formal political process and channeling its energies towards the entrenchment of legal citizenship right:

WHAT did the 30,000 gay people who marched, danced, rolled or whistled their way down Toronto's Yonge Street behind a man on roller skates and wearing a dress hope to accomplish last Sunday?…So is anyone listening? David MacDonald is. The Conservative MP for Toronto's Rosedale riding…has recommended including sexual orientation in human-rights legislation. But leaders like Mr. MacDonald are rare…So, until the rest of society recognizes the need to end discrimination and does something about it, lesbians and gay men will get together once a year to celebrate their culture. And they'll remain convinced that the exercise is worthwhile.

For Pederson, the subjects of political address are represented as fun loving, creative – a caricature of “gayness” that rhetorically occludes from the public’s imagination a more confrontational, radical politics celebrating what Cindy Patton refers to as a transgressive “libidinal and affective creativity” striking at the structural core of heteronormativity (Patton 2012, p. 256). By positioning the need to secure societal and legal recognition for “gay people” as a linchpin for gay sexual legitimacy, Pederson’s article sets the stage for a narrative trajectory privileging a gay politics that is more accommodationist in scope, and thus more comprehensible and non-threatening to a Canadian public imaginary.
If Pederson’s early 1990s article rehearses the *Globe and Mail’s* tendency to sketch the horizon of what is constitutive of a legitimate gay politics (and indeed, gay subjectivity), a prominently placed editorial column by Martin Levin (1995) appearing in the mid 1990s makes the terms of reference clear. In Levin’s representation of contemporary North American gay politics, an impassible divide is drawn between a dangerous fraction - what he labels “queer theorists” who believe that homosexuality is an “artificial social construct” and a more reasonable majority - those he names “assimilationists seeking integration into the larger society”. As Levin opines, “queer theorist Leo Bersani” [as representative “queer” theorist] celebrates the gay outlaws, the fetishistic fringes of homosexuality that undermine the values of family and community….Sullivan [writer and conservative gay public intellectual, Andrew Sullivan], we learn in contradistinction, is not interested in supporting pedophiles or in-your-face S & M. His only proposal is for an end to all public (but not necessarily private) discrimination against homosexuals that treats them as anything other than full citizens with normal human impulses.

Evident in this passage is Levin’s attempt to locate a place of legitimacy for gay men not as minority subjects (which hints at the pathological and ghettoised nature of homosexual desire) but as subjects possessing “normal human impulses”. This discourse of sameness not only displaces what is referred to as a reckless and irresponsible homosexuality (a “fetishistic fringe” [Levin, 1995] following an elision of pedophilia and non-bounded, “queer” desire), but queer sexual desire itself (in all of its possible practices) is performatively neutered via this discursive acclamation of normalcy.

Throughout the 1990s, news and editorial coverage of gay legislative rights challenges hold an uneasy tension between two understandings of the place of gay citizenship claims: in one, a
pervading distrust of the (possible) social effects wrought in the wake of gay rights claims regardless whether they are assimilationist or liberationist in orientation, and in another, a championing of the legitimacy and social utility of liberal rights claims to assimilation/inclusion, as evident, for example in Pederson and Levin’s accountings. In the first instance, there is a propensity to name (and perhaps to lament) a social disruption that has resulted in the wake of gay rights mobilizations and legal claims to social legibility. Numerous Globe and Mail articles (Editorial, 1992a; Editorial, 1994; Fine, 1992; Laghi, 1998; Mahoney, 1999; York, 1992) deploy the rhetoric of intrusive or “threatening” advancement when describing the political achievements of sexual minorities. In these pieces, “the homosexual rights issue” (Fine, 1992) is euphemistically linked to the loosening of sexual mores, suggesting the leakiness and promiscuousness of gay subjectivity as threat to the sanctity of marriage and the nuclear family - the cornerstone of capitalist, liberal democracies (Valverde, 2006). Moreover, an undertone of suspicion haunts discussion questioning whether the true nature of gay people’s loyalties is to advance a “radical gay agenda” (with its presumed desire to dismantle the institutional fabric of Canadian heteronormative social society) or to support ideals of “family and community” (Fine, 1992).

If the very public expression of a politicized homosexuality is represented as plausible threat to the “natural ground of institutionalized coupledom” (Cover, 2010), there is a counter-effort evidence in these articles as well, one that attempts to shore up and recalibrate the grounding of heteronormative coupling through a politics of gay inclusion. In this representation, the love and “emotional commitment” shared between gay couples is forwarded as identical in “form” to that experienced between heterosexual couples (Fine, 1992). In an editorial entitled “Redefining the
Family” (Editorial, 1992a), it is argued “None of this [i.e., changes to the legal and social regulation of sexuality] appears to have diminished the human tendency to join together in committed unions…the family is not disintegrating, it is being redefined”. In another editorial commentary (Editorial, 1992b) a few months later, a similar attempt to bolster the institutional primacy of the bourgeois family is staged as the only productive container of gay men’s socially and biologically risky sexuality.

Even conservative governments should be able to see that affording equal treatment under the law to homosexual couples does not undermine “family values”. Instead it affirms them by recognizing, and thus reinforcing, committed, lasting same-sex partnerships.

It is this very tension over the symbolic representation of a politics of gay subjectivity and sexuality – as disruptive and dangerous on the one hand, or assimilationist and responsible on the other, that gets played out, as it is possible to recall, in the Globe and Mail’s early 1990s TBS coverage. In that narrative thread, gay men are positioned as either morally and civic minded, or in contradistinction, as vectors of contamination to an emergent public. These lines of tension will appear again a decade later in debates over eligibility criteria for blood donation, and as Strong notes, how intimate a Canadian public could be with its sexual Other, especially when the sharing of blood was at stake.

7 HIV Risk and the (Im)possibility of Assimilation Politics

By the early 2000s, Canada had become the fourth country in the world to provide full partnership recognition, marriage equality, and adoption rights to gay men and lesbians. Yet, despite these formidable social and political gains, one of the legacies of the TBS is that even by
the late 2000s issues of the impending risks of blood donation by gay men continued to garner media attention. Discussions not only centered on the lack of scientific consensus about the risks of gay men’s blood in the Canadian blood supply, but also on whether blood donation should be considered a collective right (the right to a secure blood supply) or an individual right (an alleged right to donate). By the end of the period under analysis (12/2014) a judge ruled in favour of upholding the right of the collective to dictate the boundaries of a Canadian public in blood donation policy. Recalling the 1994 article written by Picard in which he foreshadowed this very decision, the *Globe and Mail’s* editorial response echoed the presiding judge’s treatment of blood as both a gift and as a threat requiring cautious handling:

> Blanket prohibitions against selfless acts are not to be taken lightly. Nor is any policy that further marginalizes gay and bisexual men. The overarching principle of safety in this case, however, outweighs any discrimination that gay men may suffer in being declared ineligible as blood donors. She [the judge] correctly found that the policy is not based on stereotypes about homosexual men, but is necessary to protect the safety of the country's blood supply, and the recipients of blood products, who need transfusions in order to survive. Even if it did, the judge added, gay men are not ineligible because of their sexual orientation, but due to a higher prevalence of HIV and other blood-borne, sexually transmitted diseases. (Editorial, 2010).

In rendering a decision to maintain a lifelong ban on sexually active gay men’s blood, the presiding judge was careful to couch her language within the logic of liberal multicultural sentiment according recognition of place for gay identifying men within the Canadian polity. And yet, despite claims to the contrary, discussions centered on sexual identity/preferences presumed to be risky, instead of centering on sexual practices (i.e., gay men as a subjective
category rather than how HIV risk is manifested in the relational, socio-cultural, economic contexts in which gay men exercise intimacy and desire). A piece written a year after the court decision introduces a further discursive - political tension between scientific advances and questions of social trust and ethics.

Deirdre Kelly, a pediatric liver specialist and member of the committee [on blood services UK], said the “latest scientific evidence … does not support the maintenance of a permanent ban.” Dr. Kelly said the epidemiology of HIV/AIDS has changed (there are now more heterosexuals infected and the technology for testing for tainted blood is now extremely accurate) … But she noted that most countries still have lifetime bans on blood donation by men who have sex with men. “No blood system is going to make a change if they deem there is even a slight safety risk,” she said. (Picard, 2011).

Although the importance of evidence-based public health policy is noted casually in an editorial piece written during the same period, it is the collective trauma of the TBS that is positioned as an ethical starting point for reconsidering changes to the management of the national blood supply.

It now makes sense for Canada to re-evaluate its policy; science suggests a rethink, and the trend is moving toward letting gay men donate blood. But science alone may not be enough to bring change. In Canada, where the tainted-blood scandal is part of our collective psyche – about 32,000 people were infected with HIV and Hepatitis C between 1980 and 1990 – the public's confidence in the system is of great importance. It crumbled once and has been slow to recover; the hangover of doubt lingers. The safety of the blood supply, based on the latest science, and public confidence in the system are both essential. (Editorial, 2011).
In an effort to move the discourse of gay men’s rights to full civic inclusion “out from under the sign of AIDS” (Strong 2009, p.171), opinion makers in the media creatively produced spaces for repositioning gay men’s blood as uncontaminated and thus deserving of public trust. Through a type of performative cleansing that staked claims for inclusion on rather dubious, unsubstantiated evidence, the materiality of contemporary gay men’s blood and sexuality was represented as non-threatening and legitimate under a current predilection towards monogamous coupledom. Drawing on the writings of prominent HIV researcher Mark Wainberg, reporter André Picard championed monogamous fidelity as an antidote to HIV transmission. In a 2010 piece, he wrote the following:

A blanket ban on blood donation by gay men is unjustified and untenable, one of the world’s leading AIDS researchers says. Dr. Mark Wainberg, head of the McGill University AIDS Centre, said the prohibition, which has been in place since 1983, needs to be refined to reflect scientific evidence. Practically, that would mean deferring blood donations by those with multiple sex partners whether they are homosexual or heterosexual. That would mean allowing blood donations from gay men in a stable, monogamous relationship, Dr. Wainberg said in an article published in Wednesday’s edition of the Canadian Medical Association Journal (Picard, 2010).

Three years later, Picard (2013) in championing an assimilationist logic, suggested the very same parallels between promiscuity and innocence, inclusion and exclusion found in earlier HIV discourses positioning the naturalized rights of a presumed heterosexual “majority”:
No one is suggesting that people infected with HIV (or hepatitis C or any other blood-borne disease) be allowed to donate blood. But why are we excluding the 90 per cent of gay men who are not HIV-positive from donating? Most gay men – like most straight men – are in stable relationships. So where does this new five-year celibacy rule come from?... Instead of patting ourselves on the back for taking a small step, we should be asking why we have not taken a larger, evidence-based step.

Under the operative of sameness, and heralding a rather ironic call to evidence-based practice, Picard attempts to assert the place of gay men into the public. Indeed, in order to execute this move to normalizing gay life and subjectivity, gay activists, together with health writers like Picard, reached for the legitimizing, heteronormative, and neoliberal-grounded representations of a responsibilized, monogamous sexuality. Precluded in this rendering of gay normalcy and its attendant need to exercise the demons of promiscuity to the fringe of a deviant few, is the promotion of a complex journalism that brings together the socio-political, cultural, affective, and economic contexts surrounding risky sexual practices amongst some MSM/gay men excluded by an assimilationist politics in the first instance.

8 Conclusions
This chapter queried under what historical and social conditions the Globe and Mail’s narrative of gay men’s sexual embodiment and practices –as a biopolitical problematic –rendered gay men as subjects of belonging, celebration, exclusion, or containment. In the early 1990s and throughout the period of analysis, gay men and the nature of their sexual encounters are only indirectly named as a fault-line in a harrowing story detailing Canadian blood supply contamination. In the TBS narrative, the state is held directly culpable, while gay men are
positioned at a threshold between responsibility and what are rendered aberrant, uncontrollable desires. What little health media reporting existed previous to the TBS specifically addressing gay men’s struggles against AIDS in the 1980s and 1990s and the socio-economic, cultural and affective contexts in which gay men’s infection occurs or is treated (Chapter 2), was eclipsed as soon as the link between gay blood donation and leakage of HIV into the national blood supply was established. It is gay men’s perceived un-tamable sexual desire and practice that place gay men, despite their vulnerability to HIV, beyond the pale of legitimate sexuality, belonging, and ultimately, citizenship. In health media discourses - discourses which played a role in informing state led practices - the infected and always presumed heterosexual victims of blood transfusion came to embody an innocence that was deserving of state recognition, protection and compensation. It was this very positioning of a subjectivity marked by its vulnerability and presumed heterosexuality that would inform the basis of what could be constitutive of a Canadian public. Conversely, infected gay men are cited as entry points of contamination via their uncontrollable proclivities, a “nature” that extends to all gay desiring men, regardless of their health status.

The Globe and Mail’s reporting of gay men’s mobilization for political recognition during the early 1990s and in the aftermath of the HIV epidemic, underscores the fault-line of possibilities for enfolding gay political subjectivity and its concomitant sexuality into the Canadian social body. Indeed, reporting in the early 1990s is seemingly savvy to how threatening a politics celebrating gay sexuality as a sign of disruptive cultural difference can be to a Canadian national imaginary given the deeply inscribed suspicion of this difference as a site of perversity and impossible containment and thus conduit for social and in a parallel discourse, biological
contamination. In a parade of articles flowing from the mid 1990s, culminating in articles championing the naturalized rights of GM to donate blood, these suspicions are waylaid through reporting of a more plausible politics of biopolitical inclusion – a politics aimed at the relegation of non-normative sexualities and the rehabilitative potential of gay men to conform and form life-long monogamous partnerships and families. As the present analysis shows, despite the political and legal gains made through a deployment of the trope “the respectable same-sex couple” (Valverde, 2006) - as emblematic of both an achieved containment of dangerous proclivities and sexual matter (semen and blood) and the achievement of civic responsibilization via hetero-normative redemption - these imaginaries have failed to reframe a historically rooted, fear-based narrative saturating gay men’s civic place as subjects too risky to be included in the folds of a “vital public” (Strong, 2009) in the Canadian polity.

9 Implications of Findings

The findings suggest that in both a post TBS coverage of the debate on GM blood donation, and the Globe and Mail’s representational accounting of a gay politics of assimilation, there is a shared propensity to engage in the inscription of exclusionary discourses. In all Globe and Mail articles reviewed, the subject of inquiry and the subject of rights are singularly and reductively read as “gay” exclusive of other social experiences and markers (like race, gender, age, class, religion, citizenship status, or health and HIV status). As Dianne Fuss exclaims, this “synechdotal tendency” to see only a selective part of a subject’s experience and identity, makes allowances for “that part to stand for the whole” (p. 116), a politics that while jockeying privileges for some fails to account for social markers that may trouble a subject’s very ability to
stake claims to an encompassing civic or biopolitical participation. Such a politics narrows the scope of the public’s imagination as to what types of sexual practices and sexual subjects can be recognized under the sign of “gay” as the legible marker of rights and responsibilities.

Moreover, in these efforts to normalise gay life and subjectivity, gay rights reporters, together with health writers like Picard, reached for the legitimizing, heteronormative, and neoliberal-grounded representations of a responsibilized, monogamous sexuality – discourses that re-inscribe a heavily moralized, hierarchically organized distinction between aberrant and responsibilised sexual subjects. In the flow of the two contiguous narratives, non-normative gay men and MSM are rhetorically displaced from making claims as legitimate subjects of the state and as subjects worthy of humanitarian address. The discursive sidelining of targeted subjectivities and practices might very well have public health consequences by circumscribing policy decisions allocating specifically developed resources for prevention technologies. Under these discursive regimes policies may fail to address the social, structural and cultural specificities of normative and non-normative GM, skew perceptions of HIV risk and health effects, and alter how health responsibilities are negotiated and understood.

Finally, in addition to the potential social and health effects that can possibly transpire through such demarcations between responsibilised and aberrant sexual subjects (Patton, 2012; see Chapter 3), this is a distinction that paradoxically has resonance – despite scientific evidence to the contrary - within public health policy banning gay men from blood donation. In other words, the imaginary of the same sex couple attempts to override a previous ordering that produces the borders of proper sexuality through the exclusion of other forms of gay men’s social-sexual
intimacies – a politics that has de facto resulted in re-instantiating the very dangerous materiality associated with non-normative sexual expressions.
Chapter 2: The Humanitarian Production of Morally Worthy Subjects in the Global AIDS Pandemic

1 Introduction

This chapter analyzes the historical and narrative arc produced by Canadian media sources during the coverage of World AIDS Day (WAD) 1989-2016. WAD can be described as a media-driven global health event held every year on December 1st since 1988 to draw global audiences, in particular the Western states and public’s attention to the challenges posed by AIDS as a Global pandemic. As a global health event, WAD is underpinned by humanitarian discourses that serve to bring its biomedical responses, but also its social and political dimensions, into public consciousness. The discursive power of WAD is symbolized by its global reach, as the event is echoed in news media around the world propelled by the agencies that organize it and fund it, which includes the World Health Organization (WHO), the United Nations (UN[UNAIDS]) and a diverse host of international and local humanitarian agencies.

As a media event, WAD is a rich site of analysis because it is continuously produced by global state and privately funded health initiatives, as well as by a host of humanitarian and philanthropic enterprises. Every year, this assemblage of actors describes, inscribes and prescribes the biomedical and the socio-political dimensions of the pandemic by drawing attention to vulnerable populations. In the process these actors actively, and perhaps unwillingly, produce a hierarchy of subjects’ worthy of humanitarian commitments. By looking at WAD through news media discourse in the Canadian context, I investigate the production of subjects of moral desert and humanitarian compassion in the AIDS pandemic. In specific terms I tease out the ways in which production necessitates the exclusion of subjects that have been, in historical

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3 Given the deep connections between humanitarian-inspired philanthropic initiatives, state funders, and private actors to produce both immediate and long-term relief in cases of catastrophic events, I include the term philanthropy into humanitarian action in global health (Lakoff, 2010).
terms, considered either morally suspect, agentic or amenable to self-responsibilization. These hierarchies are, on the one hand, essential tools to educate national publics in the global north on their moral and financial responsibility to protect those who are considered victims by the producers of humanitarian discourse. On the other, the direct attention towards victims serves to legitimate the actions of states and multilateral organizations before the eyes of local and global audiences. In the biopolitical arena, that is, in the political mobilization around illness aetiologies and embodied identities like HIV, breast cancer and so forth (Brown & Zavestoski, 2004; Epstein, 1995; 2007; King, 2006; Klawiter, 2008; Petryna, 2013). These moral hierarchies, and the logics of action that they generate, draw local and global audiences into the fold of fundraising and mobilization on behalf of the most vulnerable (King, 2006; 2010). Paradoxically, these hierarchies leave unaddressed the social forces that produce the very vulnerabilities that the humanitarian forces attempt to address (King, 2006; 2010; Fassin, 2005, 2007a, 2007b; Fassin & Pandolfi, 2010; Lakoff, 2010).

By analyzing WAD as a media event, I ask the following questions: What kind of information on the AIDS pandemic is being released for public consumption? In specific terms, what are the logics of humanitarian compassion and the epidemiological data underpinning the discursive production of AIDS discourse in popular media? Who speaks about the epidemic? Who is included and who is excluded in the narratives of AIDS as a local, but also as global health and humanitarian subject of humanitarian compassion? What are the moral subjectivities that are produced under WAD? Finally, I ask: what is the place that gay men occupy in the WAD as a discursive event?

By looking at Canadian media reporting on WAD, this chapter traces the news media production of morally worthy subjectivities, that is, subjects that are constructed in media discourse as deserving of biomedical attention, and moral compassion. The biomedical response, which is resource intensive, necessitates humanitarian logics to achieve its political legitimation. This double-helix of techno-science and humanitarianism has been described as compassionate politics (Fassin, 2012). I follow the Canadian media representation of the AIDS crisis and its ‘victims’ prior to, during, and after the advent of Highly Active Antiretroviral Treatment (HAART) in the mid 1990s, and its implications for the production of a new object of
humanitarian attention: the poor African woman, her children, and the African family system in need of Western support in the HIV epidemic (Poulin, Dovel, & Watkins, 2016). In so doing, this chapter traces the production of hierarchies of moral worth by analyzing how different groups at risk, such as women, children and men, but in particular gay men, are depicted in media discourse vis-à-vis the officially recognized subjects of the AIDS pandemic during the 30-year period under analysis. This analysis allows exploration of the potentially unintended biopolitical implications of the erasure of men’s same-sex desire and HIV vulnerability in both North American and African contexts.

2 Case Selection and Justification


Starting in 1988, World AIDS Day became an international yearly event that aims to create global awareness about the state of the AIDS epidemic worldwide (unaid.org). The ritualized attention to a host of socially relevant issues, in particular around health and gender in the form of memorials and celebrations is part of institutionalizing logics that are at the core of the UN’s production of a Global Cultural framework. Drawing from Benedict Anderson’s (2006) historical analysis of an imagined moral community, Drori, (2005, p. 188) argues that the UN’s production of yearly events in the form of days of celebration and commemoration can be understood this way:

[T]his process of the institutionalization of global culture also signals the imagining of a moral common thread to this global community: the global community is not based only
on utilitarian exchanges of interdependencies, but rather it is marked by a common affinity toward a set of appreciated values or principles.

Under the WAD Framework, the WHO, UN-AIDS, and a host of multilateral organizations bring together both public and private donors, produce and socialize epidemiological data, in particular data that underscores the plight of particular populations, and the potential biomedical and political challenges and solutions to curbing the epidemic.

There are three central aspects that occur within the WAD Framework. The first aspect is the ritualized and mediatized nature of WAD, which is made possible by its defined memorialization of deaths, but also accomplishments in the fights against the AIDS pandemic on December the 1st each year. The second aspect occurs under this clearly demarcated time and discursive framework, as donors and actors come together to hold scientific conferences, media releases of scientific advances as well as political statements that serve as a yearly reminder that HIV is an unsolved, but solvable global pandemic. The third aspect is the framing of each year’s event around a clearly defined population overburdened by the epidemic.

Because of its position as a public and global health event, WAD is echoed around the world in the form of a diversity of public events that range from public officials’ and biomedical experts’ declarations on the state of the field, to activists’ marches, protests, and commemorations. These events are picked up by media sources, and thus reported and re-interpreted for local, national and international audiences. As established in media and communications scholarship, this media loop generates a discursive universe that legitimates [a limited] a set of themes, actors and solutions, which structure public debate and resource allocation (Entman, 1989; Scheufele, 2000; Scheufele & Tewksbury, 2007). In this analysis, I argue that looking at the ways in which WAD is framed by a host of institutional and non-institutional players, and reported and reinterpreted by media actors for their direct, local and national audiences, but also their imagined community of local and extra-local audiences is of sociological relevance. This is the case because this analysis gives us a slice of an active social construction through which we can understand: first, the ways in which WAD, as a media event, unleashes the production of a hierarchy of possibilities in the description of the AIDS pandemic; second, the technical, that is often
biomedical, and socio-political responses to the problem; and third, but arguably more importantly, the production of a category of a clearly definable vulnerable population that deserves the collective and resource-intensive values and financial commitment of Western states, multilateral organizations, and the general public.

Naturally, a scoping and detailed analysis of all the global data, in particular media reporting produced under WAD would be impossible for the purposes of this work. Thus, in order to operationalize this analysis, I focus on the ways in which WAD has been reported and re-interpreted in a targeted selection of Canadian media sources (1988-2015). This analysis is supported by an analysis of WAD guiding documents produced by UN-AIDS (1988-2015). A detailed discussion of sources selection and analysis is provided in the methods section. This limited, yet rich set of sources allows for a nuanced and detailed analysis of WAD from a Canadian perspective as informed by a set of global forces.

3 Structure of the Chapter

In what follows, I present a three-part literature review. The first part discusses the state of the field as relevant for the present analysis. This literature is historical in nature and presents different stages in the development of the AIDS pandemic as studied by both social scientists and epidemiologists. The second part, introduces the guiding conceptual sociological apparatus that informs the analysis, in particular, conceptual developments at the intersection of biopolitics and humanitarianism. The third part, introduces the supporting but important concepts that draw from sociology, anthropology, and media and communications studies that undergird the analytical sensibilities of the current project.

Following the literature review, I present a detailed methodological discussion. In this section I justify the sources selection criteria, provide a description of the data collection, and the coding and analytical process.

The analysis section consists of a two-part extensive analysis of the data sources. The first part, of the analysis opens with a context-setting analysis of WAD as a discursive event that by
drawing attention to specific vulnerable populations, obscures and produces responsibilized subjects unamenable to a politics of compassion. Part I draws from all data sources to provide a comprehensive discussion of WAD as a global health event. The second part of the analysis presents a detailed analysis of the data collected from Globe and Mail. This part is divided in three main historical periods and all the data are discussed in historical progression, although at times the periods overlap. This section is followed by short discussion and conclusions sections.

4 Literature Review

4.1 The Transformation of the Epidemiological Profile of HIV in the 1990s

The heavy toll of HIV in the lives of gay and other men who have sex with men (MSM hereafter) around the world can be described as a transformative event for organizing men’s same-sex desire and sexual practices on the one hand, and on the other, political space for same-sex and queer recognition (Adam & Sears, 1994; Altman, 1986, 1991; Halperin, 2007; Patton 1986; Murray et al., 2001; Seidman, 1988; Treichler, 1987). As gay and other MSM saw themselves as both biologically and politically vulnerable in the face of the epidemic, they produced social organizing and transformative prevention practices from condom use for penetrative sexual intercourse, to negotiated safety and/through sero-sorting. More recently, both HIV-positive and HIV-negative gay men are seen as instrumental in the implementation of treatment as prevention (TasP), and Pre-exposure prophylaxis (PrEP) (Bennett, 2015; Dutta, 2013; Keogh, 2008; Kippax et al., 1997; Kippax et al., 2011; Rangel et al., N. D.). Although rich in tensions, these transformative politics of expertise and sexual practice provided social and biomedical models for HIV prevention and treatment, in particular for affected populations in the Western world (Epstein, 1995; 2008; Kippax et al., 2011; Nguyen et al., 2011; Rosengarten & Michael, 2009).

By the early 1990s the population profiles of the HIV epidemic had been transformed from a ‘gay disease’ to a potentially main-stream epidemic by the steep rise of new HIV infections in the global south, especially amongst African women via heterosexual transmission, but also in
the West (Altman, 1999; Bancroft, 2001; Heise & Elias, 1995; Parker, 2002; Quinn, 1996; Ulin, 1992). The changing epidemiological profile of the epidemic shifted the attention away from AIDS as a Western epidemic impacting MSM, amongst other vulnerable groups (such as injection drug users, and people in need of blood products), towards a reframing of AIDS as a global pandemic affecting heterosexual populations, in particular reproductive-age women in South Saharan Africa (Campbell, 1995; Fassin, 2007; Quinn, 1996; Nguyen, 2005; Ulin, 1992).

The new profile of the epidemic, now understood as a pandemic affecting entire populations, produced an expansion of AIDS organizing to include HIV positive heterosexuals from both the global south and the global north (Altman, 1998, 1999; Berkman et al., 2005; Ingram, 2009; Nguyen, 2005). The expansion of the epidemiological profile and grassroots activism in both the global north and south found expression in the production of new identities, like the poz identity, and People Living with HIV/AIDS (PHAs) which transformed previous AIDS politics as traversed by individuals’ sexual orientation and modes of risk for infection into a new biopolitical identity that underscored local and global health inequities (Fung & McCaskell, 2012; McCaskell, 2016; Parker & Aggleton, 2003). The emerging biopolitical identities, now at least partially delinked from Western gay men’s experience and political organizing, permitted the mobilization-- not without tensions and setbacks-- of north-south cooperation to produce and demand access to affordable treatment (Biehl, 2007; Nguyen, 2010). The new coalitions of social groups impacted by HIV demanded more comprehensive biomedical responses to the crisis, including the availability and affordability of the emerging medical treatments for populations in the global south (Biehl, 2004, 2007; Nguyen, 2008, 2010; Nunn et al., 2012).

Throughout the 1990s, the eventual availability of viable and effective HIV treatments in the global north contrasted with the (established tradition of) harrowing images and the epidemiological data of AIDS devastation in Sub-Saharan Africa (Chin, 1990; Bleiker & Kay, 2007; Fassin, 2007a, 20007b; Halttunen, 1995; Kleinman & Kleinman, 1996; Patton, 1999; USAID, 2003). This devastation has been consistently described as the largest humanitarian catastrophe of the latter part of the 20th century and created a moral imperative to save these vulnerable populations (Fassin, 2007; Lupton, 1995; Mindry, 2010; Nattrass, 2004, USAID, 2003). Tracing parallel lines between the stock of previous tragedies in Africa, such as wars and
famines, the emerging subjects of compassion are encapsulated by the images and the narratives of children and women in particular (Fassin, 2007, p. 3-4; Fassin, 2012, p. 175-176; Heron 2007).

The stark contrast of the two AIDS realities was underscored by what emerged as a profoundly gendered pandemic when women were identified as statistically more likely to be infected by the virus in a context of poverty and disempowerment (Ulin, 1992, Heisse & Elias, 1995; Patton, 1999; Sarin, 2002). In this context, both the biological and social realities of viral infection became symbolized by the plight of African women and children infected with the virus. These two groups, women and children, became centerpieces in the discursive apparatus of global health and humanitarian discourses that aimed at mobilizing empathy, indeed compassion, on the part of Western donors, in order to mainstream and funnel the financial and political resources needed for comprehensive responses to the AIDS crisis in Sub-Saharan Africa (Heron, 2007; Poulin et al., 2016; Mindry, 2010).

4.2 Compassionate Politics

The mainstreaming of AIDS has taken the form of global health initiatives based on humanitarian and philanthropic enterprises. These initiatives’ very logics rely on the production of identifiable vulnerable groups, which can be constructed as morally worthy subjects in order to mobilize compassion and humanitarian commitments. In the words of Didier Fassin (2012: 5), this move can be conceptualized as a politics of compassion, that is, a politics that moves the humanitarian imagination, as expressed in moral sentiments and aspirations, to the forefront of political action to provide material relief, in this case, biomedical responses to address the suffering of those who conform to our own readily available moral universe. Certainly, to say this is not to say that some groups of people are not at a disadvantage vis-a-vis lethal forms of risk. It is to say that even under the stringent epidemiological logics that inform biomedicine, and the universalist calling of humanitarianism, not all people at risk are able to occupy the ethical-political space in the AIDS pandemic imaginary to benefit from its responses.
The logics of a compassionate politics that find expression in global health and humanitarian initiatives reveal a profound paradox: the identification of subjects that are deemed worthy to be included into a politics of compassion and the exclusion of other subjects. This is so because the latter subjects occupy a pre-established historical location in the moral imaginary that makes them essentially flawed, pre-emptively guilty, and/or amenable to be self-responsible subjects, and therefore alien objects to the humanitarian imagination (Fassin, 2012; 2007a; Poulin et al., 2016; Ticktin, 2005; 2011). In a way, they are responsibilized subjects who are deemed as attuned and compatible with ideal notions of access to “the logics of the state, moral economies and market institutions” of late capitalism (Ong, 2006, p. 24).

In the global HIV pandemic, the response to vulnerable populations’ needs is determined by the ability to identify clearly marked subjects, which are usually based on essentialized categories such as biological gender and age, but also culturally marked categories such race/ethnicity. It is under such logics that global HIV/AIDS sector is able to claim some subjects as objective victims, and others as responsible or even as perpetrators in the production of HIV risk (Fassin, 2007a, 2007b; Heron, 2007; Mindry, 2010). The marking of subjects is shaped by population-based statistical probability of infection with the virus, which is compounded by the lack of proper health systems to respond to such probability. This marking is shaped by the subjects’ ready-made availability as historically constructed subjects of moral deservedness due to essentialized understandings that represent them as inherently weak, lacking agency, and passive victims of structural injustices (Poulin et al., 2016). In other words, a politics of compassion, repurposes population-based categories to produce clear demarcations between morally worthy and morally unworthy/morally suspect subjects. To say this is not to say that the categories are not useful and revealing of injustice and suffering, but that their blanket mobilization for humanitarian purposes can potentially further entrench the boundaries between the ‘victims,’ usually seen as unagentic and innocent, and the rest who are usually considered agentic and thus responsible for their own plight (Heron, 2007; Poulin et al., 2016). In so doing, a politics of compassion produces what Benedict Anderson (2006) would call, an imagined community, that is, a moral community. In such a moral community the victim is embraced, while others, who are unamenable to be thought of as victims are excluded. In scenarios of economic and structural
violence and exclusion that affect entire nations and even continents, such demarcation is fraught with assumptions that may produce further reproduce risks (Mindry, 2010).

4.3 Media and the Production of an Imagined Moral Community

For Anderson (2006) the production of imagined communities is neither accidental, nor intentional. The production of the boundaries of a community draw from culturally available resources rooted in tradition, like shared origin stories, literature, music, and accumulated common understandings of the world to define the realm of what is known and desirable (Anderson, 2006). For Anderson, cultural mechanisms, in particular news media, provide powerful interpretive frameworks to situate the community in the world, and for its members to make sense of and act upon that world that it creates. The production of imagined communities is an ongoing process of inclusion and exclusion. For example, European missionaries and explorers utilized photography and reporting to show what they considered to be fundamental expressions of human joy and sadness on the faces of colonized peoples to their fellow citizens in the colonial metropoles (Curtis, 2012; Lydon, 2015; Twomey, 2012). They did so to draw sympathy towards the colonized and even to question imperial rule.

Certainly, photography did not speak on its own, but spoke through the text produced by journalists and writers, that emphasized the stories of suffering of both workers and colonized peoples in the global south (Lydon, 2016; Lester & Dussart, 2014). In such depictions, political liberalism served to produce the basis for thinking about a shared humanity, a humanity that lay at the intersection between compassion and the production of discourse about the displaced, the rejected, and the exploited other (Calhoun, 2008; Fassin, 2012; Rentschler, 2004). Indeed, in humanitarian discourse the voices that we hear are the voices of the Western humanitarian, as it describes the plight of the objects of a politics of compassion (Curtis, 2012). This is not to say that the voices of the subjects of humanitarian action are not present, but these voices are usually not at the center of the narrative of suffering (Fassin, 2012; Haltunnen, 1995; Haskell, 1985; Rentschler, 2004; Tait, 2011). Instead, their voices serve as an illustrative devise for the
unfolding of a humanitarian catastrophe that justify the priorities that western humanitarians are called to solve.

Media representations of distant suffering continuously produce the boundaries of belonging and exclusion necessary for the instantiations of imagined communities. It does so by drawing from the stock of previous collective experiences that produce the available cognitive frames and by dispersing new forms of information, in particular medical, technological, and political developments (Entman, 1989; Scheufele, 2000; Scheufele & Tewksbury, 2007). In this way, the media are a central actor in the production of social representations of solidarity, but also risks and threats to the society whether local or global (Lupton, 1994; Tait, 2011). Therefore, looking at printed media’s social representations of a purposeful framed event like WAD can provide rich insight into the paradoxes of compassionate politics. In specific terms, it helps us to observe how compassionate politics produces a logic of action that allocates both political and financial resources to respond to the needs of its subjects. At the same time, by failing to acknowledge the structural complexities of these political and financial forces, compassionate politics may, perhaps unintendedly, generate new scenarios of risk for its own subjects (Adam, 2005; Fassin, 2012). This can be the case because it separates and fails to address the people with whom, and the communities in which, the subjects of compassion are materially, biologically, culturally, and politically connected.

5 Methods

As previously discussed, the news coverage of WAD can be seen as a worldwide discursive event that aims to bring global societal attention to the medical and humanitarian crisis unleashed by HIV. AIDS Day’s reach is global and its themes have tended to emphasize the dynamics of the pandemic in low resource countries. Yet, in local contexts like in the United Kingdom, AIDS Day is utilized to underscore the history and the dynamics of the epidemic as a national public health event (personal conversation with program director at the National AIDS Trust – AIDS Day Organization [www.aidsday.org]). In order to make this project manageable in terms of data and analytical focus, I look at the reporting around WAD in Canadian media production. The
Canadian version of the discursive production on WAD serves as a case study to understand the ways in which global health and humanitarian logics are enacted by local actors for local publics, and how these logics inform local understandings of moral deservedness, and so propose particular forms of resource and political mobilization.

In specific terms, I look at the frames utilized by one dominant actor in the Canadian media landscape as the main discursive source for this analysis: The Globe and Mail (GM hereafter). The GM is Canada’s flagship national newspaper and as such it can be understood as a major site of news production for the mainstream public (Jiwani, 2009). This analysis is also informed by the thematic nodes produced by the WHO around AIDS Day from 1988 and 1996, and by UN-AIDS from 1996 onwards. In addition to these two sources of data, this analysis draws from an ongoing analysis (Rangel, 2017) through selected pieces from Xtra Magazine, the most successful LGBTQIA periodical in Canada. In addition, this project is informed by communication with program officers at UN-AIDS (Geneva), the NAT AIDS DAY organization in the UK, AIDS program officers in Toronto, Canada), and AIDS activists in Toronto. The details of data selection and analysis are provided below. In what follows, the author provides an in-depth description of the data collection and analysis process for each source of data.

5.1 Justification for the Selection of Media Sources: Mainstreaming HIV and the Gay Public

In order to capture the discursive production of AIDS subjects during the media events of the WAD each year from 1988 to 2015, I focus on the GM, which is Canada’s flagship national newspaper. It is owned by Bell Canada and the Thomson Investment Group (GM, August 14th, 2015; Brodie et al. 2004; Stevens and Hull 2013). Due to the corporate consolidation of Canadian media ownership, which streamlines not only internal governance, but also reporting for media outlets owned by global corporate actors (Jiwani, 2009), the GM serves as a shortcut for understanding Canadian mainstream media reporting on WAD for a national audience. As such, the GM’s reporting provides samples from the central actors that produce the main lines of epidemiological and biomedical information on transmission, but also the moral discourses
presented to the Canadian public. By analyzing the GM’s discursive production, it is possible to identify the ways in which HIV is discussed by and for local, national, and global publics, the responsibilities of a host of actors that include political and private players, and above all, the definition of populations at risk and moral deservedness for players and the general public.

5.1.1 GM: Collecting the Data

The data from The Globe and Mail were collected through FACTIVA (Dow Jones & Co), a database containing one of the most comprehensive digital archives of media news and market data available through the University of Toronto Libraries. FACTIVA holds a comprehensive digital archive of the Globe and Mail starting from 1938 to present day. Its features allow for the targeted identification and downloading of complete searchable articles by utilizing a diversity of key word identifiers, such as, words in titles, abstracts, text in body, themes, organizations and many more. It also allows for the targeting of specific time periods in data searches. The author decided to make the search as wide as possible by searching for the key terms “AIDS Day” in the entire archive of the Globe and Mail. It produced a total of 159 articles, starting in 1985, but the initial articles did not cover the World AIDS Day event, but local events fundraising money under the banner “AIDS Day”. The total number of articles referring to AIDS Day in its current form start in 1989 and encompass 143 pieces. The early reporting on AIDS Day, up to 1992 are mostly ads for fundraising events, galas, fashion shows and art events.

It is important to clarify that the articles are not isolated by the specific date of the event, in this case, December 1st of each year, but covered each edition where there was mention of AIDS Day. Thus, there are articles from different months and days throughout the year that contain the main identifier. However, most of the articles are clustered around the months of December, followed by November (just before the actual date) and January (after events on the previous AIDS Day).
5.1.2 GM: Descriptive Analysis

The results of the search were downloaded, saved in PDF format, and printed for manual review. The author read the archive, and initially coded at the level of articles, and at the level of text within the article (Fairclough, 1995, 2003). The continuous intermingling of article-level coding and text-level coding, that is the presence of similar thematic nodes at both levels, led to the decision to re-code at the text-level. This second level led to manual production of a thematic analysis through color tagging to identify four main codes: actors, moral discourse, and supporting data, that is, health statistics and epidemiological profiles.

The code ‘actors’ includes an amalgam of representatives from state actors, multilateral organizations, like the WHO (15 times), UN (23 times), UN-AIDS (15 times), humanitarian actors, such as Medicins Sans Frontieres (MSF) (3 times), the Bill and Melinda Gates Foundation (6 times), Clinton Foundation (2 times) and research institutions, such as universities (2 times), and biomedical researchers (10 times). It is of note that social scientists are absent from the list of experts consulted or cited by the media.

This code contains a sub-code that is at the center of this analysis. The code identifies the populations spoken about by the host of actors underscoring the urgency of the AIDS pandemic. These populations include women and children, women, Sub-Saharan Africa (as a geographical location to underscore a population), men, gay men/MSM (Men Who Have Sex With Men). The first part of the analysis presents a table with a descriptive analysis of this code and its findings.

Throughout the textual data collected, two ever-present codes are: moral discourse and supporting data. The code ‘moral discourse’ encompasses all the appeals made by all actors to help to solve the epidemic. This is the underlying code that is present in almost every news article coded (all but 8 pieces). The codes utilized for this analysis are the ones that underscore the specific plight of risk or vulnerable populations with an appeal to provide financial or technological response to solve the crisis. In this code, I include the personal stories narrated by ‘victims’ and by workers who witness the crisis as experts in the field. ‘Supporting data’ is a vast code where statistical information about new infections and risk profiles are highlighted. All but 5 pieces contain a form of epidemiological data. Unsurprisingly, these two codes intersect as
epidemiological data are presented to underscore moral outrage and/or urgency of resource allocation.

5.2 Other sources of Data

5.2.1 AIDS Day Guiding Documents

In order to expand and complement the GM as the main data source for textual production, I include documents from UN-AIDS that frame AIDS Day during the period under study. These data, however, are fragmented as not all AIDS Days have been encapsulated in guiding documents and some of those documents may have been lost in the early days of the program. They were mostly rhetorical exercises on the part of a host of health agents (national ministers, UN officers, and so on) to underscore the need to tackle the problem. I have learnt this through professional communications with current UN-AIDS officials in Geneva (Switzerland) via phone conversations, other program directors in the UK and Canada for on the phone consultations about data sources, but also with AIDS activists\(^4\). These consultations took place via phone, did not include the disclosure of any private information or opinions of the consulted individuals, and were recorded by the author via hand-notes. These conversations inform the current analysis, but are not cited as evidence.

For this analysis I rely on 8 complete documents and 16 fragments of main guiding documents found in a diversity of websites, including the UN-AIDS website, the WHO, the UK World AIDS Day Organization (worldaidsday.org), and news media archives, in particular at the Canadian Broadcasting Corporation - CBC. Certainly UN-AIDS has a comprehensive online archive containing historical epidemiological data and a rich set of policy and scientific documents and statistics of the epidemiological profiles that underscore the development of the

\(^4\) Given privacy considerations, I am not able to state the names and official titles of these informants
pandemic by geography, populations, and intersection with other health problems from 1990 onwards.

To complement this fragmented information, I draw from reporting from English-language news media, such as the Canadian Broadcasting Corporation, the British Broadcasting Corporation, the Australian Broadcasting Corporation where discussions on the years’ main theme and populations are explained for general audiences. (Most data collected from these sources are not included in the current analysis.) Because of the fragmented nature of this data source no reliable table of documents can be provided. These data, however, inform Part I of the analysis by providing the general context and the underlying logics that inform the production of vulnerable populations in the context of the WAD each year.

5.2.2 Xtra Magazine

Given the paucity of the reporting on WAD during the first 5 years of the event and the fragmentary nature of the WHO’s AIDS Day’s guiding documents throughout the 1990s, I have expanded the scope of the original data. Considering that gay men and MSM were the most affected populations during the early days of the pandemic, I have included reporting on WAD from Xtra Magazine. These pieces are drawn from an ongoing, non-dissertation related project (Rangel, 2017). Surprisingly, during the period of 1988 to 1998, which was a key decade in the development of the epidemic from a lethal to manageable condition, I could only locate 12 pieces of reporting on WAD. Indeed, only 7 refer to WAD directly while all the others refer to debates and events with the parallel Pink Ribbon Campaigns during that period. The pieces from Xtra Magazine serve to identify moments of agreement, but also tension and transition in the narratives of moral desert and responsibility between mainstream media and a lesbian and gay public sphere.

Looking at data from Xtra Magazine is of import for this project. Xtra Magazine was Canada’s most influential news and entertainment lesbian and gay outlet in Canada. Looking at Xtra magazine is relevant because: 1) during the studied period, communities of gay men were decimated by the epidemic in the major Canadian urban centers and Xtra served as an organ for education and critique of stakeholders; 2) the relevance of AIDS to the magazine is exemplified
by an entire section commemorating the lives of hundreds of gay men taken by AIDS throughout the 1990s decade; 3) Xtra reported on the changing dynamics of the epidemic, including the eventual decline and stabilization of HIV infections among gay men in the mid- and late 1990s; 4) Xtra reported on the challenges and advances of the Canadian LGBTQIA movements, including the achievement of citizenship rights for LGBTQAI individuals, couples, and families when Canada became the world’s fourth major democracy to achieve iconic (although contested) equal marriage access and recognition of its LGBTQAI citizens (Adam & Rangel, 2015).

5.2.2.1 Mechanics of Data Collection for Xtra

The data from Xtra magazine are not available in a reliable and consistent digital form. All its printed editions are available in physical form and microfilm at the Canadian Lesbian and Gay Archives in Toronto. Also, the printed version of Xtra magazine was discontinued in 2014 and as of now, Xtra magazine is available only in digital format. Considering this, the collection of data was done manually by the author at the archives site for the period between 1988 and 2007. Since 2008, some archives, but not all, are available via Xtra magazine online archives. Thus, the availability of data in different formats made it difficult to produce a consistent research methodology for this data source. For example, the microfilm format although complete, presents difficulties for careful reading as some of the images are too darkened by the archival process which occludes parts of the text. In light of this difficulty, the author decided to manually inspect the physical versions of the archives, which are only available during public office hours (Tuesday to Thursday from 6:30 pm to 9:00 pm, and Fridays from 1 pm to 5 pm July and August 2016).

Following the findings in the digital archives for the Globe and Mail, the author decided to focus on the months of November to January of each year for Xtra Magazine. But after finding no meaningful mention of AIDS Day in that source up to 1997 (discussion was centered around the Red Ribbon Campaign), the author decided to expand the search to include all editions of the magazine. By expanding the scope of the search, the author identified pieces that did not directly engage with AIDS Day, but with related events, such as the Red Ribbon Campaigns and other similar events, included minor mentions of AIDS Day events by the end of the 1990s. The data have been collected via photographic records by smart phone, downloaded, and printed. The
analysis has followed the same pattern utilized for the data from the GM, that is, thematic analysis and coding via colour tagging to identify: actors, moral discourse, and supporting data, that is, health statistics and epidemiological profiles. In addition to the articles captured in the manual search, the author located articles on WAD at the digital archives of Xtra, utilizing the basic common search. These articles were downloaded and archived in a digital form and printed for manual analysis [total number of articles 173].

5.3 **Discourse Analysis for All Data Sources**

After reading and coding the data to identify the main emergent themes, I proceeded to map the data following the same logics of Critical Discourse Analysis (CDA) (Fairclough, 2003) discussed in detail in chapter 1. In a nutshell, this approach allowed the identification of the rhetorical moves utilized by the actors in the data sources to link the logics of epidemiological data with a continuous moral appeal to address the dynamics of the pandemic. Equally important, it allowed the identification of both the continuities and the disruptions in the reporting on vulnerable populations.

5.4 **Limitations of Case and Data Source Selection**

By selecting the events, the actors and the overall information presented by Canadian media outlets in the WAD framework, a concentrated and rich set of discourses surrounding HIV risk for local and global populations was obtained. However, discursive production that occurs when scientific advances are made and when activists organize to advocate and to contest policy and global health initiatives during other times of the year are not captured. Also, by focusing on Canada’s main printed newspaper, this analysis is limited to a set of events as presented to the Canadian national population. This may overstate the weight that Canadian actors play in the global politics of HIV/AIDS. Still, these trade offs are offset by the gains in the specificity of the case under study. Thus, this focus produces a rich analysis of a meaningful, although limited,
data set which can inform future research that includes a diversity of data sources and a comparative analysis with other countries.

6 Analysis

6.1 Part I: Setting the Context for Populations at Risk

Looking at the naming of each year’s event, it is evident that men have been mostly absent as an object of attention. Out of twenty-nine (29) WAD events, men appear in only one of the eight (8) titles that have named the event after specific populations in the midst of titles that express general political slogans, such as Stop AIDS: Keep the Promise that was repeated four times between 2005 and 2008 (AIDSday.org). The remainder of the vulnerable population-led titles underscore the needs of youth, women, families and communities in that order. Although, it could be argued that the titles do not determine policy direction, both cursory and in-depth analysis of policy documents explaining the yearly focus reveal that men are mostly absent as a vulnerable population. Moreover, when mentioned, men as a population enter the picture as vectors of transmission. They are conceptualized as self-empowered individuals regardless of their location in the mix that produces the social determinants of health (ethnicity/race, income and sexuality). Indeed, while women are seen as caught in social, cultural, and political structures, men are seen as agentic, and not always, but very often as unaffected by those structures. In these discussions, same-sex risk is mostly absent. For example, in the only document explaining the title and the need to focus on men, it is stated

The 21st Special Session of the UN General Assembly (ICPD+5) held in 1999 drew attention to the role of gender equality and equity as a key determinant of success in the struggle against AIDS. Steps need urgently to be taken to enhance women’s ability and knowledge and to empower them to take informed actions. Men too must be encouraged to take responsibility for their own sexual and reproductive health and that of their partners (http://data.unaids.org/pub/Report/2000/20000622_wac_men_en.pdf accessed on August 15th 2016).
Drawing from population level analysis the same document reports that

Over 70% of HIV infections worldwide are estimated to occur through sex between men and women. A further 10% can be traced to sexual transmission between men. In addition, over 5% of infections are estimated to result from the sharing of needles and syringes by people who inject drugs, four-fifths of whom are men (p. 8).

In drawing attention to the heterosexual dynamics of infection, the same document does not focus on the potential of men to be infected, but on their potential as vectors of infection for women. In simple terms, the document argues that women are more likely to be infected by their male partners during vaginal sex, and thus are at higher risk of infection. In so doing, the document assumes that women are always the negative partners in a sero-discordant sexual interaction. This assumption stands against the realities of sero-discordance in a diversity of studies that have shown that sero-discordance in heterosexual couples varies not only across the African continent, but also across national populations, and even in local context. While in some places men tend to be the index partner, in others women tend to be the positive partner, thus posing risk of transmission to their male counterparts (de Walque et al., 2007; Dunkle et al., 2008; Ewayo et al., 2010). In addition, although the document recognizes that sex between men often includes anal penetration, which poses a high risk of transmission, it does not clarify that such risk is at least 18 times higher than vaginal heterosexual intercourse (Baggaley et al., 2010; Boily et al., 2009; Varghese et al., 2002). This is not to say that heterosexual transmission is less important than male to male transmission, but to note that the population level data present a gross oversimplification of risk through a heavily gendered lens. In so doing, it misrecognizes the complexities that exist between a population at the levels of numbers of total infections and individuals’ risk profiles, and thus, it sidetracks the complexity of risk for a diversity of populations.

The sample piece cited here is a 26 page-long document. The document gives an overview of the place of men in the epidemic, their impact on women, their relationship with women, their place in the (heterosexual) family unit, the social construction of men and masculinity, the relationship between men and violence, men’s health behaviours, which includes men’s special needs and
drug abuse, and finally, a rather short section on sex between men. In general, it could be argued that men are seen as a problem, a problem that seems to be inherent to their condition as men. The document therefore, rests on the assumption that if men are made aware of their responsibilities, which are to be mostly other-oriented, they can become part of the solution (UNAIDS, 2000, p. 9).

In the document, gay men appear twice, first as a background data point where readers are told that “gay” and other names describing same-sex sexual expression have existed (p. 14), and then as a data point in the history of the epidemic when readers are told that,

Men’s reluctance to acknowledge a health problem and seek help for coping carries over into HIV and AIDS. Reports from Africa, Asia and elsewhere suggest that infected men are less likely than women to support one another and look for help from their family and friends. Men who discover they are HIV-positive often cope less well than women. An exception seems to be settings in which HIV is transmitted through sex between men and where special support networks exist for HIV positive gay men (p. 24).

Under this framework it is possible to see that men in general, and gay men and other MSM, are not central to the official positions embraced and promoted by leading institutional organizers of the World AIDS Day events, in this case UNAIDS. Looking at WAD as a discursive event could reveal synergies and tensions between global health and humanitarian enterprises on the one hand, and local histories that underscore the stark contrast between the Global North and Global South faces of the epidemic. Above all these synergies and tensions can be a rich site for understanding the production of moral subjectivities in the HIV epidemic in both local and global politics.

Certainly, local media outlets could complicate the policy directions (as will be shown in the analysis) set up in the context of AIDS Day by multilateral organizations through the period under analysis. Yet, the directing of attention towards particular populations is reflected in the reporting by the GM. The following table presents a numerical representation of the articles in which several categories of populations are discussed as relevant in the fight against HIV. The selection obeys a strict content analysis in which the category has to be mentioned at least once
as a relevant population to address the crisis. To be clear, men and women are mentioned throughout the entire sample as very general and unspecified categories, that is, without reference to sexual orientation, ethnicity, level of risks, or social or geographical locations. In those cases, the mention of women has been excluded. In addition to that, there are many instances when women appear, but women serve as a descriptor to specify women artists, athletes and so on [these case have been excluded as well]. This is not the case for men, regardless of sexual orientation, every mention of men as a subject at risk has been included in the table. This decision was made to underscore the lack of attention to the category men when compared with other categories. As a consequence of the inclusion and exclusion criteria only a subset of articles is presented here.

<table>
<thead>
<tr>
<th>Time Periods</th>
<th>Homosexual(s)</th>
<th>Gay Men</th>
<th>MSM</th>
<th>Heterosexual Men</th>
<th>Women</th>
<th>Total number of articles per period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-1996</td>
<td>7</td>
<td>4</td>
<td>-</td>
<td>3</td>
<td>9</td>
<td>49</td>
</tr>
<tr>
<td>1997-2006</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>26</td>
<td>67</td>
</tr>
<tr>
<td>2007-2016</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>46</td>
</tr>
</tbody>
</table>

The categories: “Homosexual(s)”, “Gay Men”, and “MSM” are self-explanatory. They were selected by including all instances where any of these labels were used to draw attention to a
population at risk of HIV infection. In other words, these are instances in which they are named as deserving of special attention as a population at risk. The category “Heterosexual Men” drew from articles where men are discussed as a population at risk without a direct reference to same-sex sexuality. These cases are particularly salient in the humanitarian/global health articles where African men and other men from the global south are discussed as vulnerable to HIV and as vectors of infection for their communities of origin and families due to migrant labour, war, and lack of education. In these cases, there is a clear assumption of normative heterosexuality that poses a risk to women. The category “Women” was the easiest to locate as there is purposeful emphasis in each piece selected to highlight the vulnerability of women due to social determinants of health, including lack of awareness about risk in North America, but mostly, cultural backwardness in African societies. These latter women are presented as marked by their fertility and sexual availability to men. More importantly, these women are presented as monoliths undifferentiated by ethnicity, social class, sexual orientation, gender performativity, or any other social identity.

This analysis suggests that women, and at times ‘women and children’ emerge as the most relevant population to care about and involve in the fight against HIV. This is the case in both the local Canadian content and in the global humanitarian/health project. This trend reaches its peak by the beginning of the 21st century. During this period, heterosexual men appear, but mostly as a comparative category to emphasize the rapid spread of HIV in African populations via heterosexual contact and the rising epidemic amongst women of reproductive age. In these instances, third world men are positioned as subjects at risk. In these cases, the normative heterosexuality of these men is presupposed. These case have been included under the category “heterosexual men.” As for the categories, “homosexual(s),” “gay men” and “MSM”, they tend to appear as a reference population to emphasize the rapid spread of HIV amongst heterosexual populations, both in the local epidemic in Canada and in the global pandemic. Nevertheless, there are instances were the articles directly dealt with the need to re-include gay men as a population at risk. This occurred three times in the 1996 to 2006 period and once in 2007. In the last occurrence, however, this inclusion is not about societal and political mobilization, but calling, even perhaps shaming gay men into being responsible citizens. In that piece, scientists
argue that gay men’s communities need to reorganize to take care of themselves as they did in the previous two decades.

6.2 Part II: Media Representations

This segment of the analysis is divided into three different historical moments that group the trends in discourse production that the author identified. It is important to clarify that at times, the trends leak into the following period, but dissipate or decrease over time; this is particularly the case in the latter half of the 1990s. To be clear, the discursive trends identified never fully disappear, but tend to dominate particular time-periods. Despite the limitations of this approach, the analysis presented in this way shows the moral logics present in the continuities and innovations in discourse production on AIDS Day as a global health event. The first period comprehends 1987 to 1997; the second period starts in 1997 and goes to 2004, the last period includes 2005 to 2016.

6.2.1 The Early Years: 1987-1997

During the first 4 years of WAD mainstream media presented fundraising for AIDS as a sanitized endeavour taking place in fashionable restaurants and high-brow culture, like art venues. At that time, The Globe and Mail reporting focused on fundraising dinners and displays of highbrow culture, while Xtra Magazine focused on (gay) community members’ questions about the ownership, direction and transparency of fundraising initiatives by corporate donors and alcohol sales at local bars. Gay reporting media show a profound distrust about event-organizing and organizers, and ultimately ownership and representation of the crisis. Interestingly, in the gay media, WAD does not feature as an important date well into the 2000s. In its place, there are ongoing debates around the intrusion of corporate sponsorships to fundraise under the Red Ribbon banner. In the gay media, it is also possible to see that there is an emerging tension between HIV/AIDS seen as a gay disease and its new configuration as a health problem of the general population. This new configuration of HIV/AIDS seems to take place at the expense of the naming of gay men.
It is important to underscore that as these discourses on ownership and commitment to AIDS politics and gay men/MSM identities are taking place, Xtra’s monthly and bi-weekly editions display the pictures of dozens of gay men who have died in previous weeks and months due to AIDS complications in a section called “Proud Lives”. Most of these men were Toronto residents with an average age under 35. They are the faces of the devastation of the epidemic in what seemed to be a relatively small and close-knit community.

The changing epidemiological profile that saw the rise of heterosexual infections, and in particular the rise of HIV-infected women during the early 1990s saw a split between gay men and MSM, and HIV/AIDS identity (McCaskell, 2016, p. 269). However, this split would remain incomplete due to the overwhelming impact of AIDS on gay men’s communities in the Global North. After all, in the global north AIDS started its pathway as a media-worthy pandemic labelled as a gay plague and a gay cancer (Patton, 1986), which is consistent with media reporting (Vincent, 1990 [16/182]). On the other hand, a new biopolitical identity emerged, an HIV-positive identity or “poz-identity” (or HIV-positive identity) that now included women and other social categories, such as injection drug users (herein IDU), “youth”, aboriginals and ethnic minorities, etc., located both in the Global North and the Global South (Millard, 1990 [15/182). Following on the heels of this transformation, this period of time allows us to see the transformation of HIV into a heterosexual yet profoundly feminized global health cause.

6.2.2 Shifting Epidemiological Profile: Women and Children

Simultaneous with the mainstreaming of AIDS and the systematic downplaying of the gay experience of the epidemic, the first half of the 1990s saw the cataclysmic rise of AIDS in sub-Saharan African countries. News articles draw attention to countries where the infection reached 25% of the population, usually the young, productive, and above all, the seemingly and undisputedly heterosexual. The 1990 WAD is titled “Women and AIDS” to draw attention to the shifting epidemiological profile of the crisis.

The data underscore this new epidemiological profile where men are seen as the primary responsible agents. During this time, their responsibilization emerges without full attention to sexual identities and practices, nor to social determinants of health as they pertain to men. For
example, an early 1990s survey of Canadian attitudes towards HIV prevention reveals that men, seen as a generalized category, are overwhelmingly considered as primarily responsible for prevention and disclosure of HIV status (Mickleburgh, 1990 [12/182]). By the 1990s, calls for women to educate themselves on the risks of unsafe, that is, condom-less sexual practices can be seen. All these risk profiles reveal the assumption of heterosexuality, and blur fundamental distinctions between sex differences, gender, ethnicity, behaviour, and above all ability of men to engage in protective practices. In this way, risk subjectivities are essentialized around a central axis of biological and/or social identity, in this case men and women, so that issues around material resources and power are left untouched.

In a way, the logic applied to these simplified groups is one of health security applied to populations based on identitarian factors by deploying population health mechanisms, such as access to education (prevention), and eventually access to medications and hospital care after the mid-1990s. The trends sketched above are, of course, only emerging ideal types. Media narratives reveal that on the ground, journalists, government officials, prevention workers, and humanitarians struggle with a set of moral and medical questions that can be applied to both the local and global dynamics of AIDS. Indeed, the complex link between risk and societal responsibility to protect both individuals and populations is certainly not a clear-cut phenomenon.

The increasing numbers of infections and the discursive power of vulnerability of heterosexual African women [often presented as sexually passive] and their children [often presented in de-gendered terms] reach centrality when WHO Declares December the 1st of 1990 as the Women and AIDS Day (Millard, 1990 [14/182]). The previous two iterations of WAD had centered around the need for Communication—or ask for status/discuss, and WAD: Youth. It is important to note that within the stories presented by the GM to its readers, men, who are logically the sexual partners (and arguably vectors of infection) and the fathers of these African women’s children, are absent. Moreover, men in general are rarely present in these narratives, and certainly homosexually active men seem not to exist in an African context, while the struggles of sexually active gay men in the global north are located in what seems as a distant past. This is
particularly noteworthy considering that HAART is still far in the collective imagination of the early 1990s.

Indeed, during this period, GM writers report that while in the West the epidemic has stagnated (while simultaneously growing among gay and straight youth and indigenous people in Canada), the west must exercise its moral responsibility to protect and empower women and children in Africa. In fact, Western governments, citizens, and AIDS activists are called to extend their struggle to protect the new victims of the epidemic in the global south. The emerging dynamics of the pandemic in the global south, start to permeate the framing of the epidemic in the global north.

And so, with World AIDS Day tomorrow, remember the gay experience with AIDS; think of the women and their children in Africa and the Third World and the impact of AIDS on their lives; think of women in the West now affected, the daughters that may be; think not only of the potential years of life lost and all that implies, but think also of the lives that will never be as AIDS affects more and more women and their children (Nov Millard, 1990 Nov 30th [14-15/182]).

During this period, it is worth underscoring that to talk about Africa is to talk about HIV, malaria and TB (tuberculosis); Africa is the poster child for the most urgent global pandemics. Indeed, AIDS-speak serves to legitimize, strengthen and frame the need for a humanitarian biopolitical interventions [or philanthropy]. AIDS becomes a rhetorical devise to bring about discussions about other illnesses, as well as all sorts of global injustices. These new dynamics of infection in the global south sediment the emergence of a new subject of compassion that is racialized, young, and above all, female (AIDS and the Arts, 1993 [36]; Counting the Cost., 1993 [39]; Marking or Not. 1993 [40]; Africans Ignoring AIDS, 1993 [42]; 52; AIDS Conference Battle, 1994 [54]; Mickleburgh, 1994 [55]; Hasslett-Cuff, 1995 [64]; AIDS Epidemic Worsening, 1997 [91]/182). As the decade goes on, they are increasingly seen also as unaware, uneducated, and religious as a piece from the late 1990s show (Nagaland Choking In, 1997 [94/182]). Geography and gender, however, seem to be the major logics that illustrate new profiles of risk and vulnerability during the first half of the 1990s, as can be seen in a 1993 short piece.
Some countries paid no heed to World AIDS Day, including Ivory Coast, amongst the worst hit African nations. “People are not really convinced that it exists,” say Marguerite Attoumou, 25, a hairdresser in Abidjan, who says she is HIV-positive. So is her boyfriend, who she says has other sexual partners (Marking or Not, 1993 [40/182]).

The catastrophic effects mobilized humanitarian efforts to intervene in the name of moral obligation, at a time when effective and affordable medications had not yet been developed. It is possible to see these calls echoing at the 1994 Paris Conference where,

A diverse group of leaders that included prime ministers, health officials and other officials from 42 nations signed a declaration that “the AIDS pandemic, by virtue of its magnitude, constitutes a threat to humanity” …

At the start of the conference, United Nations Secretary-General Boutrous Boutrous Ghali said it must declare a world emergency.

“AIDS is throwing the planet’s social inequalities into relief by exacerbating them,” he said. “Every day AIDS kills children, destroys families, drains economies, threatens communities. We must act without delay.” (AIDS Conference Battle, 1994 [54/182]).

Certainly, the decision to focus on women and children, and the complex apparatuses of political, cultural, and biomedical interventions are easily understandable and justifiable by the devastating effects of HIV in sub-Saharan African at the time, and even more during the following decades. However, this trend also invisibilized the impact of the epidemic on gay men and MSM.

6.2.3 The Production of Workable Subjects of Compassion

The heterosexualization of AIDS was not only an epidemiological fact mediated by geopolitical distribution of HIV, that is, an empirical reality of infection in the global south. Likely, it was also a discursive move for de-gaying HIV and, although contested, was seen as legitimate in order to draw political attention and attract corporate funding (Weeks et al., 1996; McCaskell, 2016). Indeed, only ten years into the AIDS epidemic, and as gay men continued to fill the
Statistics of the dead and the newly infected in the global north, the fear of the exclusion of gay men’s experience and their health needs is palpable in columns and in letters to editors in both mainstream and gay media. For example, in an early debate on the framing of HIV and corporate sponsorship by The Toronto Sun, the chair of the Red Ribbon campaign, Johanna Hoffman, writes a long explanation as to the reasons for the seeming downplay of the gay experience in their fundraising efforts (Hoffmann, Dec 24th 1993),

I am a straight female who has chaired the 1992 and 1993 Red Ribbon Campaigns. I am writing to address the concern of many gay people with regards to the mainstreaming of AIDS fundraising and to comment on the perception that that a concerted effort is underway to negate all gay elements and experience from the battle against AIDS.

As we all know, in North America and Western Europe most victims of AIDS have been gay males. And so the inevitable alarm that accompanies the eruption of any infectious disease has, in the of AIDS, become inextricably linked to homosexuality and, by extension, to homophobia. AIDS, most people have come to believe, is a gay disease. This belief has provided a convenient outlet for bigotry and discrimination.

For years the gay community’s call for help, awareness and support fell on deaf ears. This attitude is tragic, not only because of the evident lack of human decency, compassion and respect, but also because it masks another truth: On a worldwide basis 60 to 70 percent of AIDS cases are contracted through heterosexual sex.

The letter goes on to explain how to wear a Red Ribbon has come to signify not only a fashion statement (superficial and problematic as it may be), but for many people in mainstream society, she argues, the Red Ribbon has become a statement that the fight against AIDS, which is an important endeavour in terms of prevention, research, and treatment for AIDS ‘victims’ (her term). For her, outcomes of such fundraising cannot be overstated considering the financial and emotional toll that AIDS has taken in the gay community and the growing needs of patients across the social spectrum. The author of the letter closes her open letter by stating,
I cannot speak for other fundraising groups … Our strategy is not based on the exclusion of gay people or issues from the fight against AIDS. On the contrary, it is because of our understanding of the magnitude of AIDS and how it has affected your community that we are working to change attitudes in the general public.

I am deeply troubled by the budding backlash in some parts of the gay community against the Red Ribbon Campaign and other AIDS fundraising projects. Now that we are finally reaching a breakthrough we need you, more than ever, to support and participate in all efforts to alleviate the plight of those who are sick and to vanquish AIDS (Hoffman, 1993, Dec 24th).

It is not possible to trace the effects that Miss Hoffman’s heartfelt letter may have had on debates on the Red Ribbon Campaigns of subsequent years. But in a letter to the Xtra Editor, a self-described community member asked the readers to curb the temptation of heterophobia in the fundraising and awareness campaigns against AIDS (Battista, 1994). However, as stated above, in the gay media the debates on ownership of AIDS fundraising continued throughout the 1990s by asking questions around funding and the participation of corporate sponsors. Yet, throughout these years, the financial muscle exercised by corporate donors and high brow artistic events and pop culture is seen as a sign of strength and celebration in mainstream media (Sexton, 1992 22; Tebbutt, 1992 [25/182]; Scott, 1993 [30/182]; Livingstone, 1994 [50/182] [on Dolce and Gabbana]. For example, citing Elizabeth Taylor fundraising in Cannes, it is reported that artistic and other elites,

[we] who are so privileged have a moral duty to support all those who need our help and protect all those who can be saved … Nothing short of an all out global effort will offer us the chance of the enduring solutions that we must seek (Scott, 1993 [29/182]).

In a similar way, Liza Minelli convinced the American Foundation for AIDS Research (AmFAR) “to adopt a song from Kiss of the Spider Woman as the official anti-AIDS anthem,” which she recorded in Toronto. It was reported that the proceedings of the song will go on for perpetuity to a fund to fight AIDS. According to the news, “Every war has a song,” she [Minelli] explained. “But the war against AIDS didn’t. Until Now” (Minelli Seizes A, 1993
Underpinning the optimism of the artistic contributions of artists to the fight against the epidemic is its devastation of the artistic community. Indeed, the theme of HIV/AIDS and art reveals the difficulty to name the place of gay men and MSM in the epidemic.

In an article called “Counting the Cost” (Counting The Cost, 1993 [39/182]), the newspaper presents a breathtaking list of actors, musicians, dancers, art dealers, including the likes of Rudolph Nureyev, Liberace, and Anthony Perkins that have succumbed to AIDS in the previous decade. They are mostly men (in fact, only three women appear in the list of 30 personalities), and they are branded as artists and their loss is mourned as a loss to western culture. Interestingly, at no point is there a mention of their sexuality [This was a trend throughout the entire 1990s decade; see for example, Rafelmann, 1996 [73]; A Day Without, 1996 [82]/182]. In fact, the rehearsing of sadness for the lost luminaries in the arts community is a common ritual that does not go unnoticed, as it is repeated each year. For example, the following year, Michael Coren writes,

It was undoubtedly moving, as any listing of the dead must be. I write of what occurred in the arts section of many of Canada’s largest newspapers last Thursday, World AIDS Day. A great deal of space, sometimes pages, was devoted to poignant roll calls of artists who have died of AIDS. ‘Imagine: A Day Without Art” pondered the Toronto Star on the front of its arts section, adorned with a 20-centimetre-high red AIDS ribbon. “The names say it all: 128 Canadian artists whose hands and hearts are now silent.

The Globe and Mail wrote that few groups have been a shard hit by HIV – the virus that leads to AIDS – as the artist world, “dancers, painters …” All of this is irrefutable and all of it undeniably sad on more than the obvious level. Because it represents a gross oversight, in the shape of a redundant euphemism. What binds these people who have died of AIDS is not only their contributions to the arts but, for the overwhelming majority, their sexuality. They are homosexuals. And many of them – though not, it would seem, Canada’s editors and journalists – would have wanted us to know it (Coren, 1994 [57/182]).
The author goes on to pose a set of rhetorical questions as to the why so much effort is being put into not mentioning such a fundamental fact. For him, the answer to all of them “lies in well-meaning liberalism and in straightforward obfuscation”. The author recognizes the non-discriminatory nature of the epidemic, but underscores that place matters, and truth is rooted in real contexts, and despite of the global reach of the pandemic amongst heterosexuals, in North America, it is gay males who have been and continue to be decimated by AIDS—and with no cure or effective treatment on the horizon, readers must be reminded of this fact. For him, this oversight is of course not a random happenstance but a carefully engineered social and political project to tangentially avoid homophobia. The author makes his point by stating,

This pointless game of hide-and-seek is conducted because a fear that AIDS funding and sympathy might be reduced if the virus is associated with homosexuality (Coren, 1994).

Coren’s points echo and respond to the open letter written a year earlier by the chair of the Red Ribbon Campaign on the reality of mainstreaming AIDS awareness and funding. The effectiveness and the futility of such a rebranding project will be put to test throughout the decade. Indeed, the moral subject of HIV could never be fully delinked from its connection to the political and moral economy of epidemics. Combined they continuously reproduce subjectivities of risk based on stubborn identity categories of race, gender and sexuality, which nonetheless represent a complex and unstable gradient of moral hierarchies and moral worth. With such a gradient comes a call for allocation of resources based on a double logic of humanitarian and medical action. In the Global North, gay men continue to be the most affected group along the lines of race/ethnicity, class, and migration status (Millet et al., 2012; Hampton et al., 2013; Wolitski & Fenton, 2011), yet are continuously seen as responsible. In the Global South, these categories fuel an epidemiological imagination of containment, but also enhancement of life chances via biopolitical organization of life (Bashford, 2006; Rabinow & Rose, 2006; Weir & Mykhalovskiy, 2010).

In this way, statistics of infection amongst women and children in Africa are repurposed for raising funds for AIDS research fundraising initiatives in Canada (AIDS Epidemic Worsening, 1997 [91/182]; Prevention What You, 1997 [99/182]; Startling Numbers, 1997 [-01/182];
Infection Among Children, 1997 [103/182]). This repurposing of statistics is backed up by both the tacit and explicit approval of activists’ organizations under a climate of low funding by both government and grassroots organizations, and under the constant suspicion of a fundraising takeover by corporate donors (Battista, 1994; Brown, 1993; Gilbert, 1994; Hoffman, 1993; Iding, 1995; Leslie, 1994; Newhook, 1994; World AIDS Day, 1994 [52/182]; Morrison, 1994; Sauriol, 1994; Sudan, 1994a; Sudan, 1994b). In an article titled: Scary stats mislead? HIV Numbers are ‘alarmist’, say activist (Cohen, Xtra Nov 7th 1997), Gil J Cohen reports that the advertisement for a fundraising event organized by CanFAR (Canadian Foundation for AIDS Research) stated that

Heterosexual women under 40 are the highest risk group for contracting HIV … [the] Problem is that’s not true.

“It is not even a fact” says the Community AIDS Treatment Information Exchange’s [CATIE] John Kennedy [adding]

In developing countries that may be true, but in Canada the numbers don’t match” … “They took the stats out of context, and that of course is alarming … it confuses the public, which in turn hurts organizations trying to get public support (Cohen, 1997, Nov 7th).

The producers of the materials justified the use of statistics from Africa by arguing that despite the confusion, the materials cited the proper WHO report (although not very clearly it seemed) and served to frame the issue for mainstream audiences. Indeed, the repurposing of statistics was not seen as problematic by some activists. In fact, despite the potential problems in misinforming the public and affecting awareness and fundraising campaigns in the long term, the report cites the Chair of Voices of Positive Women agreeing with the misleading use of statistics to raise funds in Canada by stating, “it is okay to use the scarier numbers to get people’s attention. If they get people out to raise money for research” (Cohen, 1997).

It is important to note that Voices of Positive Women was not even invited or consulted about the CanFAR event. Indeed, after supporting the discursive move to draw attention to women and
HIV, the chair of the organization noted, “It would be nice if they [CanFAR] got HIV positive women involved in where they spend their money” (Cohen, 1997).

The report of the repurposing of statistics reflects a complex moment of transition in AIDS politics ten years into the epidemic. The central issue here is one of tension between ASOs that attempt to raise money for delivering services to actual community members [in the Global North and at the time, overwhelmingly male and homosexual] and the emerging logics of fundraising for research. On the one hand, the controversy reveals the encroachment of corporate leadership in fundraising and framing of AIDS for mainstream audiences. On the other, it reveals a fundamental tension in the collective understanding of AIDS in the context of changing profiles of risk in both the Global North and the Global South and the reluctant place that gay men have occupied in the narratives of the epidemic as both victims and survivors, not surprisingly as a by-product of enduring homophobia. What is remarkable about this controversy is that only ten years into the AIDS epidemic, and as gay men continue to fill the statistics of the dead and the newly infected in the global north, the fear of the exclusion of the gay men’s experience and their health needs is palpable in columns and in letters to editors in both mainstream and gay media.

6.2.4 The Middle Years: 1997-2004

This period is characterized by a double narrative. The battles for corporate branding recede, and the latter part of the 1990s shows that despite the overwhelming narrative of HIV as a global health cause, some reporting breaks the mold by bringing attention to the social dynamics of HIV in Canada. In Canada, it is reiterated that HIV/AIDS is concentrated “at the impoverished ends of Canadian society” (Startling Numbers A, 1997 [101/182]) where IDUs, indigenous peoples and young gay men continue to be overrepresented in the statistics (Aboriginal Community At, 1997 [97]; Prevention What You, 1997 [99]; Startling Numbers A, 1997 [101]; Statistics Show A, 1997 [107]; Campbell, 1997 [122]/182). These breaking points in the global health narrative of AIDS/HIV are in part motivated by advances in treatment, such as the emerging realization that Highly Active Anti-Retroviral Treatment (HAART) is reversing AIDS, offering hope for all HIV infected people. This hope comes with cautions about the potential deleterious effects on AIDS patients (Combination Drug Offer, 1997 [105]/182; see also XTra, 1997).
It can be said that the battle with AIDS is experiencing progress on the scientific front that has galvanized the international research community … “Given the newest data on combination therapy, we think the next five years will be the most active period of clinical research since the epidemic began” (Combination Drugs Offer, 1997 [105/182]).

In Canada HIV was increasingly being recast as a chronic illness that could be successfully managed and mediated through pharmacological technologies. During this period, The Globe and Mail offered a constant flow of stories reporting on new breakthroughs in treatment options, continually referencing the manageability of the illness in reference to the prevalent use and availability of biomedical technologies in the domestic market. News stories also tracked vaccine trials, charting the ebbs and flows of their promises and failures to deliver a cure. In fact, by the early 2000s, biomedical successes were wielded as a rhetorical tool for distinguishing between the domestic context where HIV was seen as a contained threat (“as almost over”), and countries of the Global South where lack of biomedical technologies were contributing to a projected escalation, and thus out of control nature of the crisis.

Staring in the mid-1990s and throughout the early 2000s, these logics undergird the emergence of a discourse that depicts populations in the global north as agentic, advanced and [over] served. In so doing, it redirects attention to populations in the global south, which are depicted as unagentic, backwards and forgotten. These entire populations seem to become symbolized by young, poor, and asexual African women. This global health discourse draws heavily from revisited humanitarian imperatives that are deeply rooted in old colonial narratives that aim to bring progress, in this case biomedical progress and care to the poor. Equally important these narratives may draw from colonial discourses on the brutality of African men and the helplessness of African women

6.2.4.1 Resituating Gay Men

In this climate of biomedical optimism, a renewed focus on gay men’s experiences in the epidemic emerges. Indeed, the development of and rapid uptake of HAART was followed by a new form of outing for HIV-positive men as the toxicity of the medications had a visible impact on their bodies. For example, in Xtra the challenges that closeted HIV positive individuals in
suburban settings experience as a direct result of the new medications is reported. New conditions such as lipodystrophy are now the visible signs of gay subjects whose bodies are marked by the aftermath of HIV medications (Xtra, 1997). The unintended outings of individuals generate situations where HIV positive gay men (and likely many others) hide in their homes and intensify the boundaries of the closet. Their self-policing of sero-status and sexuality stands as a sharp reminder of a deeply ingrained trauma of being outing despite the profound transformations in the law and culture extending civil rights and recognition to lesbians and gays. In another piece from 1997, the (unidentified) author resituated gay men in the epidemic by observing that

The calamity wrought in the gay community in the eighties by HIV and AIDS changed North American society. Suddenly families and friendships across the social spectrum were roiled by a startling double revelation so often sounded in one breath by some male loved one: I’m gay and I’m dying.

… and when all other at-risk groups are accounted for, it must still be marked that the greatest number of those people with HIV and AIDS in Canada are gay males. It must be marked not to recognize the history of the disease but because the gay males remain very much part of the AIDS picture in the present and at least in the medium-term future (For Gay Men, 1997 [110/182]).

The author goes on to argue that part of the reason for the over-representation of gay men in the HIV epidemic is due to a fading memories of the tragedy and profound generation shift, as “[y]oung gay men who have not first-hand experience of the torments of the eighties among their peers” have not changed their sexual practices as their older peers did in the 1990s. However, instead of situating the responsibility to avert HIV squarely on the shoulders of gay men either as a collective or as individuals, the author points out that

Gay youth, for reasons that still relate largely to continuing intolerance of homosexuality in many social spheres, are also disproportionately found in statistics for substance abuse, dropping out of school, prostitution, sexuality transmitted diseases and homelessness (For Gay Men, 1997, p. C6-C7 [110/182]).
Although some articles during the mid to late 1990s draw attention to the high rates of infections amongst gay men, they do so always in relation to the growing epidemic amongst youth and women (Aboriginal Community At, 1997; [91]; Small But Growing, 1997 [118]; How and What, 1997 [120]/182). Thus, this article stands in contrast with the bulk of the narratives of HIV during the 1990s. First, it identifies the social determinants of health, including a socio-cultural and even legal factor: homophobia, as a major factor contributing to the relentless rates of infection among young gay males; and second, it points out the role of community memory to deal with the trauma and the material effects of HIV. But, as the analysis has shown, the reluctant space of gay men in mainstream narratives of victimhood and moral desert make it difficult to produce a self-conscious community narrative and memory around the onslaught of HIV/AIDS.

6.2.4.2 Emerging geographies of moral obligation

By the end of the 1990s, the emergence of a fully developed biomedical humanitarian call can be observed. In an open letter by Peter McDermont, a Zambia-based UNICEF worker, published on Dec 1 1998, the writer argues that HIV/AIDS is comparable to humanitarian emergencies in war torn societies. He cannot understand why the silence and lack of action on the part of both Western governments and their citizens. The lack of action is increasingly untenable considering the availability of promising new drugs in the West (HAART). He argues “The HIV/AIDS scourge in Africa is producing a silence which is deafening and pointing to a complacency which is grotesque and immoral” (McDermott, 1998). The author’s pain is reflected in his attention to AIDS devastation for children and families, in this case mothers—almost as if men/fathers, and boys who eventually become men were not in the picture. He closes his call stating that

We need to ratchet up our global – advocacy apparatus to alert and, if necessary, shame the world, including those groups in the industrialized countries that have made AIDS a political issue in the last 10 years.

We need to tell them that they may be winning the battle in their homelands, but that they have the moral obligation to focus on Africa – and in particular, its children. They need to understand that winning the battle at home is only half the job (McDermott, 1998).
The letter by the UNICEF worker signals a breaking point in the geopolitics of HIV/AIDS. On the one hand, it recasts AIDS activists as privileged and morally blind to the plight of children and women in the third world—without acknowledging the constant struggles to produce and keep funding for people living with HIV in the west, marginalized sexual and ethno-racial communities, and drug users. On the other it bypasses traditional governmental organizations and makes a direct call to supranational organizations in the form of advocacy networks, which are essential in the current organization of the biomedical humanitarian apparatus to provide life-saving drugs (Biehl, 2004; Fassin, 2007a; Nguyen et al., 2011).

To illustrate the nature and the moral tenor that propels the emergent HIV humanitarian assemblages, one can look at the harrowing descriptions of the AIDS-induced physical decay, mostly focused on African women. One piece presents the biomedical miracle of the recovery of a 32-year-old woman from AIDS thanks to access to medications, made possible by the biomedical and political assemblages of put in motion by the Gates Foundation, “alongside non-governmental agencies, corporations and United Nations agencies” (Picard, 2001). Out of these partnerships, it is reported that

The most noteworthy offensive is the Botswana-Harvard AIDS Partnership. Under its rubric, four massive programs are being established simultaneously to distribute HIV-AIDS drugs to the infected; to halt mother-to-child transmission, to train health-care workers in prevention and treatment, and to begin testing promising AIDS vaccines.

In the same piece, readers are introduced to the miraculous recovery from AIDS, and the dreams for the future of another young woman and her daughter. The 24-year-old woman is now an activist and shares with the reporter her hopes for her 7-year-old daughter,

“I have in mind that she will grow, get married and have a family,” Ms. Kopi said dreamily.

The dream is fuelled by the frenzy of activity, the talk of miracle drugs, vaccines and prevention. It matters not that the girl, like her mother, is HIV-positive. In this war, Mr. Kopi’s weapon is hope (Picard, 2001, A5).
In tandem with the successes of HAART, the 2000s, saw the sedimentation of the profile of the new victims of the AIDS pandemic in sub-Saharan Africa, in a way that fit the contours of a true humanitarian catastrophe. In this way, African women and children continued to be the main focus of reporting on the human catastrophe unleashed by AIDS in sub-Saharan Africa (Posner, 2001 [160]; Picard, 2001 [161]; Immen, 2001 [164]; Lawlor, 2002 [168]; Editorial, 2002 [169]; McCarthy, 2003 [173]; Reuters, 2003 [174]; Shacinda, 2003 [176/182]). Indeed, from 2001 to 2003, men are almost absent and it is impossible to find any mention of gay men in the epidemic either in the Global North or the Global South. The prominence of certain populations groups defined along the lines of gender (female), ethnicity (African), and lifestyle (young and heterosexual) as objects of global health and humanitarian projects, and the absence of other affected populations reveal clear lines of delineation between subjects of compassion and humanitarian action. In short, these lines of subject demarcations reveal the emergence of a more clearly articulated humanitarian assemblage and its subject.

In this light, it is important to underscore that HIV/AIDS has always been profoundly gendered and racialized. Indeed, for the most part, HIV/AIDS has been concentrated amongst the weakest economic and political constituencies in all societies, such as homosexual communities, street involved youth, sexual workers, ethnic minorities, in particular, Blacks, Hispanics, and Indigenous women and men in North America and the Global North, and of course, intravenous drug users (IDUs). The difference now is that the face of the catastrophe has been brought into narrow focus due to geographical concentration and the overrepresentation of women. In so doing, this new face has brought attention the weight of the social determinants of health (SDH), such as income, education, gender, sexuality, citizenship, access to health care, etc., on peoples’ vulnerabilities and exposure to risk. For example, Peter Piot from UNAIDS underscores that [women] are more biologically susceptible to the virus, are more likely to be the victims of sexual violence and lack the power to refuse sex or to insist on condom use. In many cultures, they are condemned to poverty because they have less access to education and fewer job opportunities and are the subject to discriminatory marriage and inheritance laws … We are touching on some of the deepest, most profound societal norms that are driving this epidemic … AIDS is a disease, but it cannot be approached solely as a
public-health challenge. We have to go deeper and change societal norms (Picard, 2004 [4]/146).

Mr. Piot’s observations may be accurate when describing the experiences of vast numbers of women in African societies but, his observations also draw from longstanding collective imaginaries that in humanitarian discourses have depicted African women as unagentic and victimized by not only by patriarchal structures but also by morally broken African men (Heron, 2007). In this case, however, African men are bypassed and ignored and in their place emerges a non-moral agent, in this case the virus, to which women are argued to be more biologically susceptible. This argument is not different from what now seems to be an accepted framework of biological susceptibility via sexual transmission that is circulated amongst humanitarian actors and fundraisers since the mid-1990s. It ignores that biological reality for infection dependent upon sexual practices and not biological gender, that for example, the susceptibility of transmission is at least 18 times higher for anal penetration for both biological genders than for vaginal penetration during heterosexual intercourse (Baggaley et al., 2010). To underscore this biological fact is not to imply that women are not at risk, but that they are at risk because entire communities are at risk of infection regardless of biological and/or social understandings of gender.

As in most of the stories presented, under humanitarian discourses, in the female-focused narratives of AIDS, male partners, fathers, brothers, and sons are conspicuously absent. It is similar when discussing the epidemic in Russia where HIV activists produced a beauty contest called Miss Positive as a way to raise awareness about the risks of HIV infection, stigma and state neglect (Smith, 2005 [23/142]). Yet, the language is not always feminized. For example, at least half of reports of the HIV/AIDS epidemic in Africa in 2005 talks about children and “people infected”, in a general sense, and not women and/or men in particular.

6.2.4.3 Compassionate Politics: The Humanitarian State--But Only for Some

Overall, the new face of the pandemic, that is African and female, underscores the limitations of effective agency for vast numbers of people worldwide, and their need for protection in the
emergent global health project. Moreover, the global health project challenges and expands on traditional understandings of the social determinants of health (SDH), which are context dependent and relational, by for example, measuring the health outcomes of one group against another in a similar context as set by national indicators (Auerbach et al., 2011; Irwin & Scali, 2007; Marmot & Friel, 2008). In general terms, SDH are understood in terms of national boundaries because they refer to socially-available resources, or social goods to respond to the vulnerabilities of populations national populations (Marmot & Friel, 2008). Pandemics by their very nature blur national boundaries and bring complex assemblages of transnational actors and vulnerable populations with a vast array of ideological and material commitments into local settings (Lackoff, 2010). In this way, the new faces of the epidemic pose a global question on moral agency and responsibility that links global populations in crises that pandemics unleash. Yet, it ignores local populations that are not readily amenable to compassionate politics, and thus to the production of moral imaginaries that bridge both local and global expressions of a compassion-deserving person and collective. This central question of compassionate politics is a moral question, and it is present in the words of, Bjorn Melgaard, a senior World Health Organization [WHO] official told reporters in Bangkok “Eight thousand people die [of AIDS] every day and we recognize this as a moral imperative to act” (Shacinda, 2003 [176/182]).

Compassionate politics undergirds a moral calling to act. In Canada, this moral imperative to act is taken up by the Minister of International Co-operation and head of the Canadian International Development Agency (CIDA), Aileen Carroll who argues that the feminization of HIV/AIDS in African has finally radicalized her to the point of becoming a feminist for first time in her life. (Here, to undergird her feminist-like credentials, it is reported that Ms. Carroll was the first female graduate from St Mary’s University in Halifax in 1962). The Minister is reported stating

   But I didn’t go to university to burn my bra, I went to study politics … I was never motivated … to define myself as a feminist. But all these experiences have finally feminized me … [Women] is what [the pandemic] is about and I will drive that point home. I want Canadian women to understand this (Nolen, 2004 [6/146]).

Few days later another reported cites Ms. Carroll stating,
Gender inequality is fueling the spread of HIV-AIDS … This World AIDS Day, we are asked by every woman and girl in the world, ‘Have you heard me today?’ I am here to say that we have heard you, and we are acting (Oziewicz, 2004 [15]/146).

Ms. Carroll’s words were spoken at a ceremony committing a 15 million-dollar donation to the International Partnership for Microbicides (IPM), which reportedly makes “Canada the largest national donor to the IPM, a public-private partnership that aims to push research into a product long-neglected by the pharmaceutical industry” (Oziewicz, 2004: A24). Regardless of the amount committed to the development of the microbicides, the biomedical and social value of the microbicide resides in the fact that it can be fully applied by women without the participation of their partners and as such, the microbicides confer agentic capabilities to women.

6.2.5 The Later Years: 2006-2015

During this period, biomedicine and state political actors strengthen as the decade comes to an end. Yet, despite the strength of the mobilization of researchers and activists, HIV/AIDS whether in the Global North or the Global South receives intermittent attention on the part of mainstream media. In fact, after the flurry of World AIDS Day news reports in 2004, the 2005 and 2006 years receive very little coverage. The silence did not go unnoticed and the Globe and Mail comes under scrutiny for failing to promote more stories covering the AIDS Epidemic (Editorial, 2006 [41]/146). What emerges is a clear call for a compassionate political mobilization where biomedical and political experts set the tone.

6.2.5.1 Compassionate Politics: Profiles of Vulnerability and Agency

After the decline in news coverage during the middle of the decade, the following years see a rise in news, most of them focusing on AIDS as a cause celebre in humanitarian circles of artists and millionaires. This can be seen in the intensive new coverage that philanthropists like singer Bono and the Bill and Melinda Gates Foundation receive (Five Things You, 2007 [50]; Things To Do, 2007 [51]; Writers Rest Their, 2007 [54]; Cooper, 2007 [55]; Bradshaw, 2008 [59]; Walmark, 2008 [60]; Jutras, 2009 [69]/146). At this time, humanitarianism has shifted at the grassroots levels as well. It now presents itself in new forms facilitated by new social networks (Facebook,
etc.), and the emergence of new humanitarians like ‘the slacktivist’, an activist that engages comfortably and superficially through distribution and consumption of messaging around social causes (Jutras, 2009 [69/146]). With the exception of slacktivism, this news coverage is reminiscent of early artist-driven causes in the 1990s. However, the news coverage during these years is peppered with journalistic notes on episodes of social strife in Africa that complicate humanitarian projects to fight against HIV/AIDS and misconceptions about prevention and treatment amongst African leaders. These notes present an image of a backwards, violent, and hopeless continent that complicates the global health efforts to curb the pandemic (Dennis, 2009 [64]; York, 2009 [67]; York, 2010 [71]; Editorial, 2010 [73]; Mahoney, 2010 [74]/146).

In Canada, the profiles of risk and vulnerability are laced by social markers that complicate the production of a moral subject in need of protection. On the one hand, most of the discourse continues to emphasize the biomedical humanitarian responses to solve the AIDS crisis. This discourse emphasizes the vulnerability of the African heterosexual family unit in the context of weak health systems and civil strife (Dennis, 2009 [64]; York, 2009 [67]/146). But, it also normalizes life with HIV in the West by drawing attention to the new medical technologies that present the possibility of supporting the reproductive needs of HIV-positive couples (Mick, 2008 [61/146]). On the other hand, Western gay men are brought to the fore as objects of biopolitical self-actualization. In these cases, gay men are seen as agentic and thus able to be responsible for the promotion of their own causes. In both cases, biomedical experts and humanitarians serve as the linchpin to legitimize and to call for the active involvement of the state and populations at risk.

6.2.5.2 Advocacy: Citizenship and Expertise

The 2005 World AIDS was an effective venue for raising political awareness and legitimizing the special needs of five HIV-positive men whose virus had mutated and become immune to standard treatments. The case underscored the triumph of the men’s plea before the national media to have Health Canada grant them access to a new and untested drug that had been prescribed by a HIV specialist. Indeed, the main thrust of the piece can be read in the words of an expert when he states
“We are not doing a clinical trial, despite what Health [Canada] tells you … a real clinical trial would mean many more patients than just five”.

But he said the months of denials make him doubt Health Canada’s program when it comes to letting a doctor make a clinical decision.

“This is about treating patients, not clinical trials” he said (Woodward, 2006 [35/142]).

In this report the voices of the patients are absent while the voice of the medical expert serves to frame the event and its outcomes. In this case, the medical expert is Julio Montaner a world renowned HIV expert who would become a world leader in the promotion of Treatment as Prevention (TasP). However, in the same frame, it is possible to note that medical expertise is not enough. There is implicit and explicit denunciation on the part of the medical expert with regards to the limitations that the state imposes on his ability to prescribe promising yet untested medications.

The bending of the will of the state only occurs when patients in need activate their agency as citizens to claim more and better choices. However, these patients are not any random group of AIDS patients. All of them are men, and at least three of them are in positions that command symbolic capital: they are an artist, an Anglican priest, and the head of the BC (British Columbia) Persons with AIDS Society. As in the late 1980s and the 1990s, the sexual subjectivity of these men seems irrelevant. These men are presented as successfully agentic, able to prod the provincial government to comply with their health needs, indeed, their very right to access experimental drugs regardless of their safety and effectiveness. The report states,

The men’s tribulations struck a cord in the riding of Vancouver-Centre. The men demanded access to two antiretroviral drugs through a Health Canada program in a public plea timed for [the 2005] World AIDS Day. The request became one of the riding’s early election issues (Woodward, 2006 [35/146]).

In this instance, it is possible to identify two major features of post-AIDS grassroots health-driven organizing in Western contexts as described by Epstein (2007). The first feature is that of patients’ rights to access experimental drugs, regardless of safety and effectiveness. The second
feature is the tension in the role of experts as authorities and the pharmaceutical industry. In this case, experts serve to legitimize patients’ claims, but they also require the political mobilization of patients to exercise their professional expertise. In addition, patients and experts are central to the production of business opportunities for new generations of drugs even before they fulfill basic safety requirement under national and international standards.

That same year, another report lauds the effective mobilization of researchers and activists in pressing the Canadian government to commit 120 million dollars in funding for the development of vaccines and prevention initiatives in the global south (Editorial, 2006 [40/146]). Indeed, by 2006 the major focus of attention is the consolidation of the assemblages between states, philanthropic organizations, and pharmaceutical companies.

These assemblages, however, are not always in the best interest of vulnerable populations in the Global North. For example, the reports show that in Canada the renewed attention to the AIDS crisis redirects federal resources for treatment and prevention from local agencies to global partnerships working on the global south. In a piece explaining the new approach under the Harper government, readers are told,

Ottawa redirects AIDS funds for Gates initiative …

Federal funding for community AIDS programs in Ontario is being slashed as the Conservative government readjusts overall spending and redirects money to an AIDS vaccine initiative it announced this year with Bill Gates (Galloway, 2007 [46/146]).

The discussion in the media suggests that the new federal priorities resulted in the de-funding of AIDS service organizations and health programs serving mostly gay men and ethnic minorities. In other words, the biomedical humanitarian project in this case presented a global public health conundrum for Canadian biopolitics. It placed community organization leadership in the difficult political position of forcing them to state their support for the development of vaccines [under the cited partnerships] as the new goal to stop the spread of HIV in the global south, while defending the needs of local populations at risk in Canada. In reference to the funding adjustments, Liberal critic, MP Carolyn Bennett said that she
hoped Mr. Gates would implore the government to put the “million that’s being stolen from community supports and services for prevention and people living with AIDS back into those programs and give new money to match the Gates money.”

Peter Hayes [AIDS Committee of London], said the funding cuts will mean the end of programs such as the one that addresses the higher rates of AIDS and HIV in the gay population (Galloway, 2007).

It is important to emphasize that in Canada, public funding for HIV/AIDS was never particularly generous (Ferlatte, 2012; 2015). As we saw in the early 1990s, Xtra reporting emphasized that funding remained stagnant, causing periodic crises and downturns in the AIDS Service Organizations (ASO) sector. In addition, the funding structure in Canada never followed a proportional allocation of resources that reflected the assessment of risks and vulnerability according to population profiles. As a result, Indigenous groups and gay men, who were disproportionately affected in the epidemic, never received a proportional slice of AIDS funding (Ferlatte, 2012; 2015).

### 6.2.5.3 Gay Men as (Un)model Citizens

At the same time as the defunding of the ASO sector in Canada, a news report tells the public about a new spike of HIV infections amongst MSM (men who have sex with men) in the Global North. The report is based on a scientific review by well-positioned public health leaders. In it Helen Branswell (Nov, 30 2007]) reports,

As AIDS Day approaches, several leading public health authorities raised the politically touchy topic in a commentary published earlier this week in the Journal of the American Medical Association, asking why infection rates among this group of individuals are rising and what can be done to stem the trend.

… They [the experts] noted there was a 13-per-cent increase in gay men with HIV-AIDS in the United States between 2001 and 2005. A 10-fold increase in syphilis cases among gay men over the same period is further evidence of an increased frequency in unprotected sex...
HIV-AIDS rates among gay men are also on the rise in Canada.

David Boulos, a senior epidemiologist with the Public Health Agency of Canada, said that gay men accounted for only about 37 per cent of new HIV infections in the country in 1996, an all time low. But since then, the rate has again begun to climb, reaching about 45 per cent in 2005.

Dr. Jaffe and his co-authors suggest the reversal is at least in part the product of complacency.

“our feeling is that there’s now a complacent attitude towards the epidemic in general and particularly in gay men” (Branswell, 2007 [48]/146).

It is important here to highlight that the statistics cited do not reflect the epidemiological data available. In fact, the relatively low rate of gay and MSM populations in the statistics of incidence of HIV infections at the time is only low in comparison with the high infection trends reported amongst IDUs, particularly in British Columbia which were amongst highest in the Western World. Thus, it may not be fully accurate to describe such low participation in the overall incidence of the infection as a population-specific decline (PHAC, 2012). Even during the most acute decline of reported infections amongst gay and MSM populations, it was rarely under the 50% mark, as any cursory view of the epidemiological statistics available at Canadian AIDS Treatment Information Exchange (CATIE) and historical data available any publicly available database reveal. Moreover, gay and MSM HIV trends in Canada are not only consistent over time, but also similar to those of the US and UK and reflect structurally produced inequalities along the lines of class and race in particular (Millet et al., 2012).

Despite the inconsistencies in the data cited, the same article goes on to argue that the availability of effective medications for treatment make people more disinhibited about sexual practices. Also, the authors of the paper argue, the visible signs of the epidemic, like the Kaposi’s sarcoma are now long forgotten for gay men. The focus on complacency, disinhibition and memory place the responsibility in the hands of gay men and their sexual and social communities. However, this certainty is not shared by all experts. Once again, citing Dr. Julio
Montaner, the public is told that there are important epidemiological and political logics that need attention. He is reported arguing that,

In Canada today, 20 to 30 per cent of people infected with HIV don’t know they carry the virus. He suggested the problem persists because of a failing political leadership – a shortcoming that he believes is also responsible for a lack of effective HIV-AIDS prevention campaigns.

“the problem is that the safer sex message wears out,” he said from Vancouver.

“Coca-Cola sells because every six months they reinvent themselves,” Dr. Montaner noted. “What about our safer-sex campaigns? Hello! First, they are not there. Second, they are boring” (Branswell, 2007 [48]/146).

Certainly, it could be argued that the returns of prevention campaigns are often hard to interpret. However, Dr. Montaner’s analysis of the role of political leadership and a larger understanding for effective prevention that involves continuous education contrasts with the message sent by the experts in their influential piece in JAMA, which is one of the most cited medical journals. This difference did not go unnoticed by the journalist who reports,

While Dr. Montaner believes the failure of leadership rests with elected politicians, Dr. Jaffee and his co-authors said it was time for the gay community to step up HIV-prevention efforts.

“The mid-eighties were characterized by great activism within the gay community at a time where there was essentially no federal funding for AIDS. And the gay community took it upon themselves to say: ‘We’re killing ourselves. We have to do something.’ And they did,” Dr. Jaffe noted.

“And that activism isn’t there any more … there really isn’t much activism now for HIV prevention, even though the number of men getting infected … in the U.S. and Western Europe is going up, not down” (Branswell, 2007 [48/146])
The powerful framing mobilized by these international and influential public health experts needs consideration. Their ideas about the root cause of the spike in HIV rates amongst gay men found a forum in the most prestigious English-language medical journal. In other words, their ideas are placed in an echo-chamber that finds its audience among a diversity of publics, such as other medical experts and health practitioners, policy-makers, and in the Globe and Mail and other media outlets, the larger international community. Their piece presents a gay subject that ought to be responsible for his health needs. Above all, this gay subject is a self-governed subject, a subject that co-exists with other social groupings, but this subject does so at a distance from the state, and to a point separated from the institutional apparatus constituted by the medico-health system. The potential moral value of this subject is predicated upon his capacity to self-govern, and thus to limit his demands form the institutional apparatuses of the state. This subject is consistent with the ideal rational and responsible subject promoted during the 1980s’ Thatcher-Reagan era and its aftermath: the neoliberal subject. This line of analysis finds further expression in Chapter Three.

These subjects are found at fault for their rising infection rates because of their ‘complacency’ that they helped to create in first place. They are also at fault because they relaxed their sexual inhibitions, initially caused by the terror of aesthetic physical decay due to Kaposi signs of the early days of full blown AIDS. Above all, it seems, their major sin resides in letting their guards down by not continuously reinventing entrepreneurial endeavours to protect themselves and their communities.

A few things deserve our attention. First, in their original piece (Jaffe? et al., 2007), the authors traced the rising infections for men grouped in the epidemiological label MSM, however, they go on to discuss these men and their responsibility under the social category ‘gay men’. Secondly, they situate the response of gay communities as a response to an internal threat, in the words of the scientists, “we’re killing ourselves. We have to do something.” The response to an internal threat caused by one’s own fault stands in stark distinction to HIV conceptualized as a biological threat because of individuals’ and communities’ vulnerabilities to systemic exclusion, structural violence, cultural taboos and lack of material resources, as it is conceptualized for heterosexual families in Africa and in the West.
Under this logic, for gay men HIV is not a problem to be tackled by redirecting collective resources, including state’s resources, for early education, detection and treatment, but by re-starting in each new each generation the efforts to care for themselves. It seems that for gay men their status as good citizens is contingent upon their sexual-health-political entrepreneurship, and therefore, on their non-reliance on the state. In the words of Adam (2005) and Rangel & Adam (2014), this gay subject is a neoliberal sexual subject. The logics informing this understanding of gay men’s sexual health is, of course, only part of the historical and systematic exclusion of LGBTQAI populations from comprehensive health care services and funding (Brotman et al., 2002; Fallin-Bennett, 2015; Ferlatte, 2012; White et al., 2015).

By the end of the decade, it is possible to see that at the global health level, epidemiological categories are interwoven with deeper ideas about social vulnerability. But, in spite of the stark differentiation of populations according to logics of moral desert where men in general, and gay men in particular, occupy the lower tiers of global humanitarian assemblages, it is evident that the promised resources for women, children, and families in Africa are also lacking (74/146). In other words, despite the continuous attention to the vulnerabilities of women and children, media reports make clear that commitments from states led by humanitarian assemblages fall short vis-à-vis the ever increasing possibilities of biomedicine to curb infections. Thus, it is possible to argue that efforts to introduce humanitarian reason are not entirely effective, even in material terms for the subjects that it aims to help. Furthermore, it serves, perhaps unintendedly, to reproduce ideas of moral hierarchies in global health that undermine the collective plight of entire populations at risk.

7 Discussion

This focused analysis of the Canadian media representation of the WAD traces the emergence, implementation and reproduction of humanitarian values as applied to the AIDS pandemic. In so doing, these lenses reveal not only the objects of humanitarian compassion and action, but the ways that humanitarianism underpins notions of moral deservedness in global health. In other words, the analysis underscores that global health is inextricably connected to humanitarian
values, which draw from notions of deservedness, and as such, reproduce ideas about subjects’ moral worth along the lines of national origins, race/ethnicity, gender, and sexuality. Equally important, by tracing humanitarian discourse in its productivity and exclusivity, it is possible to map out the values that underpin national values, that is, how national projects organize logics of protection and security for different populations (Fassin, 2015; Lackoff, 2015). In the final account, media representations of WAD reveal more about the values that humanitarians themselves aim to promote than about their objects of compassion (Fassin, 2011).

The unfolding of the AIDS pandemic, and its epic proportions in Sub-Saharan Africa, as responded to and reported “under Western eyes” (to borrow from Mohanty’s (1984) expression) for Western audiences cannot be understood outside the genealogical tradition of humanitarian reason (Fassin, 2011). In its new incarnation, humanitarianism serves to encapsulate a fundamental although multifaceted biopolitical goal: the rational management, the saving, the enhancement, and the securitization of biological life (Lakoff, 2015). In so doing, it also raises a tacit question: How can we not strive to save lives? With this question, humanitarianism introduces moral sentiments into the biopolitical order and constitutes itself as a legitimate, logical and moral ordering that subsumes other considerations for neutrality or impartiality, including epidemiological logics, to determine the subjects of moral and material deservedness or pathways of action (Fassin, 2011).

This is not to say that humanitarian logics are misguided in attempting to produce needed and immediate responses to protect and enhance the life chances of the most vulnerable. But, as Fassin (2009) has noted, it is to say that despite good intentions, and certainly the production of rational and effective responses for some, humanitarian frameworks seem to be unable to escape the need to establish hierarchies of moral deservedness. Unintentionally, these logics reproduce ideas that some subjects may be more worth saving than others. The ‘salvability’ is not judged on the basis of a logical analysis of trade-offs of specific policies. Instead, the ‘salvability’ of subjects is connected to their embodiment of a type of categorical purity, which is symbolized in a moral resonance that is able to command compassion to unchain ‘logical’ action, and material investments. However, the inability of some subjects to embody such categorical purity results in their silencing, erasure, or even their vilification as what seems unexplainable vectors of
infection and corruption. This can be seen in media discourse that make men responsible for not only catching the virus, but also for the infection of women without considering the structural forces that makes those men vulnerable to the virus in the first place. To be clear, men due to their very ‘nature’ as men, seem to be illegible within a politics of compassion.

In the media discourse outlined above, the public erasure of entire populations, like men in general, and gay men in particular is evident. Media discourse informs public perception of subjects at risk, but may also produce unintended risks for the subjects that it aims to protect, by reproducing frameworks that separate the subjects of direct compassion from the people with whom, and the communities in which, they actually live in material, biological, cultural, political and affective connection. In so doing, the compassion-based mainstreaming of HIV/AIDS, as represented by the media, has positioned both African women and children at the apex of a hierarchy of moral worth – even if the actual responses to their needs are still insufficient. This framing diverts attention from the vulnerability of their male partners and fathers in general in the global south, and from gay men in particular in both hemispheres.

In the humanitarian project, gender has been a central organizing principle in the construction of African subjectivities. Certainly patriarchal structures in many African, as well as in Western societies have limited the agency of women and have made them vulnerable to exploitation, direct violence, and other forms of risk. But in the African case, the construction of a gender division seems to be particularly pervasive and divisive. In this construction, African men (and other racialized men in North America) have occupied the Western imagination as wild, hypersexual and irresponsible, while racialized women, in particular, African women have been produced as always victimized, unagentic and exploited (Fellows & Razack, 1997; Heron, 2007; Mohanty, 1984).

This dichotomous portrayal of gender logics ignores cultural diversity and cultural transformations, but above all, the role of colonial legacies in shaping the financial and political agency for women in particular, but also for men in the global south (Heron, 2007). In so doing, the dichotomy that it produces undermines social determinants of health approaches which understand the need to provide access to communitarian and population level interventions to
enhance the life opportunities of vulnerable groups. Furthermore, this dichotomous construction of gender and agency tends to erase the existence of queer sexualities, and their specific vulnerabilities due to systematic inattention on the part of the state and health services in both hemispheres (Aghard et al., 2016; Dunkle et al., 2013).

Media produce these portrayals of gender not because their producers want to simplify the story for a Western audience, but because in the AIDS pandemic in Africa, journalists, scholars and humanitarians are able to draw from a ready-made framework to do so. In this way, the imbalances in AIDS media discourse is consistent with recent analysis of the social and epidemiological imbalances unleashed by humanitarian enterprises in sub-Saharan Africa. In her analysis of AIDS philanthropic enterprises in South Africa, Mindry (2010) argues that

humanitarian aid for HIV/AIDS is shaped by a feminized rhetoric of caring that casts men as “virile” and “violent”, the source of rampant heterosexual HIV transmission, and women as powerless victims in need of rescue. These gender stereotypes are reminiscent of globalising colonial discourses on African women as beasts of burden and of indolent African men preying on white women (Mindry, 2010, p. 555).

It is perhaps because of the difficulty of reframing African men’s sexuality (and other men of colour) that the global health and the humanitarian project relies on ready made tropes of innocence and culpability in order to make its projects legitimate and fundable. Under those frames, African women are the victims to be saved from indolent men (Fellows & Razack, 1997; Heron, 2007), which puts them at risk of HIV. In the heterosexual pandemic, the assumption is that men ‘get’ HIV due to irresponsible behaviour and are the undisputed vectors of infection at a population level. Men are also the index cases, that is, the infected member of the heterosexual couple. In other words, men undermine the health of entire populations and directly victimize otherwise innocent women. These frames and assumptions have profound consequences for both men and women when navigating HIV vulnerability and risk and their responses to infection. In this way, men occupy the position of executors in a culture of prevention and early treatment which continues to reproduce population-level vulnerabilities to infection (Galea et al., 2005; Omenka & Zorowsky, 2013; Schawrtz et al., 2011).
Over the past decade, research has shown that in different locales across Sub-Saharan Africa, the gender of the HIV-positive partner in sero-discordant couples varies according to geographical location, education, marital status, sexual preferences, and so on. In other words, like in any other place in the world, sero-positivity varies along the gradient of the social determinants of health (de Walke et al., 2007; Dunkle et al., 2008). This variability was shown in a 2010 meta-analysis that drew data from across 14 countries in the sub-Saharan region (Eyawo et al., 2010). In that piece the authors found that men and women were as likely to be the index partner (potentially infecting partner) in intimate and sero-discordant relationships. To be clear, men and women in heterosexual relationships were equally as likely to infect or be infected by their partners during unprotected sex. However, most public health campaigns target men as the index partner to protect their female partners. Such targeting misrepresents the vulnerability of men to HIV infection in the context of heterosexual relationships, but it also misrepresented the role that women can play not only in self-protection and in curbing heterosexual infection. This multilayered complexity is subsumed under the humanitarian logics that pursue the production of clearly identifiable subjects of compassion for the consumption of Western publics (Lydon, 2015).

8 Conclusion

This chapter attempts to answer the following questions: What kind of information on the AIDS pandemic is being released for public consumption in our society? In specific terms, what are the logics of humanitarian compassion and the epidemiological data underpinning the discursive production of AIDS as a global health cause in popular media? Who is included, who is excluded in the narratives of HIV as a local, but also as global health and humanitarian phenomenon? What are the moral subjectivities that are produced under WAD and what is the place that gay men occupy in the WAD as a discursive event?

As I have shown in the analysis of WAD over the past 28 years, humanitarian logics offer the power to frame and legitimize the epidemiological data underpinning shifts in the AIDS pandemic. These humanitarian logics do not necessarily originate from media discourse, but can
be conceptualized as a ready-made framework that triages a subject’s value based on their humanitarian, and more recently, their biopolitical identification, and in tension with the material conditions, that is the social determinants of health, that produce risk. In this way, the discursive production under WAD offers an site for understanding how both biomedical and moral logics are combined by a host of multilateral, professional, and humanitarian actors to produce a politics of compassion. In so doing, WAD becomes a discursive node that promotes a vision of social justice and directly educates and commits a diversity of publics towards effective action.

The downside is that humanitarian logics, no matter how effective in mobilizing moral sentiments and at many times effective action, reproduce hierarchies of moral dessert that are anchored in colonial narratives. A politics of compassion produces hyper-identification with particular suffering groups. This hyper-identification requires the portrayal of other subjects as either guilty or agentic, and therefore less amenable to be included in a community of sufferers whose suffering is solvable. In other words, a politics of compassion is necessarily exclusionary because it relies on a narrative arc that requires victims and villains. In the case of HIV, the hyper-identification of victims and vulnerable groups misrecognizes the complexity of viral infections that travel through communities where nobody is immune and everyone is at risk. In that way, it denies the [layered and imperfect] democracy of risk. By extracting a central victim in the epidemic, humanitarian frameworks feminize in biological terms the realities of viral infections in intimate relationships and produce an a-social subject, that is nevertheless neatly prepackaged for other’s consumption.

By looking at WAD as a global health event, one can see that men, and gay men in particular, occupy a liminal space. On the one hand, they represent the past, the point of crisis in the west, and their communitarian mobilization is presented as something to emulate, no matter how elevated infection rates have been for thirty years. Yet, on the other hand, even looking back at the early years of the epidemic, one can see that their presence was always veiled for public consumption. This could be seen in the consistent elisions surrounding the direct naming of gay men as subjects of the disease and, in the early 1990s, the use of rhetorical devices to create awareness of the most affected community by shifting to ‘the artistic community’. In the Global South, gay men are not even a consideration in media reporting, even under the discursive
framing offered by WAD. Under this light, one could argue that the discursive veil under which gay men have lived, died, and been infected by HIV continues to be present for new generations. In so doing, it may produce a misrecognition of risk and a host of unintended ideas about agency and triumph that denies the realities of the epidemic for many gay men even in the west.

Finally, this analysis has also shown that the politics of compassion relies on entrepreneurial humanitarianism, that is a humanitarianism that requires the production of morally worthy subjects to fund its causes. This entrepreneurial humanitarianism walks in tandem with a logic of neoliberal responsibilization for those subjects deemed unworthy of a politics of compassion. The analysis presented here allows us to point out the ways in which the production of moral hierarchies produce material health effects on LGBTQAI and gay men in particular. First, the combined effects of compassionate politics in an era of neoliberal ideology allows states and big pharma, both in the global north and in the global south, to wash their hands of their responsibility to remedy health inequities for LGBTQAI people. Second, in the West, this problem is augmented by the systemic failures to provide gay-friendly health services. This means that a great many LGBTQIA people are not even “out” to health care providers who are likely to be undertrained in LGBT health needs (White et al., 2015; Mansh et al., 2015). Third, the WAD framing reproduces the ideologies that undergird the failure to address syndemic issues affecting LGBTQIA populations and gay men in particular. Certainly, the full argument exceeds the parameters of this chapter but the point still can be made here in order to frame this analysis with Chapter 3.
Chapter 3:  
Everyday Moral Reasoning in the Governmentality of HIV Risk

1 Introduction

A good deal of the HIV prevention literature and practice has been organised as an appeal to a rational actor, postulated as the good citizen of liberal democratic societies. This literature is premised on the idea that providing people with information about how to avoid a transmissible disease should lead to behaviour motivated by the desire to preserve one’s health (Adam, 2006). These presumptions have been institutionalised, for example, in legal provisos, leading in some jurisdictions to a particular emphasis on the obligation of HIV-positive people to inform potential sex partners of their HIV status before engaging in any kind of interaction that could pose a significant risk of transmission (Mykhalovskiy et al., 2010). Health promotion based on these premises has achieved considerable success in reducing HIV rates and stimulating a culture of safe sex, especially among gay and bisexual men. Nevertheless, HIV prevention has proved to be a much more complex navigation of emotions, circumstances and (mis)communications than what can be accommodated by the rational actor model, with its reliance on the transparent communication of information and rational decision-making. A now substantial amount of research on HIV has documented many of these influences: the complex territory of communicating care and trust in romantic relationships, difficulties in finding sexual and love relationships when one is HIV-positive, assuming and assigning responsibility in situations of risk, the role of depression in undermining the will to preserve health and so on (Adam et al.,
HIV prevention and transmission, then, frequently come down to judgements and choices that engage discourses of self and others circulating in the larger society in making sense of potentially risky situations and moving through them in the pursuit of human connections. The examination of these situations, and the discourses brought to bear by participants to understand them, is surprisingly underdeveloped in the study of HIV risk. In a field dominated by a form of positivism where the practices, characteristics and attributes of social actors are abstracted from context, fixed into place as variables, then correlated through probabilistic statistics, the very human choices and contexts that make behaviour meaningful fall from view. A good deal of HIV prevention research grounded in psychology, then, relies on the one hand on a model of human motivation conceptualised as measurable, pre-existing personality dispositions and on the other on an appeal to deliberative reason.

This article seeks to engage with the sociology of morality to examine the social contexts, deployed discourses and ethno-methods of everyday life that shape real-world decisions. The question at hand is the ways in which people manage HIV while navigating sexual and emotive interactions with each other by drawing on everyday moral discourses that position themselves as capable and responsible social actors. What is evident are the ways that gay and bisexual men engage in forms of practical morality with their sexual partners and imagine larger communities of interest, love, companionship and pleasure. This article shows how risk management techniques are grounded in social interaction and draw on discourses to generate emerging moral vocabularies (Lowe, 2006). These practical moralities create situations of risk avoidance but also can inadvertently allow for new openings to vulnerability. A better understanding of these
practical moralities is fundamental for understanding how risky situations are generated and for creating better tools for navigating them. At a time when providing information for rational decision-making is no longer producing additional gains in slowing HIV transmission, this line of inquiry potentially opens an avenue for recognising and affecting situations of risk.

2 Governing Risk

The market-oriented logic of governance relies implicitly and explicitly on the values of self-determination, individualism and free competition (Bowles 1998, Brown 2006, Fourcade and Healy 2007, Frank 2001). The model of the responsible management of risk is at the centre of these values; a narrative that is also at the heart of HIV prevention discourse (Adam, 2005; Ericson & Doyle, 2003; Flowers et al., 2000). According to Leslie Roth (2010, p. 469), the efficient and responsible management of risk emerges as a central narrative to guide moral action where to ‘be true, good, right, healthy or dangerous is communicated through the language of risk’ – or the responsibility to avert risk. Roth (2010) finds that scholarship in this area falls into three broad categories. The first is the risk society literature that understands risk from a soft realist approach by considering it to be real and examining how it is dealt with by both collectivities and individuals, but it is a perspective that adopts a grand narrative that minimises or ignores how risks are made salient and how individuals in different social locations perceive them. The second perspective is the strong constructivist, or Foucauldian approach, which focuses on responsibilisation and self-regulation, examining how risks are made salient. The management of risk turns out to be a new technique of social control brought about by the market-oriented logic of the state and civil society where responsibility is downloaded onto
individuals and communities. Roth (2010, p. 478) critiques this perspective for (i) challenging the legitimacy of risk, (ii) undertheorising the relational, the emotive and the moral dimension and (iii) totalising social space by ignoring the ways in which individuals construct themselves as moral subjects by contesting risk techniques.

The third perspective identified by Roth is a cultural-symbolic perspective, which she sees as a soft constructionist approach. This perspective is promising for studying current moral formations by locating individuals within their material and cultural environments. In this perspective, subjects engage emotionally and rationally with cultural narratives, producing context-specific forms of lived morality. Lived morality, according to Richard Stivers (1996) has been transformed through modernity into a form of moral engagement that is procedural rather than experiential. The excessive focus on technological or procedural morality produces a vision of an over-socialised and compliant subject, discounting the role of emotions in embracing, contesting or struggling with the contradictions brought about by those techniques. From the viewpoint of Stephen Vaisey’s (2009, p. 1687) dual-process model of cultural cognition, what is missing from these accounts are both the ‘deeply internalized schematic processes’ that underlie practical moral reasoning and the recognition of an individual’s ‘capability of deliberation and justification … required by the demands of social interaction’.

For HIV negative men the lived morality engendered through the navigation of HIV risk shows the emotional engagement and aspirations for community solidarity mixed with the powerful moral traction exercised by neoliberal frameworks of self-responsibilisation and risk avoidance. The moral discourses of responsibility devalue those who fail to protect themselves and situate them as morally inferior. These same discourses structure scripts for social interaction and
produce a framework for individual and collective action that discredits the relational, emotive and collective nature of sexual exploration and intimacy. Neoliberal discourses thereby set new traps in risk navigation for the unsuspecting sexual actor.

3 Methodology

This article relies on the postings to an online forum, hivstigma.com, a website created to diminish stigma and create greater support for HIV-positive men:

The intent of the web forum was to draw members of local gay communities … beyond the conversations occurring inside their own social networks – or even inside their own minds – to a more broad-based community-level discussion concerning the interactional dynamics that engender stigma and situations of vulnerability to HIV transmission.

(Adam et al., 2011)

The HIV stigma campaign was designed and funded by the AIDS Bureau of the Ontario Ministry of Health and Long Term Care in collaboration with a host of Ontario AIDS service organisations (ASO) serving gay and other men who have sex with men. It created a virtual space for an open discussion on the impact of the stigmatisation of HIV-positive gay men on AIDS/HIV prevention efforts and on the ways that men of different serostatuses treat each other and manage HIV risk. A publicity campaign of billboards and advertisements in the gay press, along with promotional material delivered by ASO, brought the website to the attention of community members with the provocative tagline, ‘If you were rejected every time you disclosed, would you?’ The tagline was intended to initiate a dialogue rather than instruct or
prescribe solutions and participants were invited to engage in the question of relations between men of different serostatuses. The website attracted 20,844 visitors, of whom 4384 explored the site 10 times or more during the period of the campaign (Adam et al. 2011). The resources of the ministry allowed the website to be brought to the attention of a wide range of gay and bisexual men. However, evaluation conducted elsewhere (Adam et al., 2011) indicates that awareness of the hivstigma.com campaign was stronger among urban, younger, better educated, gay-identified and HIV-positive men and less among men in small cities and rural areas or who were less educated, bisexual or HIV-negative. This demographic profile is likely to apply to the blog participants as well. Anonymity protected the identities of the men posting to the site and allowed the discussion to be open and uncensored but it also meant that often the demographic characteristics of the blog participants could not be discerned. Eight facilitators initiated the discussion by sharing their personal experiences as sexually active men facing the risks of HIV transmission and discrimination. The facilitators were self-identified gay and queer men, both HIV-positive and HIV-negative, who came from diverse social locations in terms of their age, ethnicity and gender identity. The result was an extensive and freewheeling discussion that covered such topics as:

[T]he sources, forms and consequences of HIV stigma; what stigma and rejection mean and how they might be better conceptualised; problems of avoiding HIV versus avoiding HIV-positive persons and the relational and emotional consequences of the latter; parallel and intersecting stigmas experienced around homophobia; age; race and trans/gender; how HIV stigma and rejection might be challenged; the ethics and practicalities of disclosure; implied versus explicit disclosure; the difficulty and situationality of
disclosure; responsibility and (informed) consent in HIV transmission; ideals and divisions in making gay community; community building versus stigma and the morality of disclosure and HIV risk taking. (Adam et al., 2011)

The entire text of the 8-month running time of hivstigma.com was downloaded into the qualitative software program MAXQDA2, comprising 68 blogs hosted by one French speaking and seven English-speaking facilitators. The author reviewed the entirety of the text and employed a constant comparative approach to sort narratives into emergent thematic categories. In the excerpts below it is noted which facilitator’s blog the text was posted to, and the online pseudonym of the author, whether visitor or facilitator. The open-ended nature of the invitation to participate and the diversity of views expressed in the facilitators’ dialogues with visitors allowed for a wide range of narratives to emerge across the eight blog spaces, creating a uniquely valuable source of discourses circulating in the community.

4 Responsibility as Individualised

In the blog texts, the notion of responsibility emerges as a key discursive element in personal and sexual interactions, drawing on the one hand on macro-level discourses supported and purveyed by the government, market and the media, and on the other, on local discourses of community, romance and care of the self and others. Responsibility is a major discursive thread that structures the ways in which these men understand their sexual practices and make sense of health advice and their relationships with other men in the era of HIV. By discussing how individuals are responsible for their own and other people’s health, these men embraced and
challenged dominant discourses on personal accountability. In these blogs, responsibility, whether personal or collective, intersects with issues of risk, pleasure, moral reasoning and community-building. Perhaps the strongest theme running through the blogs was the affirmation of responsibility located in the autonomous, male individual:

Anyone who engages in risky behavior and then seeks to blame someone for their conversion, is not carrying his weight. Basically, it takes two to tango. The weight of the situation is in truth shared, but the world of gay men often like to paint the poz folks as responsible for stopping everything, even if a neg guy will bareback with anyone that says he is neg. (Gryphon from Bob’s blog)

The participants in these discussions challenge what they felt are the assumptions and misconceptions that some men have when choosing a prospective sexual partner, in particular during casual sex. They indicate that uncritical assumptions about HIV status can be obstacles for curbing HIV transmission among men who have sex with men. For the participants in this forum, nobody is innocent when HIV infection occurs:

If you are going to live recklessly don’t blame others. Yes it takes two to tango, and this is what happens when assumptions get made. (Brian in Brian’s blog)

These two excerpts express a common element that runs throughout the discussion: the need to make sexually active men aware of their personal responsibility for stopping HIV transmission. These quotes underscore a deeply rooted sense of personal responsibility towards one’s own health and a moral disqualification of sexuality that exceeds the boundaries of the norm of protected sex. Here, the responsible actor is assumed to be fully knowledgeable and exclusively responsible for himself, rather than a participant in a relational practice that emerges between sexual partners. It is a discourse consonant with a larger trend in advanced capitalist societies by
which individuals are increasingly called to manage risk and are seen as solely responsible for making (the right) choices for their own health, happiness, wealth and security (Brown, 2006; Lupton, 1999; O’Malley, 1996; Rose, 1999a). When pleasure-seeking leads to risky behaviour, pleasure and morality intersect to produce the risk-taking sexual actor as an abject subject, reflecting how in late modernity, discourses on risk and responsibility are inextricably interwoven with morality (Lupton, 1993; Hunt, 2003).

Many HIV-positive men adhere consistently to a discourse that holds everyone, including themselves, responsible for their own infection:

I was sure to ask, but in the end, it was me who had to be informed of his status. I don’t blame him. It was my choice to not protect myself. (AA from Gaston’s blog, translated from the French)

Who is liable on this situation? Me, of course. I agreed. I knew it was a risk. I did not know this guy. Why did I trust him? It was all my decision and my responsibility. (Eremir in Brian’s Blog)

For Brian, an HIV-positive blogger, to be protected from risk is a moral obligation on the part of the individual sexual actor rather than something to be negotiated between sexual partners. Protection from risk is a contract, not between sexual partners, but a contract with oneself in order to be free from harm. He argues that this is particularly true when the rules of the game are not clear, such as during anonymous and casual sexual encounters. Brian’s views reflect a form of practical morality in which an actor, by taking care of himself, puts into motion safe sex practices that protect others from harm. The ‘other’, however, is not a locus for the articulation of a form of care, but a by-product of a rational decision process. A responsible, mature and
rational sexual actor must prioritise his own safety; the collection of sexual actors acting according to individual responsibility create a marketplace of risk mediation and (non)transmission that can work and make sense. Brian’s blogs and responses, as well as those of the contributors that agree with him throughout the discussion are in line with previous research (Slavin et al. 2004) that constructs sexual actors as free and fully rational decision-makers unconstrained by exterior circumstances. To be responsible for their health and to make the right choices is a form of empowerment that confers control over their sexual lives and health outcomes. Tony shares a view of responsibility as an individual matter and sexuality as amenable to personal control:

I also try to educate people by saying, ‘No, I am not HIV positive but you shouldn’t be asking me the question. You should instead be protecting yourself as I do. I do not practice unsafe sex.’ I feel that’s the best way and you take responsibility for your actions not leave the onus on someone else to volunteer information. To me when someone wants me to fuck them without a condom, the danger signals go on and I am not interested in pursuing sex any further. (Tony in Tim’s blog)

Tony’s narrative forecloses discussion about serostatus. He sees it as unnecessary for the rational sexual actor. For him, (negotiated) safety based on disclosure does not need to be considered as he always plays safe in his sexual encounters by closing off his body to risk. For him, every sexual encounter is an individualising moment in which the body is put into a regime of containment. In this way not only is the body protected from bodily fluids but uncertainty itself is also forestalled. By so doing he exercises his free will and keeps himself safe under all circumstances. Tony’s narrative exemplifies the health promotion model for HIV prevention; he constructs himself as a prudent, self-empowered individual, aware of impending risk, who in
spite of danger still enjoys a sexual life. Tony and Brian’s opinions represent moments in this ongoing discussion in which a strong ethos of individual responsibility emerges. This deeply entrenched ethic of self-care is epitomised by a participant in the forum who says:

I should not have had sex with a random person. I should not have trusted somebody I don’t know. I should not have had unsafe sex. Period. (Eremir on Brian’s blog)

Eremir frames his naiveté as a form of moral failure to fulfil his obligation to protect himself from risk. He engages with his sexual desire as an area in need of policing, a border tracing that constructs limits to what desire can and should be when properly policed and practiced. Yet, in the reflective exercise of recounting his experience, he also underscores the fact that he was not alone during the sexual encounter. He constructs the partner who infected him as personally responsible and motivated by malice:

But even when I agreed and it was my responsibility, isn’t him a sad (controlling my language here) sample human been? He keeps reminding me the kid that tears the wings of flies just for fun, not to see them crawl and anguish, but just because its fun to do it, and when confronted with his cruelty he answers numbly: ‘Well, the fly should not have entered my room for starters.’ (Eremir in Brian’s blog)

The construction of responsibility as located in the individual subject sits uneasily with an idea of sex as a relational matter that occurs between people located within social relationships and in a variety of circumstances that are traversed by all sorts of thoughts, feelings, fantasies and forms of moral reasoning that may conflict with the rational health prevention model (Adam, 2005; Adam et al., 2008; Race, 2007; Rhodes & Cusick, 2000). The call to be a risk manager occurs in
an environment saturated by discourses of personal accountability propounded by neoliberal rationality that realigns the relational nature of sexual intimacy embedded in networks of personal relationships and emotional commitments (Calhoun, 1991). For Wendy Brown (2006, p. 694), neoliberal policies produce “citizens as individual entrepreneurs and consumers whose moral autonomy is measured by their capacity for ‘self-care’”.

Most of the discourse in the blogs endorses a norm of personal responsibility for one’s own sexual health. These men exhibit a form of reflexivity grounded in the complex process of embodying societal expectations with regards to the management of risk. In their engagement with the complexities of the negotiation between pleasure and responsibility, some of the participants challenge the individualisation of responsibility.

5 Responsibility as Relational

Some participants directly question the individualism of the dominant constructions of risk and responsibility and promote a view of health that is more aligned with imaginaries of community-building. Regardless of their HIV status, the participants in this forum contest their positions as victims and see themselves as productive agents in the creation of a common ethos of responsibility. They assert that a collective response is more likely to have positive and long-lasting effects for HIV prevention. For one of them:

I agree that there is a shared responsibility on the part of both HIV-negative and HIV-positive men, but I also think that we can’t speak about shared responsibility and then focus solely on individualism … A ‘you look out for yourself’ mentality without a regard
for the health of our neighbours doesn’t promote the idea of a ‘healthy’ community and that’s what ending stigma is really about. Sometimes even in this partnership of shared responsibility there requires a bit of mentorship by those with a clearer understanding of the issue. Where disclosure isn’t always an option, it can be as simple as ‘you should really always play with a condom, let me show you how.’ (Anonymous in Bob’s blog)

David, another participant in the forum, summarises the complexities and challenges for HIV prevention:

What are the ways that we can highlight both the importance of individual responsibility for both HIV positive and negative men, and also speak to the importance of a concern for the collective responsibility for the physical and emotional health and well being of our community? Is this possible, and if so, what would that look like tangibly? (David in Bob’s blog)

According to some participants, protection from risk is seen as a mutual agreement that ought to emerge as the result of a shared ethos of responsibility and safe sex among sexual partners. However, the meanings of responsibility may not be fully clear and widely accepted, as the participant below suggests:

It’s as if two guys come together (sorry for the pun) and both assume that at least someone is taking responsibility so all’s well. But it’s not really shared is it? It’s just being transferred to someone else. Maybe we need to take another look at what ‘shared’ really means. (Anonymous in Bob’s blog)

Two of the participants draw on discourses of care and romance to frame the difficulties of
negotiating sero-discordant relationships:

I am in a relationship with a guy. I am positive and he is negative. We been through alot together in the relationship. Because he is spanish i came across him with all the resouses for him to endore all the facts with my status. He is afraids even to kiss me but he is working on that. Sex is out of the question right now because i don’t want to pressure him in an act he is not comfortable with. Even we love he each other he gets upset because of my status and i get fustrated because i really want safe sex with him. But, he is afraid. I don’t want to end the relationship for the purpose of my status. Murray i understand how you feel what do we do when one loves one person when their negative and the other is positive. (Drew in Murray’s blog)

And:

I’ve been in a sero-discordant relationship for over 16 years. I’ve enjoyed having sex with my partner throughout and I’m sure if asked he’d say the same. I am with my partner because I love him. There has always been a certain level of fear of infection, but practicing safe sex helps to alleviate that. We continue to engage in many low-risk sexual activities. I know the risks and I’m willing to take them. I am negative and I intend to stay that way. (Joe in Murray’s blog)

As sexual relationships move out of the quasi-marketplace of dating or casual connections, market-related norms of individualised responsibility also fade from the narratives of site participants to be replaced by the language of mutuality, care and romance. They engage in sometimes difficult negotiations that open a set of moral expectations for care that transcend the
individual and, in some instances, invoke transcendent notions of community well-being.

6 Shared and Unshared Responsibilities

Some participants who are cognisant of their HIV-positive status bear a high degree of responsibility towards their sexual partners to protect them from risks, a position increasingly pressed forward by the courts in Canada where these men live (Canadian HIV/AIDS Legal Network 2012). Some HIV-negative men see themselves as at risk and in need of special consideration with an entitlement to discriminate among sexual partners on the basis of their HIV status. Drawing on the language of private rights and obligations present in commercial and legal exchange where forms of full disclosure are required, the following participant argues:

Everyone has the right to choose who they have sex with and to minimise the risk of contracting an STD. The best prevention of not catching HIV is to never have sex with an infected person. That is my right. Of course there may be infected people who don’t know they are infected. Before I have sex with anyone, I ask them what is your HIV status? When was the last time you were tested? Do you have a copy of your results? … Have you ever had unprotected sex? Have any of your former partners ever come to you and told you they had HIV? Any infected person has a moral & I hope a legal obligation to disclose their HIV status before having sex. It is not up to you to decide how I should protect myself, it is up to me. There is an old saying your rights end where mine begin.

(Andy H in Bob’s blog)

For this participant, sexual intercourse is an exchange based on a form of contractual agreement
in which protection is required. He mobilises contractual language as a legitimate framework to protect himself by demanding full disclosure. In his view he takes charge by avoiding risk.

It is not only HIV-negative men who shift the burden for HIV prevention onto HIV-positive men. As an HIV-positive contributor put it succinctly, “[t]o me the important thing today is promoting options for poz folk that protect others from risk” (Rodger in Bob’s blog). Two days earlier the same participant contributed by stating that:

> When you are poz though, I do think it puts you on the other side of the fence on this issue. I think both partners are responsible for safer sex but the truth is that I do consider that I have a higher level of responsibility to myself and others now that I am poz than I did before. I basically don’t play raw with anyone (and I almost never did before either). The stakes are too high now. This is serious to me. (Rodger in Tim’s blog)

Rodger’s position is shaped by an appreciation that the other men with whom he interacts are not simply rational actors:

> If you are sure that you are not poz and do care about your health or well-being, why in the world would you have unprotected sex with a stranger? It happens. All the time. People get carried away. Even people who care about their health don’t always make the lowest risk choice. They are human. (Rodger in Tim’s blog)

This participant wants to make clear that people who expose themselves to risk do not do so, in most cases, with a lack of awareness or to seek the thrill of danger. Rodger’s position is consistent with interview-based research in this area (Adam, 2005; Race, 2003; Rhodes & Cusick, 2000; Ridge, 2004; Slavin, Richters, & Kippax, 2004).
To place a heavy burden of care on the shoulders of HIV-positive men is contested by those who contend that to responsibilise HIV-positive men for the containment of HIV transmission serves to further marginalise an already stigmatised segment of the gay and bisexual community. It also serves to de-responsibilise HIV-negative men for their health choices. For instance, in another discussion on the same topic, one of the bloggers observes:

I do have some differing opinions. If casual sex is a risky game, then guys ought to know accept that and not put the responsibility on the positive guys all the time. It takes two to tango and if this is such a worrisome proposition, then I suggest they need to find a guy, date, get test and all of that in order to live happily ever after. Whether one attempts to serosort or not, the reality is that they will have sex with guys who are positive. (Brian in Brian’s blog)

And another laments:

It’s easier for hiv- guys to ‘avoid’ the issue by avoiding hiv+ guys, or by saying ‘it’s the law for you to tell me’ so they don’t have to ask, take any responsibility for a conversation, because they know it ‘kills the mood.’ So, it seems like they think ‘it’s your problem, you do all the work.’ (AA in Gaston’s blog)

The words of another HIV-positive participant resist, and reflect back, the implication of de-responsibilisation in the failure to practise protected sex:

People who are having unsafe sex based upon the idea that the infected will or should or must disclose are a risk to themselves and potentially lethal to me (I really don’t want Hep C or syphilis thank you) and certainly exhibit irresponsible and narcissistic
behaviour that I am too old to be dealing with relationship-wise. (Meurig London in David’s blog)

The relational character of sex and the effects of nondisclosure of HIV status come to the fore dramatically in the words of the next participant:

At the baths I regular get fucked bare. Nobody ever asks if I have hiv or not. I don’t believe they are unaware of hiv, or without responsibility in our mutually agreed upon, unforced sex act. They know the risk but it’s what they want to do the most. Just cause they make that choice why should I be to blame? If he is concerned, is HIV negative, or worried about other infections, he should and could use a condom, or he could ask, or he could walk away. I’ve NEVER lied about having HIV. He has just as much responsibility as I do. Few people know I have hiv. If I could do it all again nobody would know. It’s just not safe for me anymore if people know. (SilkyButt in Bob’s blog)

While clearly an outlier among the moral positions advanced in the blogs, this view, nevertheless, represents the obverse of the individualisation of responsibility. Here the discourse of individual responsibility is mobilised as a form of abstention from the notion of care of the other. By holding others to an ethic of individual responsibility, this narrative invokes notions of contractual consent to circumscribe responsibility as a requirement for care of the self but not of the other. Drawing from discourses of personal responsibility, contractual arrangements, right to privacy and a right to be safe from stigma, this narrative constructs the self as a moral actor in line with the individualised vision of the responsible citizen of neoliberal governmental technologies.
Excerpts from the discourses on the site index truisms and conventional wisdoms circulating in some circuits of gay and bisexual men. The discourse of responsibility holds that everyone should know the dangers that lurk below the surface for homosexually active men and therefore, everyone is called to be a prudent sexual actor by practising self-protection (Adam, 2005). In this context, disclosure, or for that matter, discussion of HIV becomes unnecessary and produces a de facto code of silence (Ainslie, 2002). The prudent sexual actor is, in theory, able to protect himself, regardless of the information at hand, but the diverse constructions of responsibility governed by the de facto code of silence may generate new situations of risk and impede open discussions on sexual health, stigmatisation and a responsible and proactive sexual ethic (Ainslie, 2002). Silence may disadvantage those who may not know or understand the cues for sexual engagement in certain settings, such as men who are new to gay scenes, immigrants or simply men in diverse networks and micro-cultures with different shared understandings or cultural capital (Adam et al., 2008).

It is important to underscore that this logic not only applies to casual sexual encounters but extends to the search for more permanent forms of sociality. In the following quote it is possible to see that in the marketplace not everyone is equal and it is not a field full of possibilities for all:

We live in pragmatic times and nobody wants to get involved with people with problems. People want happy lives, like the live of the people that lives on the Cleanex commercials or the Pantene ones (http://www.youtube.com/watch?v=_Sa2v1qJrhQ), not complicated ones.

Clean, streamlined lives. Some people even say they are looking for ‘value added’. I
swear I am not joking. I read it. And I choked. Those are the days we are living. So yes, if they are not out of the ‘norm’, then they are making valid choices. Who wants a sick guy with their Cheerios? Also, they don’t want to risk their health. They might be phobic about it … They don’t want to risk anything. They want to live paranoidically safely. It is kind of ignorant, but I guess I can understand the phobia. (Eremir in David’s blog)

This HIV-positive participant is painfully aware of the forces that limit his possibilities to find a romantic or sexual partner; he experiences the dating scene as having been overtaken by the logic of a consumer-driven economy. Online dating, for example, demands the presentation of a self in conformity with a commodity-like system of classification of users. Choices for sexual interaction, safe or otherwise, are the product of complex processes in which emotional commitments and a search for pleasure and intimacy intersect with larger systems of beliefs as well as an actor’s structural possibilities. As Tim remarks on his blog:

It’s not like the poz guys were homicidal maniacs, or the neg guys were irresponsible dopes. Boys just want to have fun. And when being nosy or honest seems to get in the way, we make assumptions about each other that don’t work. (Tim in Tim’s blog)

Tim’s remarks underscore the emotionally laden nature of the embodied and socially embedded nature of sexual intercourse and intimacy. They also underscore the fact that assumptions about a casual partner’s serostatus are not necessarily rooted in irresponsible motives but in the messy nature of sexual intimacy and play.
7 Moral Reasoning and Multiple Subjectivities

There are a number of discourses evident in the narratives that are far from the market-driven ideas of responsibility. Some men explicitly invoke notions of family and community as touchstones of interaction with other men, which highlights both the inherent tension and the promises of collective life. In the words of one of the participants: “our gay family because we are like a family, even if we don’t all like each other” (Omid in Gaston’s blog, translated from the French):

The cultural distinctions we wear upon ourselves like clothing do not stop us from loving, hating, hurting or holding out a hand to another – and as a human, it is very easy to hurt. There’s only two things that help me past the same prejudices I accuse others of – the fact I know I’m as guilty as they are, and that I can love them if they are willing to be loved. (Scoots in Brian’s blog)

Murray, in his blog, invokes ‘community’ in this way:

The outcome of all that fear and rejection is isolation. Loneliness. HIV-negative dudes are cutting themselves off from men like Mike. Men who are sexy, wise, experienced, and full of vitality. They’re cutting themselves off from rewarding relationships with potential friends, lovers, family, and community. At the same time, HIV-positive men are being marginalized from a community they have equal claim to … HIV stigma literally sucks the life out of the gay community … We should know better for many of us only have the gay and lesbian community as a family network, many of us have lost our own families due to coming out. (Murray in Murray’s blog)
The individualising and responsibilising discourses of neoliberal rhetoric, then, are far from totalising. The dialogues emerging on the blogs pose communitarian alternatives, often drawing on a collective imaginary of gay community or family. They are in line with Roth’s alternative understanding of risk discourse as an organising principle of current forms of moral understandings of the self and of community life. These participants underscore the ways in which risk discourse functions as boundary work that serves to build a community while at the same time separating that community from an undesirable or dangerous other. The risk, however, is that boundary work can be done within communities themselves, creating hierarchies of morally worthy subjects along the lines of responsible selfhood:

What takes collective maturity is to say HIV has and continues to affect a vast number of gay men, this has an impact on our community and collective soul. Let’s face it not turn our backs on it. (Brian F. in Brian’s blog)

What are the ways that we can highlight both the importance of individual responsibility for both HIV positive and negative men, and also speak to the importance of a concern for the collective responsibility for the physical and emotional health and well being of our community? (David in Bob’s blog)

The ways in which people understand and deploy responsibility facilitate or problematise the forms of moral reasoning that characterise sexual actors drawing on multiple discursive sources.
8 Moral Subjects in Late Modernity

Scholars in governmentality studies have argued that subjects of advanced democracies are now governed through risk techniques that encourage them to become autonomous individuals responsible for assessing and managing risk. For Roth, a promising approach must include three elements: firstly, an agnostic understanding, taking risk as a point of departure, secondly, an analysis of the structures of domination that risk discourse produces and thirdly and more importantly, a cultural boundary approach to see how communities are shaped and reshaped by risk discourse. The blogs examined here show on the one hand, the pervasive presence of techniques for self-government that call on subjects to be autonomous, self-enterprising and prudent decision-makers in a marketplace where choice is available to all (Brown, 2006; Greco, 2009) and on the other hand, a strong resonance from early activism for a community response to HIV risk among some men who participated in the forum.

In late modernity the rationality of individual responsibility informs a new type of subjectivity that is compatible with the neoliberal ethos of self-fulfilment (Brown, 2006). For the neoliberal subject socially determined factors are overcome through free choice (Rose, 1999a; Rose, 1999b; Rose, 2007). In doing so, the public space is hollowed out and public debate depoliticised, producing undemocratic citizens (Brown, 2006, p. 692). For the neoliberal individual who ‘chooses’ it, health has come to represent a sign of the ability to function (and to be addressed) as a free, rational and moral agent (Greco, 2009, p. 19).

Early HIV activists were keenly aware of, and vocal about, the individualised moral subject, proposing instead community-oriented solutions that engaged with the state and the medical system. The activists challenged the state trend towards individualizing responsibility in order to
achieve health rights for marginalised populations (Epstein, 1998; Silversides, 2003). In the early years of the HIV epidemic, leaders in gay communities responded to the AIDS crisis by inviting gay and other homosexually active men to change their sexual practices by using condoms. HIV-positive people became involved in the design, management and implementation of programmes and interventions on HIV very early on. The result was the proliferation of ASOs that sprang out of gay community organising, many of which continue today (Epstein, 1998; Silversides, 2003).

The ASOs served to bridge resources between government and community, fostering community-based research and prevention work against HIV.

The discussion in the forum shows that a focus on the individual subject eclipses a long history of activism that sought to include all people infected or affected by HIV in an interactive dialogue for prevention and care (Altman, 1986; Epstein, 1998; Krouse, 1994; Silversides, 2003). Today, health promotion and prevention rely heavily on a model of individual responsibility and rational choice (Greco, 2009; Race, 2003; Race, 2007; Rhodes, 1997; Rhodes & Cusick, 2000). A long-time activist and facilitator of the website recounts:

And I can say that at the same time I affirm that poz people have a proud history. We changed the way medicine and research are practiced. We’ve developed services and support systems to keep ourselves healthy. We’ve pushed governments and won programs to ensure everyone has access to treatment and meds. We fought pharmaceutical companies to get prices lowered in the developing world. We invented safer sex to protect each other. I’m quite proud of what poz people have accomplished.

(Tim in Tim’s blog)
Tim’s reminder brings to the fore the collective effort that allowed the development of a new form of care in gay communities that deepened social justice in health care across the western world. It was an ethos rooted in the collective mobilisation for gay rights in the larger social project aimed at expanding the public sphere and democratic politics.

9 Conclusion

The larger field of HIV prevention has come to be dominated in recent years by the biomedical doctrine of treatment as prevention that holds out a solution to the HIV epidemic grounded on rigorous testing and treatment (Montaner et al., 2006). This pharmacological solution has tended to sideline social science inquiry into the practices of people most affected by HIV (Kippax & Stephenson, 2012) in favor of a techno eschatology of rescue through medication (Adam, 2011). The promise of treatment-as prevention, however, has yet to be realised among gay men, among whom rates of HIV infection have been elevated through the 2000s (Adam, 2011). At the same time, the HIV prevention approaches that have become standard practice among ASOs continue to rely heavily on knowing the facts, that is, informing people about the ways in which HIV is transmitted, in the hope that individuals will take self-protective measures. It is a strategy that succeeded in bringing HIV rates down in the 1990s but that now shows diminishing returns. Both the biomedical and ‘know the facts’ strategies participate in what Stivers (1996) characterises as the dominant technological morality of our era that ostensibly avoids questions of right and wrong in favor of information delivery and individual responsibility. But it can scarcely be surprising that a good deal of HIV science does, in fact, translate into strategies for living and active reflections about right and wrong among affected communities. Moral
reasoning in everyday social interaction impacts strongly on the ways that HIV risk plays out in the lives of gay men and other at-risk populations, yet it draws almost no attention from scholars or ASO practitioners. Presumptions about responsibility, tacit understandings about how one’s own practices are interpreted, and making sense of the actions of others together make up the scenarios in which risk is constructed and managed.

It was evident from these blogs that some of the participants craft themselves as responsible sexual subjects by drawing on contrasting ethical traditions of autonomy and community (Vaisey, 2009), a repertoire of ideas embedded in the market logic that frames the government of the self in advanced capitalist societies. The ethic of individual autonomy is gaining ground as a body of techniques for the management of risk and the constitution of a form of subjectivity congruent with neoliberal governmentalities (Adam, 2005; Kinsman, 1996; Race, 2003; Race, 2007). While the individualist ethic has been a cornerstone of the safe sex message (protect yourself from all others who pose a threat of potential infection) and helped to dramatically decrease the rate of HIV transmission through the 1990s, it also enhances the possibilities for new risk scenarios to occur. Presuming the other to always be a conscious and self-protecting individual actor covers over the all-too-human possibilities of trust, depression, presumption, denial and so on that can shape situations of vulnerability. Perhaps the possibility of helping to clarify the arena of interactive assumptions and moral discourses for the participants themselves that underlie their trajectories in navigating HIV and that shape their vulnerability is underappreciated in HIV prevention today.

Gay men in advanced industrial countries live in an environment where there is no lack of information; knowledge about HIV is for the most part high and the exhortation to have safe sex
is ubiquitous. They are clearly active moral agents, weaving together the moral discourses available in the surrounding society with HIV science and prevention information to create strategies for dealing with the HIV risk in everyday life. Many of these recipes for living bear the traits of the technological morality of the larger society, including its blind spots and repressions that can lead to increased vulnerability. Prevention practice that engages with that moral reasoning, supporting it when it works but also exposing its pitfalls, has some potential to improve the effectiveness of everyday risk strategies.
Conclusion

The chapters of this dissertation are unified by a central concern: the place that moral imaginaries play in the production of subjects worthy of political and material mobilization of resources to curb the HIV pandemic on a local and global scale. This concern was operationalized and found expression in the following question: Who are the morally worthy subjects produced in the Canadian biopolitical and humanitarian imaginations in the aftermath of the HIV pandemic? In order to address this question, the author analyzed three discrete moments of intense public discourse production over the past three decades. Particular attention was paid to the subjects deemed worthy of collective and state responses, the subjects left out of public debates, the manner in which vulnerable and responsible actors were constructed in a dialectical fashion against one another and the data, personal narratives, and context provided by different stakeholders to justify a call for individual, collective, and policy responses to curb the HIV/AIDS pandemic.

Each of the dissertation chapters offers conceptual and policy implications for a diverse set of stakeholders in the HIV field. This two-part contribution is summarized in each section below, by first providing the conceptual and analytical implications for sociological scholarship, and then the implications for local and global health policy-making.

1 Gay Men and MSM as Reluctant Subjects

The resulting analysis suggests that, despite the continuous impact of HIV/AIDS amongst gay men and MSM, and against all preconceptions or taken-for-granted understandings regarding the
centrality of gay men and MSM in public discourse on HIV/AIDS, gay men and MSM emerge as reluctant subjects of AIDS discourse, both locally and globally. In specific terms, the analysis shows that AIDS discourse produces subjects that are either innately vulnerable and at structural risk or subjects that are agentic and responsible. This is the case because both local and global understandings of populations at risk draw from a set of seemingly pre-ordained and essential features. These features, however, find expression in diverse epidemiological profiles, and produce paradoxical subjects of AIDS discourse that call for the moral and physical protection and compassion towards select groups of AIDS “victims.” Such calls for compassion would not be possible if they were not built on the sedimentation of moral values that undergird the ideological, political, and cultural logics of advanced liberal societies.

In the Global North, this discourse draws from liberal ideals that emphasize the social contract between national subjects and the state by drawing attention to biologically vulnerable subjects and the capacity of the state to protect, administer, and enhance life. This social contract is at the core of the biopolitical project of the modern state. For gay men and MSM, this liberal ideal is muted and, at times, these men seem to be under a state of exception that silences their very presence as members of the nation. As the analysis shows, while gay men and MSM are seen as vectors of risk for the nation, paradoxically, they emerge as an expression of a self-managed population. In a way, gay men and MSM, come to embody the ideal of the neo-liberal subject: entrepreneurial, self-managed and, above all, not a concern for the active investment of the state.

The place that gay men occupy within the imaginaries of the state comes in sharp contrast with the vulnerable populations constructed in each of the cases analyzed. The production of vulnerable subjects, as epitomized in the plight of hemophiliacs in the early days of the epidemic
and ‘women and children’ in Africa, articulates an objective and moral call for the mobilization of collective resources on behalf of unquestionably vulnerable AIDS subjects. The same call, however, obscures the vulnerability of gay men and men in general both the West and in the global south. Men, regardless of sexual orientation, gender performance and presentation, race/ethnicity, and geopolitical location are constructed as culpable and thus responsible, and above all, as unproblematically agentic. The same logics of vulnerability and responsibilization precludes the inclusion of gay men into the politics of compassion present in national global health imaginaries, as has been shown in Chapters 1 and 2. The unquestioned emphasis on the agentic capabilities of men in general, and gay men in particular, shapes the logics that inform prevention programs, and may generate unintended risk for gay men in the global north, as we saw in Chapter 3.

As the first two chapters show, gay men and MSM are not fully present as a vulnerable population in the public debates analyzed. Indeed, when they are present, gay men, MSM, and men in general emerge as responsible subjects, both in terms of spreading the virus to innocent publics, and in terms of self-protection. The space that gay men occupy in public discourse vis-à-vis other special populations, such as Canadian heterosexual couples during the Tainted Blood Scandal in Canada and women and children in Africa and other third world locales, reveals a continuous struggle, indeed an ambivalence towards the inclusion of gay men and MSM into the national and global health imaginaries of HIV/AIDS. The emphasis on gay men as responsible sexual and political actors becomes salient in the paradoxical outcomes in terms of stigma, the individualization of risk, and community building present in HIV Prevention messaging for gay men. The analysis suggests that, despite the political achievements of gay men and the larger
LGBTQAI populations over the past three decades, gay men and MSM occupy a liminal space in the moral imaginaries that are required for belonging to the nation and the protection of the state. The same imaginaries undergird public health and humanitarian logics that are present at both local and global scales. Moreover, the reluctant space that gay men and MSM occupy in public debate stands in sharp contrast to the epidemiological data available.

2 The Production of Vulnerability and Agency: Moral Imaginaries and Epidemiological Profiling

The epidemiological data clearly indicate that despite the advances both in terms of political recognition and treatment and prevention of HIV/AIDS, gay men are still the most over-represented population in HIV/AIDS statistics in Canada, and in many third world locales.

To be clear, based on total numbers of infections and deaths, for the past thirty years HIV/AIDS has been reconceptualised as a heterosexual infection of pandemic proportions, however gay men and MSM continue to be the most disproportionately impacted group. Biological risks due to sexual practices such as unprotected sex are particularly salient for gay men as unprotected anal intercourse can pose an 18 times greater risk than unprotected vaginal intercourse, for example. Thus, the emphasis here is not on raw numbers but on incidence at a population level, which should be of equal importance for public and global health policies. The pandemic is enhanced by the risks and vulnerabilities caused by structural inequalities in terms of political participation and access to information and health services, including life-saving medications. In such a context, segmented responses are necessary to reach those located at the most evident positions of marginality. However, segmented responses based on uncritically deployed social
identities and assumptions about vulnerability, agency and responsibility, instead of biological risks mediated by individual and social practices, as well as context-specific social locations, may contribute to the social exacerbation of risk and vulnerability for those who are made invisible by discursive practices. The struggles for inclusion into the moral and epidemiological imaginaries can have important consequences for bio-political mobilization, that is, mobilization of both symbolic and material resources for attending to the needs of differently located risk populations in the context of the pandemic.

Chapter two has served as a connective tissue in this analysis as it teases out the connections and the tensions that emerge in public debates on HIV/AIDS as a pandemic that finds expression in local and global imaginaries of responsible citizenship and humanitarian compassion. The conceptualization of Third World societies as backwards and above all, patriarchal, underscores the structural vulnerability of women - often accompanied with the category ‘children’ - as natural receptacles of Western humanitarian and bio-medical intervention. This logic obscures the vulnerabilities of actually existing men in flesh and blood – and not as individual expressions of patriarchy as a societal structure. To be sure, individually and collectively, most men may benefit from entrenched patriarchal structures all around the world, not just in Africa. However, men access the benefits of patriarchy from different structural locations and such benefits may not be fully realized when facing a viral agent like HIV. If HIV/AIDS is to be conceptualized as a heterosexual pandemic in Africa and globally, then it must be understood that African men’s epidemiological profile is also mediated by structural inequalities that include poverty, lack of access to social goods like basic health care, prevention services and above all life-saving medications, and is compounded by disadvantages in terms of race/ethnicity, but also sexual
orientation. These factors are rarely present in the reporting of the epidemic in the context of AIDS Day as a global pandemic, for example, and almost absent in the context of the discussion on responsibility, prevention and HIV Stigma.

In short, a segmented approach that systematically ignores the male half of the epidemic, obscures the fact that structurally disadvantaged populations co-exist, and mingle in social and bodily interactions, including sex (which is still the main transmission mechanism of HIV), within their communities. The argument here is that stakeholders must be aware of the ways in which they contribute to productions of moral orders of deservedness. This is important because their contribution generates tensions, paradoxes, and even may unintendently contribute to the production of risks for an array of populations, as moral orders of collective deservedness may have profound effects on resource allocation, whether symbolic or material. Indeed, the neglect of attention that is evident in public discourse on risk and vulnerabilities within men’s sexual practices may inadvertently contribute to men’s disengagement or reluctance to actively participate in HIV prevention.

3 Stakeholders: The Production of Unintended Moral Orders

The uneasy assemblage of HIV stakeholders, whether they are scientists and scholars, lawyers, media actors, public health officers, activists or multilateral institutions has been instrumental for drawing attention and legitimating the urgent needs of the most vulnerable groups and calling for collective mobilization. Indeed, they have produced an AIDS discourse that generates an actionable calling that is part objective and scientific, and part moral. First, it is objective and
scientific by building on epidemiological data that highlight the human and at times objective economic cost of the epidemic. But, it is equal parts moral, in that it draws attention to the political and economic injustices that produce risk and vulnerabilities to HIV/AIDS on a global scale. In so doing, it calls Western publics and institutions to produce a response that is not only comprehensive at a population level, but that paradoxically is stratified along the lines of commonly held understandings of vulnerability and risk.

The analysis has shown that the constant mobilization and legitimation of specific categories of subjects as uniquely vulnerable is not likely to occur in a single locale, or to be the work of a single stakeholder. Instead, this complex process of discourse production is likely to be the outcome of the work of an entire assemblage of actors, regardless of their position on the hierarchy of the HIV field. Certainly, the prioritization of certain populations as uniquely vulnerable and at risk due to proven biological risks, and structural inequalities is necessary in order to respond to their urgent needs. This is the case, for example, when there was an urgent need, both moral and material, to address the exposure of hemophiliacs and their families to contaminated blood during the early days of the epidemic. It has also been the case with the attention given to women, in particular women and children in the Global South, due to historical structural inequalities in the gendered allocation of resources.

The prioritization and responses for populations at risk was certainly central during the first stage of the epidemic in the Western world. In that case, the underlying logic based on an ethos of personal and group responsibility amongst gay men was productive. This might have been especially the case for those who were able to mobilize their cultural and financial capital to receive and produce communitarian responses. However, HIV continues to affect gay and MSM
of lower social and economic capital in the Western world. Thus, the continuation of an ethos of population-specific responsibilization reveals the limitations of the early approach, and unintendedly has left many gay men and MSM to their own devices. For scholars and activists then, the task is to be aware of the unintended exclusions and risks that we generate via discourses and practices underpinned by under-revised moral imaginaries.

In the public discourse on the AIDS pandemic, however, concerted mobilization in favour of structurally disadvantaged populations has produced an unintended outcome, the invisibilization of other populations that may be argued to be equally vulnerable and at risk. To be clear, the invisibilization of certain populations, like gay men and other MSM during and after the Tainted Blood Scandal in Canada may not have been intended. Instead, it may have been an expression of the continuous difficulties of articulating alternative sexualities within the collective imaginary of a citizen that is morally worthy of protection. In a similar way, the invisibilization of African men in the heterosexual AIDS pandemic in Africa may suggest the impossibility of the humanitarian imagination to include men, and in particular racialized men and Third World men, as subjects of compassion in the imaginaries of the Western state and the Western public. In both cases, these population groups may destabilize the category of men as understood under Western liberal ideations of gender. Thus, gay men and MSM, but also racialized men, can only appear as agentic, and thus not in need for collective and state protection.

The argument here is not that we need to make moral calls to justify the direct inclusion of gay men and MSM, as well as other non-heteronormative sexualities, in AIDS discourse, either as individuals or as populations (as if they could be captured as clean-cut identities). The argument here is that scholars, scientists, and other stakeholders need to be aware of the moral discourses
that underpin the seemingly objective choices of the subjects that they select for analysis, political salience in public and global health, and resource allocation. Each decision made by scholars, activists, and stakeholders striving for social justice actively contributes to hierarchies of moral deservedness, and perhaps inadvertently may obscure and even exclude those that require equal attention for the collective good. Moreover, when dealing with viral agents like HIV, the segmentation of populations based on ideas of moral worth may promote stigma against those who have failed to protect themselves, and in so doing a segmented approach may generate risks for all.

It is of paramount import to clarify that the argument here is also not one of cause and effect in which discourse production is directly correlated to resource allocation. Rather, it is argued that discourse production serves as an entry point to understand the ontological universe that frames the ways in which priority populations are produced, understood, captured and deployed as data objects, but also as objects worthy of further discourse production, which may entrench both manifest and hidden structural inequities in resource allocation.

In addition, by drawing attention to the stakeholders that could benefit from the critical analysis presented, it is not assumed that all of these actors have equal power in setting knowledge-production practices and agendas in research and policy, because certainly they do not. At this point in time, it is widely accepted that current HIV policy production is driven by the global health and medico-pharmaceutical complex apparatus (Altman et al., 1999; Biehl, 2004; Nguyen et al., 2011). However, regardless of the power that each actor may have in the production of local and global understandings of the AIDS crisis, the daunting task of setting up priority populations within the national and global public health agendas requires the mobilization and
constant legitimation of a set of problematic collective imaginaries of vulnerability and risk. These imaginaries are problematic because they often draw from hierarchies that set the social and political value of both populations and individual subjects along the lines of sexuality and, at times paradoxical representations, of gender and race (Heron, 2007; Poulin et al., 2016). These ideas reveal tensions in the construction of proper and responsible citizenship, but also legacies of colonial domination and beneficence as they find expression in the humanitarian logics that underpin local and global health discourses.

4 Slippages of (Neo)liberal Citizenship

The imaginaries at play in this analysis reveal the ideological cartographies of the proper citizen within the nation-state of advanced democracies and deeply rooted understandings of the different, less advanced ‘other’ in the global south. However, the subjects that emerge out of this system of stratification are far from clear cut along the lines of Western and non-Western divide. In fact, the drawbacks of these public and global health discourses on gay men, MSM, and men in general as responsible in the HIV epidemic become evident in Chapter 3. In this case, the limitations and tensions of public health discourse based on the individual responsibility of gay men to protect themselves against HIV infection, reveals the need for community and collective responses to manage the epidemic. In a way, the gay men and MSM in Chapter 3 occupy a liminal space.

Through their discussions, these subjects show that, on the one hand, they now conceptualize themselves as intellectually coherent with the ideals of the agentic Western citizen of an
advanced democracy. In other words, the figure of the responsible citizen that is expected from gay men and MSM appears consistent with the ideal self-activated citizen-consumer of advanced democracies, that is the neoliberal subject. On the other, this conceptualization is an unfinished product. Despite the internalization of responsible self-management of sexual risk, chapter 3 shows tensions and ambivalences in gay men’s responses to HIV prevention messaging. The men in the forum seem to understand that full agency in sex and intimacy is never fully possible. In the end some ask for a communitarian response that brings back a collective sense of belonging to a moral community that supersedes the individual-driven neoliberal ethos that undergirds preventive discourse for gay men and MSM. They, however, stop short from asking the state for more resource allocation and instead express a nostalgia for the early days of community activism.

The responsibilization of gay men and MSM, in particular as culpable subjects, should be of particular interest for both academics and queer activists. This is so because this conceptualization of gay men and MSM has endured despite the socio-political achievements in LGBTQIA rights of the past three decades. This is noteworthy because the coalescence of gay and lesbian political organizing and the AIDS epidemic coincided with the rise of the neoliberal political economic ethos and its attendant entrepreneurial and self-responsibilized subject in the Global North. This line of analysis can lead to question whether the genetic imprint of neoliberalism is embedded in current forms of LGBTQIA political subjectivities, and the manner in which such an imprint impacts priority setting for risk populations in the AIDS pandemic locally and globally. This is of central interest for social justice and global health advocates because the twin issues of vulnerability and responsibility are central to the articulation of global
health policy, as produced by the assemblage of multilateral agencies that fund and deliver HIV prevention messages in the global south.

5 Future Research

This analysis provides a unique contribution to scholarship in gay men’s health and HIV, as it provides an analysis of the narratives that inform public understandings of gay men’s needs in the context of the AIDS pandemic. Both activists and scholars can draw from and expand on the historical exploration presented here to produce analyses that tease out the connection between historical shifts and policy direction for gay men’s sexual health and HIV treatment and prevention by connecting the discursive shifts identified here and resource allocation for programs to curb HIV infections amongst an array of vulnerable population within Canada and overseas. This calling is of central import for scholars, activists, and public health practitioners, as it can reveal tensions and synergies between humanitarian discourses and epidemiological data that aim at providing moral and intellectual logics for priority setting and resource allocation at the population level.

The analysis here also provides a foundation to explore public participation in priority setting for health policy in Canada, specifically the manner in which moral imaginaries and selected epidemiological data inform debates and policy direction in public consultation processes. Furthermore, by refining the analytical framework developed in the present analysis, the ways in which each stakeholder’s original meaning-making framework is transformed through debate, the values that survive, and find expression through data and priority setting in policy direction
can be uncovered.

This line of research is of paramount import for sociologists, whose voices have been mostly absent. Critical policy scholarship has shown that value-judgements, a central concern for classical sociology and current scholarship in social studies of science, have a profound impact in policy direction. Moreover, critical policy scholarship has shown that data do not speak for themselves but acquire meanings in historically specific socio-political contexts. Sociologists are well-positioned to undertake this line of work and the current analysis provides another starting point for such an endeavour.

6 Limitations

This analysis is limited to a historical overview of the emergence and evolution of three types of HIV discourse production, and an in-depth analysis of one prevention campaign. The analysis does not include specific discourse production by other forms of newspapers and news media, nor does it include a systematic analysis of LGBTQIA media or new digitally available platforms. It also does not focus on discourse production surrounding the emergence and diffusion of biomedical treatments and does not offer a wide analysis of AIDS discourse produce at any moment in time, which may contain data that significantly differ from the data gathered for this analysis.

These exclusions were made as analytical trade offs to offer samples of particular instances of discourse production that may reveal larger trends in the production of subjectivities and resource allocation. Moreover, this analysis does not provide a cause and effect relationship
between discourse production and resource allocation. Instead it draws attention to the potential
effects of discourse production. In so doing, it calls other scholars to expand this analytical work
by correlating resource allocation over time both in local and global health programs.
References


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