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**THE 'LINKS' ON HIV & AIDS
AN EXAMINATION OF THE CONSTRUCTION OF HIV & AIDS
IN THE LINK**

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A Thesis

in

The Department

of

Sociology & Anthropology

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ABSTRACT

THE 'LINKS' ON HIV & AIDS AN EXAMINATION OF THE CONSTRUCTION OF HIV & AIDS IN THE LINK

Mariella Castellana

HIV and AIDS is discussed and addressed at various levels throughout the written media. The goal of this thesis is to gather information on how HIV and AIDS is represented and constructed in one university newspaper and to offer a preliminary description of how HIV and AIDS is discussed and addressed in this form of written media. The results will offer a basis for comparison with other written media sources and how they have dealt differently or similarly with the explosion of information concerning HIV and AIDS in all its spheres.

The aim of this study is to analyze the social constructions of HIV and AIDS in the Link. The analysis of the texts focuses on three major questions : How is the virus presented? How are the patients characterized? What solutions are put forward? This thesis also looks at how the Link compares to official discourse, counter-cultural discourse, and the mainstream media discourse, with respect to these questions.

No single approach would be sufficient to explain or expose all the cultural implications and political subtexts of all the representations of the epidemic. Nevertheless, in the welter of conflicting representations and responses, Foucauldian scepticism emerges as the dominant intellectual force behind the whole effort lending the readings a theoretical coherence as a testimony to the persistent vitalities of his unsettling political wisdom.

TABLE OF CONTENTS

Table of Contents.....	iv-v
CHAPTER 1	
INTRODUCTION.....	1-5
1.1 Scope & Objectives.....	1-3
1.2 Theoretical Orientation.....	3-5
CHAPTER 2	
THE HISTORY OF THE LINK.....	6-8
CHAPTER 3	
METHODOLOGY.....	9-17
3.1 The Selection of Documents.....	10
3.2 Advantages of Research Using Available Data.....	11
3.3 Obtaining Available Data.....	11-12
3.4 Measurement Issues in Available Data Research.....	12
3.5 Reliability and Validity: Authenticity and Accuracy.....	13
3.6 Sampling Strategy.....	13-14
3.7 Analysing the Data.....	14-17
CHAPTER 4	
THEORY/ Foucault, AIDS & the « Crisis of Representation ».....	18-29
4.1 Foucault's Scheme of Three Modes of Objectification.....	22-24
4.2 Scientific Classifications.....	24-25
4.3 Subjectification.....	25-26
4.4 Knowledge and Power.....	26-29
CHAPTER 5	
LITERATURE REVIEW.....	30-65
5.1 How is the virus presented?.....	30-43
5.2 How are the patients characterized?.....	43-60
5.3 What solutions are put forward?.....	60-65
CHAPTER 6	
FINDINGS/ANALYSIS.....	66-75
6.1 How is the virus presented in <u>the Link</u> ?.....	66-69
6.2 How are the patients characterized in <u>the Link</u> ?.....	69-73
6.3 What solutions are put forward in <u>the Link</u> ?.....	73-75

CHAPTER 7	
THEORETICAL CONNECTIONS AND CONCLUDING REMARKS	76-78
ANNEX 1.....	79-83
LIST OF ARTICLES ANALYSED	
ANNEX 2	
A BRIEF HISTORY OF WOMEN AND HIV/AIDS.....	84-91
BIBLIOGRAPHY	92-94

CHAPTER 1

INTRODUCTION

HIV and AIDS is discussed and addressed at various levels throughout the written media. For instance, scientific journals present HIV and AIDS differently than do newspaper articles and as our understanding of the disease increases in the medical, economic, psychological, and social spheres so does the coverage of these spheres increase in the written media. The goal of this thesis is to gather information on how HIV and AIDS is represented and constructed in one university newspaper and to offer a preliminary description of how HIV and AIDS is discussed and addressed in this form of written media. The results will offer a basis for comparison with other written media sources and how they have dealt differently or similarly with the explosion of information concerning HIV and AIDS in all its spheres.

1.1 Scope & Objectives

Examining university press in light of the way it constructs HIV and AIDS within the institutional structure of the academy contributes to the overall discourse on HIV and AIDS. Doing content analysis on the written texts of university press definitely fills a research gap.

The research on HIV and AIDS construction is extensive and diverse. Richard Goldstein (1991) argues that every form of art or entertainment in America has been touched by HIV and AIDS but that the responses to AIDS in the arts and popular culture reflect quite distinct cultural responses. The first, located in the arts, focuses on people with AIDS, portraying them with a nuanced complexity intended to compensate for social stigma by 'implicating' its audience in the epidemic. The other carries the perspective of

the mass media; it presumes to be objective, or in terms more suited to this discussion, 'immune'. This mass cultural response is largely concerned with the society surrounding people with AIDS. A host of distinctions follows from this shift in point of view. If the arts have positioned themselves with the implicated, the mass media represent the immune.

The Link has probably constructed AIDS in the spirit of the mass media, yet perhaps through time it found a middle ground in representing the implicated and the immune. The Link probably has offered ideological support for various disenfranchised groups. The assumption that the medical sciences are emeshed in the sophisticated culture of images that defines and to some extent determines contemporary life in the west and specifically for the HIV and AIDS issues is also likely represented in the Link.

James Miller (1992) believes a range of expression about HIV and AIDS exists in arts, literature, drama, film and critical theory. As an institutional forum for utopian social transformations the university has provided artists and activists with a common ground of liberationist consciousness where they have strengthened each other's resolve to confront the HIV and AIDS crisis by calling for a profound rethinking of social order and the operations of political power.

I would like to see how the Link compares to official discourse, counter-cultural discourse, and mainstream media discourse in Canada which is excellently described in Evan Emke's (1991) thesis. I believe that the representations of the AIDS issue is certainly not neutral but thoroughly invested with relations of power.

Jan Zita Grover (Miller, 1992) believes media representations spiral outward from the most specialized and authorized (in this case, those of science) toward the most dependent and 'opinionated' (that is those depending most heavily on the authority of

representations already made at higher orders of influence). The ways that scientists and physicians understand HIV and AIDS has as great an impact on the ways that, for example, newspaper photojournalistic conventions for depicting the chronically ill. It is only through seeing the complex relations between medical scientific 'facts' and mode of visual and verbal representation that we can assess the significance of the choices made by people who make images.

Monika Gagnon (Miller, 1992) suggests that the development of counter discourses to mainstream AIDS commentary affirmed what feminist lesbians, and gay activists working across the fields of medicine and law as cultural producers and critics within academic institutions have consistently foregrounded and insisted upon: representation is not neutral but thoroughly invested with relations of power.

There is a lack of research on the construction of HIV and AIDS in university newspapers. This study will address the problem by extending the limited amount of information that is currently available. This project certainly provides possibilities for fruitful exploration of how HIV and AIDS is constructed with a known technique such as content analysis.

1.2 Theoretical Orientation

Though some authors have particularized the activist agenda to suit their own political ideas, intellectual concerns and artistic visions, most of them have looked to the social philosophy of Michel Foucault (1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1982, 1984) for critical guidance and have chosen discourse analysis as the best theoretical starting point from which to attack the problematics of AIDS representation. That Foucault's social philosophy of 'discipline' and 'disciplines' has been fashionably

applied to many critical problems in the arts throughout the 1980s is no reason in itself for this choice, of course. Rather it is his strong theoretical emphasis on the historical inseparableness of knowledge systems and power structures and on isolating medical 'gaze' that constructs the systems and structures currently dominating the lives of AIDS victims that has drawn so many critics and artists into the collective task of disengagement from the powers that be (including university hierarchies) in preparation for defiant engagements with their propagandists and power-brokers over AIDS-related issues.

No single approach would be sufficient to explain or expose all the cultural implications and political subtexts of all the representations of the epidemic. There are just too many of them now, too many that are poignantly inexplicable or grossly inexcusable to merit academic attention. Nevertheless, in the welter of conflicting representations and responses, Foucauldian scepticism emerges as the dominant intellectual force behind the whole effort lending the readings a theoretical coherence as a testimony to the persistent vitalities of his unsettling political wisdom.

It is high time that university press is examined in light of the way it constructs HIV and AIDS within the institutional structure of the academy. This can shed light on whether the construction of an epidemic is similar or different from other media sources and whether it is a significant contributor to meaning. Doing content analysis on the written texts of university press definitely fills a research gap. Even Ivan Emke (1991) in his thesis, « Speaking of AIDS in Canada : The Texts and Contents of Official, Counter-Cultural and Mass Media Discourses Surrounding AIDS » does not discuss university press, he discusses official discourse, mainstream media and counter-cultural media.

The following questions will attempt to be answered:

- (1) How is the virus presented?**
- (2) How are the patients characterized?**
- (3) What solutions are put forward?**

I have decided to select the above questions because they are of interest to me and because they can serve as a basis for comparison with other written media sources and how they have dealt differently or similarly with the explosion of information concerning HIV and AIDS which is explored in Ivan Emke's Ph. D. thesis.

CHAPTER 2

THE HISTORY OF THE LINK

Concordia University was born from the merger of Sir George Williams University and Loyola College. Both of these institutions had campus papers. Sir George Williams University had The Georgian which ran for forty-four years and Loyola College had Loyola News which ran for fifty-six years (The Link, 1980).

In late January of 1980, subsequent to lengthy consideration, the staffs of Loyola News and The Georgian voted to establish one newspaper (The Link, 1980: V1,N1,P1). Jennifer Ditchburn commented that this came as a surprise to many individuals, since The Georgian, and The Loyola News had had such a powerful rivalry with two distinct and illustrious histories. The main reasoning behind the newspaper merging was the final acceptance, however reluctant, of Concordia University as an integrated institution and there being a need to make an effort to solidify that union (The Link, 1980). Thus the new newspaper became the natural inheritor of the journalistic heritage established by its parents, The Georgian and The Loyola News. The Link began August 22, 1980.

John Mackinnon, who was the last editor of The Georgian, suggested that the new newspaper be called The Link. This name was chosen out of a list including 'Aunt Minnies News Shoes', 'The Accord', 'The Unison', 'The Lantern', 'The Opener'. In Doug Leslie's mind the choice was obvious (The Link, 1980: V1, N1, P5). The Link thus became the name of a new newspaper which attempted to reflect the reality of one institution. The paper reflects Concordia's reality; its' intent is to establish a line of

communication between members of the Concordia community about what is taking place within the university and beyond it.

According to an editorial in the first issue (Friday, August 22, 1980) the essence of any newspaper is to advance freedom of discussion on numerous issues. By making its own views known and by permitting others to express theirs, the newspaper acts as a forum for opinion. Its bicampus nature will permit a larger exchange of ideas whether it be those of its staff or its readers.

A newspaper has various responsibilities. These responsibilities include providing fair and precise reporting. Any errors that may have escaped attention must be resolved as soon as possible and in the best interests of the university community. The newspaper must also entertain. Essentially, the newspaper provides opinion, actual participation in its production or by submission of letters or opinions for publication (The Link, 1980: V1, N1, P6).

The Link rarely prints any prewritten, promotional literature but they do use it on occasion. They are very interested in what people around the university think is newsworthy. They receive a steady stream of press releases from film distributors, oil companies, pressure groups and biggest of them all, the government of Canada. Often the Link staff employ the press releases as a fact sheet or source document so that a reporter knows where to go and who to talk to in order to determine why the information is important to the readers of The Link (The Link, 1982).

Mike Judson in 1983 declared The Link the « biggest and most easily visible student publication on campus » (The Link, 1983: V3, N32, P8-9). Its circulation figure in 1983 was 16,000, the Link was considered to be the official student newspaper at

Concordia. In 1983 it was the third largest student newspaper in Canadian University Press after the McGill Daily and The Varsity of the University of Toronto.

In 1983 The Link had over 100 regular contributors and a regular staff of about 40. The production team formed another core of 15 people. They were responsible for the actual production of the newspaper: editing, proofreading, copy, lay-out, past-up and a dozen other tasks.

The Link had a budget of \$127,000. Of this, approximately \$50,000 came from CUSA (Concordia University Student Association). The balance was obtained from local and national advertising. The Link is a member of Canadian University Press (CUP) which allows it to make use of the services offered by CUP's own advertising co-op, which is the oldest student newspaper organization in the world, along with 46 other Canadian student publications (The Link, 1983: V3,N32, P8-9).

In 1986 the Link became financially independent from CUSA (Concordia University Student Association), and the Link Publications Society Inc. was formed. At this juncture a constitution was developed and the idea of the paper as an agent of social change was entrenched therein.

The Link has had two main goals, namely, to inform and to entertain. Nevertheless it has always operated on another important goal: to present a view of the world that is generally not present in the traditional commercial press. The Link has habitually covered complex and controversial topics such as queer issues and women's issues.

The Link is published every Tuesday and Friday throughout the academic year by the Concordia University Students' Association. Content is independent of the university and of CSA (Concordia University Students' Association). Submissions and letters are welcome but become the property of The Link which reserves the right to edit or reject all submissions.

CHAPTER 3

METHODOLOGY

This research involves the collection and analysis of documentary evidence. « Document is a general term for an impression left by a human being on a physical object » (Bell, 1993: 68). In this particular research, the document is an intra-university newspaper (Concordia) The Link.

Making use of available data is a general strategy for doing social research. Sometimes, which is the case for this research project, researchers use available data that were not produced for any research purpose. A large part of the written record is public. The mass media (as well as an oral and nonverbal record) has provided a rich source of available data that is largely public. The mass media include newspapers, magazines, television, radio, and films. Many researchers analyze numerous and multifaceted problems and issues using available data.

The Link is an inadvertent source since it is employed for this research for a purpose other than that for which it was initially intended, which was to inform and entertain the Concordia community. Inadvertent sources are generated by the processes of local and central government and from the routine working of the educational system. According to Brenden Duffy (Bell, 1993) such inadvertent documents are the more common and customarily the more valued kinds of primary source.

Documents contain 'witting' and 'unwitting' evidence. 'Witting' evidence is the information which the original author of the document wanted to import. 'Unwitting' evidence is everything else that can be learned from the document (Bell, 1993: 69).

Without exception all documents provide 'unwitting' evidence and it becomes the business of the researcher to try to attempt to assess its precise significance within the confines of their particular research project. In this project this will certainly be one of the tasks.

3.1 The Selection of Documents

Perhaps the most important general rule that applies to the use of available data, irrespective of the source, is that the researcher must reconstruct the process by which the data were originally assembled (Singleton, Straits, Straits, McAllister, 1988). If you gather the data yourself, you generally are aware of their limitations, possible errors and biases, and can adapt your analyses accordingly. This is how one can begin to access the validity of the data. I looked through all of the Link's issues from volume 1, number 1, Friday, August 22nd, 1980 to volume 15, number 22, Tuesday, December 6th, 1994 inclusively.

Being familiar with the numerous categories of evidence will help one to make decisions about what is fundamental to the project and 'controlled selection' is then needed to ensure that no significant category is left out (Bell, 1993). If a researcher is deciding on categories at the outset of the investigation, there is always the danger that bias may result. All that can be said is that we must be aware of this danger and to try to keep an open mind about what may emerge from our study of documentary and archive material.

Given this concern, an attempt was made to select all articles that had a possibility of addressing the AIDS issue. Thus I proceeded to collect articles in the following general categories: AIDS, HIV, Blood, Drugs, Rape, Pornography, Prostitution, Sexual, Medical, Health and Illness.

3.2 Advantages of Research Using Available Data

Available data supply the researcher with the best and frequently the only opportunity to study the past. This project concerns itself with the interpretation of mute evidence – that is, with a written text. Such evidence, usually lasts physically and thus can be separated across space and time from its author, producer, or user. A great degree of available data are non-reactive. With physical evidence and many other available data sources, there is simply no reasonable link between a researcher's use of the material and the producer's knowledge of such use. Such is certainly the case with this specific research. The task of the researcher using available data, such as searching for and coding relevant information, often is tedious and time-consuming. I spent an entire summer looking through all the issues of The Link.

3.3 Obtaining Available Data

Documents may exist but it can never be assumed that they will be available for research. The accessibility of existing data is a major problem in obtaining and sampling available data. Thus, enquiries must be made concerning access and availability. The Link is available for consultation both at their publishing office downtown and at Vanier Library special collections at Loyola. The Vanier Library Link archives were used for two main reasons. The first concerns the Library hours for use of the archives which were vast: a total of sixty-seven hour per week. The second concern was that I did not want to disturb in any way the daily routines of the Link's staff members. No special permission was required to have access to the Link's archives aside from a validated I.D. card. The librarians were very cooperative on all occasions. Although access to public sources varies

among the archives and agencies possessing the data, I certainly had no problems accessing the Link.

It is far better to let your research problem dictate your methodology than to let your method override the substantive and theoretical focus of your research (Singleton, Straits, Straits, McAllister, 1988). The three main questions: (How is the virus presented? How are the patients characterized? What solutions are put forward?) will be answered exclusively through the analysis of documentary evidence gathered from the Link.

Sometimes the data are incomplete; this is especially true of physical evidence which invariably is subject to selective survival and selective deposit. The Link archives are complete, thus the issue of selective survival or deposit are non-issues. Records were not selectively destroyed.

More generally, Bailey (1992) observed that documents may be biased by educational level. The mass media are likely to be aimed at and to be more representative of well-educated people. Under those circumstances, where there is no opportunity in the selection of information, sampling design obviously is irrelevant. However, in studies of the more recent past, probability sampling of time and space are feasible and often necessary because of the massiveness of the information.

3.4 Measurement Issues in Available Data Research

When the design is not experimental, the data analysis requires greater effort and skill. Seldom will available data be ideally suited to the purposes the researcher has in mind. At worst, the data may be inadequate to address the research question. At best, the data may require the creative construction of measures that provide indirect evidence of a given variable.

3.5 Reliability and Validity: Authenticity and Accuracy

Without resorting to the routine checks on validity, knowing how the data were gathered is oftentimes the only way to establish its accuracy and authenticity. Reliability is the extent to which a test or procedure produces similar results under constant conditions on repeated occasions (Singleton, Straits, Straits, McAllister, 1988: 342). Any two researchers using the collection categories described in the selection of documents would get a similar sample of articles. Using the collection categories would also obtain a similar sample using the collection categories on different occasions. One would obtain enough of a sample to fulfill the objectives of this study and to provide answers to the key questions outlined previously.

Validity is an entirely more complicated concept. It reveals whether an item describes or measures what it is supposed to describe or measure. For instance, whether the articles that were being selected provided some answers to the three questions being investigated in this study.

3.6 Sampling Strategy

An attempt was made to select all articles that had a possibility of addressing the HIV/AIDS issue between 1980 to 1994 inclusively. Thus, I proceeded to collect articles in the following general categories : HIV, AIDS, Blood, Drugs, Rape, Pornography, Prostitution, Sexual, Medical, Health and Illness. For instance, I focused on how the virus could be transmitted that is why I would look in categories such as blood, drugs, rape, pornography, prostitution, and sexual. The other categories such as HIV, AIDS, medical, health, and illness are self explanatory. The total sample size was 115 articles. I chose 50 articles out of a total sample of 115 in order to treat the texts in an indepth manner. Fifty

is a large enough sample so that when we break it down we do not have to deal with rounding .000 numbers.

3.7 Analysing The Data

In terms of analysing the data I looked at descriptors of the virus and patients, who was speaking and what their expertise were, how often they spoke and themes that were explored throughout the sample.

Breakdown of articles selected for the sample to be analyzed :

1980-1982	No articles found
1983	1 article
1984	1 article
1985	No articles found
1986	3 articles
1987	5 articles
1988	4 articles
1989	3 articles
1990	2 articles
1991	6 articles
1992	7 articles
1993	10 articles
1994	7 articles

Step 1 : Total number of articles to choose for a specific year

1	Determine how many articles there are in a specific year	= Y
2	Total # of articles in the entire sample	= 115
3	All the articles between 1983-1988 were selected	= 14
4	Articles wanted in the sample to be analyzed	= 50
5	How many articles to choose in a specific year	= X

$$Y / (115-14) : : X / (50-14)$$

Once the number of articles for a specific year was determined, that is the value of X. Then I proceeded by a breakdown by rubrics.

Step 2 : Total number of articles to choose from a specific rubric

1	Articles per category	= Z
2	Total # of articles in that specific year	= Y

- | | | |
|---|--|-----|
| 3 | Total # of articles in each rubric in that specific year | = Q |
| 4 | How many articles to choose in a specific year | = X |

$$Z / Y :: Q / X$$

Once the number of articles to choose from a specific category was determined, that is the value of Q. Then I proceeded to pay attention to the special issue rubric.

Step 3 :

If there was a special issue in that year, the value of Q was distributed to include articles that came from the special issues.

Step 4 :

A table of random numbers was used to randomly select articles. Let me provide an example to illustrate the sampling strategy.

Sampling strategy illustration for 1991

Step 1

In total there are 17 articles in this year.

- | | | |
|---|---|-------|
| 1 | Determine how many articles there are in a specific year, Y | = 17 |
| 2 | Total # of articles in the entire sample | = 115 |
| 3 | All the articles between 1983-1988 were selected | = 14 |
| 4 | Articles wanted in the sample to be analyzed | = 50 |
| 5 | How many articles to choose in a specific year | = X |

Formula applied to 1991 :

$$17 / (115 - 14) :: X / (50 - 14) = 17 / 101 :: X / 36 = 6.06$$

Let's round off to 6 articles for this year.

Step 2

Breakdown by Link rubrics for the 17 articles in this year.

News / General	11 articles	= Z
Letters	1 article	= Z
Cover	3 articles	= Z
Comment	2 articles	= Z

- | | | |
|---|--|------|
| 1 | Articles per category | = Z |
| 2 | Total # of articles in that specific year , Y | = 17 |
| 3 | Total # of articles in each rubric in that specific year | = Q |
| 4 | How many articles to choose in a specific year, X | = 6 |

Formula applied to News / General rubrics :

$$Z/Y :: Q/X = 11/17 :: Q/6 = 3.88 \text{ round off to } 4$$

Formula applied to Letters rubrics :

$$Z/Y :: Q/X = 1/17 :: Q/6 = 0.35 \text{ round off to } 0$$

Formula applied to Cover rubric :

$$Z/Y :: Q/X = 3/17 :: Q/6 = 1.06 \text{ round off to } 1$$

Formula applied to Comments rubric :

$$Z/Y :: Q/X = 2/17 :: Q/6 = 0.70 \text{ round off to } 1$$

Step 3

Once the # of articles to keep for each category is achieved, I payed attention to the special issue rubric.

News / General	- 4 articles must be chosen
News / General by Special Issue	
Regular Issue	- 9 articles
Science & Environment	- 0 articles
Special Native Issue	- 2 articles

Cover by Special Issue

Regular Issue - 3 articles
 No need for further calculation since they come from the same issue category.

Comment by Special Issue

Science & Environment	- 1 article
Special Native Issue	- 1 article

- | | | |
|---|---|-----|
| 1 | Total # of articles needed from a specific rubric | = Q |
| 2 | Total # of articles in category | = R |

3 S
4 Number of articles in each Issue type = T

News / General - 9 articles

$Q/R :: S/T = 4/11 :: S/9 = 3.27$ round off to 3

Special Native Issue - 2 articles

$4/11 :: S/2 = 0.73$ round off to 1

Comment - 1 article

$1/2 :: S/T = 0.5$

- Judgement call : I will choose the article from the Science & Environment Issue since there are not any from this year in this Issue category.

Step 4

A table of random numbers was used to randomly select articles at this point in the sampling strategy.

Conclusion

Within the News / General Link Division, I must choose from 4 articles. 3 will come from the regular issue and 1 from the Special Native Issue.

Within the cover Link Division, I must choose 1 article and they all come from the same type of issue.

Within the Comment Link Division, I must choose 1 article and I selected 1 from the Science & Environment Issue.

CHAPTER 4

THEORY

Foucault, AIDS & the « Crisis of Representation »

The aim of this thesis is to discuss the AIDS epidemic in relation to some of the central ideas of Michel Foucault (1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1982, 1984). The first part will involve a brief discussion on truth, knowledge and power and its relation to three modes of representation of AIDS in science, media and the arts. In the second part I will discuss Foucault's schema of three modes of objectification of the subject and how these modes relate to the three modes of representation of AIDS used throughout this paper. In the spirit of Foucault I will make it clear from the start, as he did about his own 'texts', that my analysis and interpretation of his scholarly work in which discourses and practices interwork is not to be regarded as correct for all time. It is, instead, what seems an never ending process to understanding some of Foucault's theoretical framework.

Foucault's philosophy discusses the nature of power in society. His academic work has been to analyze how this power materializes itself in society (i.e. in schools, hospitals, factories, homes, families, and other forms of organized society).

Universal truths do not sit well with Foucault. He is in fact extremely suspect of claims to universal truths. He historicizes grand abstractions. For Foucault, there is no outside position of certainty, no universal comprehension that is beyond society and history. There is an invariable imperative which runs through Foucault's historical work: to discover the relations of specific social practices and specific forms of knowledge.

Foucault states that « the real political task in a society such as ours is to criticize the working of institutions which appear to be both neutral and independent, to criticize them in such a manner that the political violence which has always exercised itself obscurely through them will be unmasked, so that we can fight them » (Foucault, 1974: 171).

Foucault believes we are engaged in political struggles all the time. In fact, all forms of knowledge are thoroughly entangled in the clash of petty dominations, as well as in the bigger battles which make up our world. For Foucault, the 'will to knowledge' in our culture is at once part of the danger and an instrument to fight that very danger. For example, the ways that scientists and physicians understand AIDS have as great an impact on the ways the newspaper photographers depict people with AIDS as do existing photojournalistic conventions for depicting the chronically ill. It is only through seeing the complex relations between medical scientific 'facts' and modes of visual and verbal representation that we can assess the significance of the choices made by the 'truth' producers. Media representations spiral outward from the most specialized and authorized (in this case, those of science) toward the most dependent and 'opinionated' (that is, those depending most heavily on the authority of representations already made in the arena of science). Meyrig Horton and Peter Aggleton, in their study « the cultural production of an AIDS Research Paradigm », make a persuasive case for this model, employing Ludwik Fleck's paradigm for the trajectory of scientific discourse (developed in Fleck's genesis and development of a scientific fact). In Horton and Aggleton's application of Fleck, the data published in science journals possess the greatest authority and prestige to readers who subscribe to the authority and prestige of research science. This includes not only other research scientists but also physicians, surgeons, nurses, and other health-care

workers. This group may also include newspaper and periodical science reporters and others reporters assigned to 'cover' AIDS and those activists and patients for whom scientific activity is the preeminent authority on AIDS.

Foucault faces this challenge, by refusing to rupture knowledge from power. His strategy, according to Paul Rabinow, « has been to focus his work both political and intellectual, on what he sees as the greatest threat – that strange, somewhat unlikely mixing of the social science and social practices developed around subjectivity » (Rabinow, 1984: 7). 'The genealogy for the modern subject' is what Foucault names this venture to locate historically and investigate the strands of practices and discourses dealing with power, knowledge, and the subject.

The general goal of Foucault's work has been to discover the point at which these practices become coherent reflective techniques with definite goals, the point at which a particular discourse emerged from these techniques and came to be seen as true, the point at which they are linked with the obligation of searching for the truth and telling the truth (Foucault, 1980).

Foucault's aim has been to produce a history of the diverse modes by which, in our culture, individuals across the board are made subjects (Foucault, 1982). When AIDS first penetrated American consciousness back in 1981, few cultural critics were prepared to predict that this epidemic would have a broad and deep impact on the arts. But ten years later, it is possible to argue that virtually every form of art or entertainment in America has been touched by AIDS. Popular culture has found itself drawn to depictions of the causes and consequences of HIV infection. The epidemic's images in movies, popular music, comedy, and television are very different though no more accurate or inclusive than its

representations in the arts. These two images reflect quite distinct cultural responses. The first, located in the arts, focuses on people with AIDS, portraying them with a nuanced complexity intended to compensate for social stigma by 'implicating' its audience in the epidemic. The other carries the perspective of the mass media; it presumes to be objective or, in terms more suited to this discussion, 'immune'. This mass cultural response is largely concerned with the society surrounding people with AIDS: the spouse, children, family, friends and colleagues of the infected. A host of distinctions follows from this shift in point of view. If the arts have positioned themselves with the implicated, the mass media represent the immune. According to Richard Goldstein (1991), this disjunction between art and entertainment corresponds to the tension between empathy and anxiety that pervades the nation's political response to AIDS. The rituals of life and death that have become common place especially – although certainly not exclusively – in the gay community are rarely recorded by the mass media, which is why the impulse to document them is so strong in arts about AIDS. Though medicine and media claim to describe reality, both are heavily weighted with social subjectivity: a social subjectivity that claims to mirror and represent the truth. AIDS is the latest evidence that our conceptions of sexuality and disease are regulated by their representations in science and art. Both art and entertainment speak to these anxieties, albeit in very different ways. Mass culture provides a paradigm of social cohesion, while the fine arts offers a model of social struggle. Popular culture gives a voice to the fear and rage of the majority, while the fine arts offers a model of social struggle. Popular culture gives a voice to the fear and the rage of the majority, while the arts helps dispel stigma by deconstructing it. Both the fine arts and mass media worked (though certainly not dialectically) to enable the general public to

assimilate the unfathomable. Cultural representation, combined with political activism, forged the current consenses on AIDS and thus individuals across different fields of representation are made to be different subjects.

4.1 Foucault's Scheme of Three Modes of Objectification

Foucault's schema of three modes of objectification of the subject furnishes us with a suitable means to introduce succinctly the fundamental themes of his academic work. In various ways, utilizing different procedures and with a highly variable efficiency in each specific case, the subject is objectified by a method of division either from others or from within himself. In this process of social objectification and categorization, human beings are given both a personal and a social identity. The most notorious illustrations from Foucault's academic work are the: medicalization, stigmatization and normalization of sexual deviance in modern Europe; the rise of modern psychiatry and its entry into the hospitals, prisons and clinics throughout the nineteenth and twentieth centuries; the new classifications of disease and the associated practices of clinical medicine in early-nineteenth-century France; the confinement of the poor, the insane and vagabonds in the great catch-all-Hôpital Général in Paris in 1956; and finally the isolation of lepers during the Middle Ages. « Dividing practices » are essentially ways of manipulation that coalesce the mediation of a science or pseudo-science and the practice of social exclusion and oftentimes spatial exclusion.

Other authors have recognized the same trends. For instance, Edward T. Hall (1966) has done extensive academic work on how space organizes human interaction, association and finally behavior. Richard Goldstein (1991), suggests that the body is always, in some sense 'spoken' through language in representation. Upon its entry into

the world, the body is necessarily framed (by gender and sexuality, by family, by the state), constructed, fantasized, constrained, disciplined, punished, socialized, educated, enjoyed, destroyed, and imaged in different ways and toward different ends. There is no bodily essence, then that we might have recourse to behind the word, behind the image, no essence that might be conceived as existing outside of representation.

As the 1980s wore on, it became painfully clear that the production of knowledge and representations, as well as critical analysis with regards to the AIDS crisis, could not be left unattended and unchallenged, left merely to be dealt with practically by government, medical bodies, and the popular media. The development of counterdiscourses to mainstream AIDS commentary affirmed what feminist lesbians and gay activists, working across the fields of medicine and law as cultural producers and critics within academic institutions, have consistently foregrounded and insisted upon: that representation is not neutral but thoroughly invested with relations of power. Foucault asserts:

that the body obeys the exclusive laws of physiology and that it escapes the influence of history, but this too is false. The body is molded by a great many distinct regimes ; it is broken down by the rhythms of work, rest, and holidays ; it is poisoned by food or values, through eating habits or moral laws ; it constructs resistances ... Nothing in man - not even his body - is sufficiently stable to serve as the basis for self-recognition or for understanding other man (Foucault, 1977: 153).

Here are some vivid examples to illustrate Foucault's concept of « dividing practices »:

Between 1918 and 1920, in response to public fears over the spread of venereal diseases and especially to concerns for the health of the soldiers and sailors conscripted to fight in World War I, the government of the United States promoted and paid for the detention of more than 18,000 women suspected of prostitution (Brandt, 1985). Under an

act of congress directing the generation of a « civilian quarantine and isolation fund », women were held against their will in state run ‘ reformatories’ until it could be established that they were not infectious. The government’s program, while startling in size, is hardly unique in the history of American public health. AIDS is the first public health crisis to arise after the mid-century civil rights revolution, and so far, the few serious proposals for mass quarantines have failed yet the idea or option of quarantines has not disappeared.

The Colorado prison system in 1987 was among the first to segregate HIV seropositive male prisoners. In fact some prison systems are segregating HIV-positive persons, but this procedure is controversial (even as it is in hospitals, schools, and other institutions). The Federal Bureau of prisons, after testing all inmates and segregating the HIV positives for a few years has discontinued this policy.

Inmates report that diagnosis of HIV infection or AIDS often leads to isolation and exclusion in the prison by other inmates and staff. Infected inmates are shunned or attacked, or left to suffer alone with inadequate care. Those dying of AIDS mourn the loneliness of death away from family and support networks. One described himself as an outcast in a society of outcasts (Nelkin, 1991: 75).

4.2 Scientific Classifications

The second mode for turning individuals into objectified subjects is independent from, but nonetheless related to, « dividing practices » (first mode). « Scientific classifications » emanate from the modes of inquiry which attempt to give themselves the status of sciences. Foucault does not intend sociological research to be outside of this mode of inquiry. In fact, quantitative sociology is strongly influenced by this very purpose.

Foucault demonstrates how the discourses of language, work and life were structured into disciplines. By organizing themselves into disciplines, fields obtained a

high level of internal autonomy and coherence and how these disciplines of language, work and life - changed suddenly at several points, showing a conceptual discontinuity from the disciplines that had immediately predated them.

But Foucault has also stressed in other contexts the longer-range continuities in cultural practices. The sharp lines of discursive discontinuities in the human sciences and the longer lines of continuity in nondiscursive practices provide Foucault with a powerful and flexible grid of interpretation with which to approach relations of knowledge and power (Rabinow, 1984: 9).

Foucault has concerned himself with the shifting ways that the human body and its affiliated social institutions have entered into political relations. In the « dividing practices » the constituted subject can be seen as a subject of oppression caught in the process of objectification and constraint. Although there are parallel developments associated with « scientific classifications », the association to dominate is more indirect.

Rabinow argues that:

in the *Birth of the Clinic*, Foucault demonstrates how the body was increasingly treated as a thing during the nineteenth century, and how this objectification was paralleled and complemented by the dividing practices instituted in the clinic's spatial, temporal, and social compartmentalizations (Rabinow, 1984: 10).

These two modes of objectification are not the same thing, nor are they orchestrated together by some unseen actor.

4.3 Subjectification

According to Paul Rabinow (1984), « subjectification », Foucault's third mode of objectification, is his most original. It involves the way individuals turn themselves into subjects. This process varies in important ways from « dividing practices » and « scientific classification » and delineates a significant new path in Foucault's intellectual enterprise.

In the first two modes of objectification, the individuals are in a constrained, passive

position. Yet, why « subjectification » is so very interesting is because Foucault focuses his intellectual tools on those processes of self-formation in which the individual is active. Here Foucault is interested in isolating the techniques responsible for which the individual begins an active self-formation. This self-formation has a lengthy and complex genealogy according to Foucault. It occurs through a number of « operations on [people's] own bodies, on their souls, on their own thoughts, on their own conduct » (Foucault, Howison Lectures, 1980).

« Subjectification » entails a process of self-understanding but it is not a process that does this without an external authority figure (i.e., like a psychiatrist). During the nineteenth century a large proliferation of scientific discourses concerning sex developed partly because Foucault believed sex was seen as holding the key to self-understanding. He also pinpointed the growing obsession with the growth of medical discourses about sexuality, the health of the race and the individual, sexuality, and so forth. The race and the individual were thus joined in a common set of concerns. « Dividing practices » and « subjectification » are analytically distinguishable, they can, however, be effectively combined as Foucault demonstrates in *Discipline and Punish* (1977) and in *The History of Sexuality* (1976).

4.4 Knowledge and Power

Together, the three modes of objectification of the subject designate the problematic of Foucault's research. Around the problem of the subject are the double terms of knowledge and power. Their significance has been well situated by Colin Gordon (1980) in his anthology of Foucault's essays, *Power/Knowledge*.

The political structure of the state has been developing since the sixteenth century according to Foucault – which is a new political form of power. Foucault underlines the fact that the state's power is both an individualizing and totalizing form of power. For instance, the AIDS spread amongst hemophiliacs in France recently attests to this fact. The technology to test blood existed, yet the hospital and government chose not to test the blood for budgetary reasons. Thus, hundreds of individuals were infected with the HIV virus through blood transfusions that are necessary for hemophiliacs. Hundreds of individuals were caught in both an individualizing and a totalizing form of power. Individualizing because it affects their personal lives: they are going to die of AIDS. Totalizing because it did it to a category of individuals who had no choice under the grip of governmental and medical authorities. In exploring the three modes of objectification, "individualizing techniques" have been discussed. In order to understand Foucault's theoretical contribution, "totalizing procedures" must be addressed since society was becoming a political target, in fact from the head of state all the way down through all facets of social life. Foucault concludes:

the things which government is to be concerned about are men, but men in their relations, their links, their imbrication with those other things which are wealth, resources, means of subsistence, the territory with its specific qualities, climate, irrigation, fertility, etc.; men in their relation to other kinds of things which are customs, habits, ways of doing and thinking, etc... lastly, men in their relation to that other kind of things which are accidents and misfortunes such as famine, epidemics, death, etc (Foucault, 1979: 10-11).

According to Foucault (1979), these treatises on government were more than academic muscle stretching. In France, for instance from the middle of the sixteenth century on, they are directly associated with the rise and growth of centralized state administrative apparatuses. It was only in the seventeenth century that itemized

knowledge of the disposability of the things available - the various elements, dimensions and factors of the state's power - was christened "statistics": the science of the state. The new political rationality is formed by the art of government and empirical knowledge of the state's resources and condition - its statistics. Sociology, like many other disciplines, is caught in justifying and legitimizing its existence by working for the state in this capacity. Foucault asserts that we have yet to emerge from this state of affairs. He is absolutely right! Foucault argues that institutions appear to be both neutral and independent but in fact they are biased and dependent, reflecting their personal and political agendas.

"Bio-power" is the term Foucault uses to talk about the regime that fosters life and the growth and care of populations when they become a central concern for the state.

Foucault explains that this regime of "bio-power":

brought life and its mechanisms into the realm of explicit calculations and made knowledge - power an agent of the transformation of human life... modern man is an animal whose politics places his existence as a living being in question (Foucault, 1978: 143).

At the beginning of the classical age, "bio-power" joins around two particular poles. One is the human species, the other is the human body. In fact, for the first time in history scientific categories become the object of systemic, sustained political focus and intervention. The body begins to be approached as an object to be manipulated and governed. We see clearly in Foucault's, *Discipline and Punish* (1979) what he means by "disciplinary technology". 'Disciplinary technologies' are the operating procedures: those that combine knowledge and power that he calls "technologies" which came together around the objectification of the body. The goal of "disciplinary technology" in every institutional shape is to forge a "docile body that may be subjected, used, transformed and

improved" (Foucault, 1979: 198). This is achieved in several connected ways. The control of space, the standardization of actions over time and the training of the body. Discipline springs from organizing people in a specific enclosure of space. This, thus allows the sure distribution of the people who are to be supervised and disciplined.

The system of corrections is designed to segregate, confine, and punish; the system of medicine, to segregate, confine, and cure. Since the 1976 Supreme Court decision determining that inmates have a constitutional right to care, these cultures have lived in an uneasy relationship. This precarious stand off is threatened by overcrowding, the importation of street drugs into prisons, and by AIDS. AIDS has flourished in this environment so ripe for the spread of infectious disease. In a setting designed to confine, control, and punish, correctional health-service providers are called upon to diagnose, comfort, and treat. Tensions between correction officers and health staff are inevitable. The former see inmates as stripped of rights and liberties by the judicial process and condemned to a limited existence under properly humiliating circumstances. Health staff see the inmate as a patient with all the moral claims inherent in the doctor-patient relationship. Health-care providers must struggle constantly to avoid co-optation by the correctional ethic and to respect the autonomy of patients as persons. AIDS has forced an uncomfortable alliance between the imperatives of cure and those of punishment; correction officers and health providers must cooperate to provide decent health services and prevent the spread of AIDS. Here the three modes of objectification intertwine amongst two slightly different institutional forces.

CHAPTER 5

LITERATURE REVIEW

5.1 How is the virus presented?

Ivan Emke (1991) claims in his thesis, "Speaking of AIDS in Canada: The Texts and Contexts of Official, Counter-cultural and Mass Media Discourses Surrounding AIDS", that since there is some variability within the discourses, the contexts do not directly determine the texts, even though they do limit what can be spoken. The differences among the discourses were most notable in terms of the presentation of PWAs and the nature of the solutions put forward. The mainstream media and official discourses tended to ignore or sometimes fear PWAs and supported solutions which were interventionist and regulative. The counter-cultural discourse validated the experiences of PWAs and constructed solutions as requiring both individual and structural changes. The HIV virus was more consistently presented in the three discourses demonstrating the authority of science to provide legitimated knowledge for a diverseness of ideological positions.

According to Emke (1991), the figures used to describe the official discourse were cumulative from the beginning of the illness. This reporting style was conducive to the flourishing sense of urgency and even futility concerning the illness. At times, the texts in this discourse appeared to be more worried about protecting the population from the possibility of being offended than with protecting the population from HIV transmission through explicit education.

Within the official discourse, there was some confusion over the essence and range of HIV and AIDS. Fundamental to the business of government communication is the provision of a coherent and unitary message that is disseminated. Nevertheless, the official discourse likewise contains non-governmental sources. Consequently, many converse or even subversive texts may be included as a part of official discourse. Even within official texts, sometimes the distinction amongst HIV and AIDS was not entirely clarified. The distinction amongst acquiring HIV and developing AIDS was obscured. AIDS was advanced as a qualitatively different illness than anything else that had come before it. Therefore, what was required was a new set of ways of dealing with illness. The distinction between HIV and AIDS have usually been confused in the representations of AIDS produced by the mass media, and in many official declarations across the globe since AIDS was first identified. This confusion can be viewed as socially meaningful since it has stimulated social responses to the epidemic which have had little to do with AIDS as a disease and much to do with the relationships between categories and social groups. Social responses to HIV and AIDS depend on the social construction of the syndrome and less on what scientific truths speak of (Holland, Ramazanoglu, & Scott, 1990).

In a nutshell Emke (1991) argues that, the official discourse provided the foundation for some of the interpretations to be later diffused in the mainstream media discourse. In addition, some of the uncertainties were already present in the official discourse and were duplicated, without analysis or critique, in the mainstream press. The first stories published in the mainstream media discourse on AIDS alluded to the mystery of the illness and breed a fear of the virus. These characterizations also remained an

important theme in later coverage. The "newsworthiness" of AIDS was asserted by this focus, although it frequently bordered on sensationalization.

Emke (1991) reports that the two principle modifiers for HIV in the newspaper coverage were "mysterious" and "deadly". There was a general breeding of fear accompanied by an absence of explicit information. This generated a particularly impotent subject position for readers, if they were to decode the coverage according to the dominant code. The discourse of casual contact then functioned to augment these fears.

There was a dependence on institutional sources of information which privileged scientific or medical knowledge. This coincided with a devalorization of personal experience particularly of PWAs as a source of valid knowledge. There was a reluctance to accept new information that considerably deviated from former constructions. Similarly, in striving to appease the perceived need to get "both sides" of a story, the mainstream media sometimes supplied a forum for reactive social forces.

Seijo-Maldonado and Horak's studied the coverage of the AIDS epidemic in three Latin American Newsmagazines by analyzing all articles on AIDS published in these magazines from 1985 through 1987. They wished to link the content and characteristics of these newsmagazine stories to the way the AIDS epidemic is addressed, represented and understood in Brazil, Argentina and Colombia. Their analysis showed the use of sources cast AIDS as primarily a scientific or medical issue with only a secondary focus on the compartmental aspects of the AIDS crisis (Seijo-Maldonado & Horak, 1989).

Seijo-Maldonado and Horak (1989) found that the feature stories were more likely to show the effects and bear interests, of the contexts and discourses of knowledge which spoke to the issue. When the mainstream media supplies interpretation and "context" they

do precisely that - the biases of the dominant "panics" are permitted to intervene into the story.

According to Emke (1991), there were some general transformations over time in the newspaper coverage of AIDS. One principal trend was a move from a fear of the virus to a fear of particular PWAs. Although the HIV virus was still constructed as mysterious, the focus transferred to the perilous "carriers" who threatened the public security. In the initial coverage, PWAs were not stigmatized to the same magnitude. Closely connected with this was the re-examination of the prospects for a scientific-medical solution. When it became clear that a vaccine was still a remote possibility, the focus changed to the social consequences of AIDS. Rather than presuming that there would be an expeditious cure, the newspapers delved into the implications for a community "living with AIDS."

Finally, the newspaper coverage transformed after the potentiality of the heterosexual transmission of HIV was acknowledged. More attention was consequently paid to the illness. Nevertheless, the nature of the attention was changed as well. AIDS was constructed as an illness that could affect everyone in society. While this did not suspend the inclination to see the gay community as the source of infection, it did seem to extend the range of the coverage.

In spite of these distinctions, the newspaper coverage was generally similar. The dissimilarity among the articles of each source were as important as the dissimilarities among the sources themselves. This involved complementary constructions in authorized professionals, in popular terms, in assumptions about the role of medicine and the state, and in the nature of the solutions presented. This strengthened the hypothesis that contextual factors (such as newswork practices) were as significant as any individual

perspectives or ideological commitments of the different newspapers. There was an emphasis on the political implications of AIDS in this section of the counter-cultural discourse. This comprised consideration of the effects of homophobia and even of capitalism. There is no unitary stance which can define a "left perspective" or even a "gay perspective" on AIDS. Analogous to the other two discourses, the counter-cultural discourse, while possessing some centralizing characteristics, is also a locus of internal struggle over signification and politics.

Emke (1991) argues that because the position of the counter-cultural discourse is frequently critical of the assumptions of the mainstream press, there is more of an opportunity for alternative explanations for HIV and AIDS. In fact, parts of the counter-cultural discourse are still very doubtful of concluding that HIV causes AIDS.

While the serious nature of the virus was accepted, the focus of many articles was on the ways in which AIDS had been the locus for moral and ideological strife. The employment of the viral metaphor connoted that the responses to AIDS were as true and as perilous as HIV itself. While there might be one principal virus, there were various illnesses. While it was recognized that the numbers of individuals affected by AIDS was substantial, dramatic scenarios of a viral holocaust were missing. Virology provides a modernistic set of medical metaphors independent of AIDS which, however, strengthen the AIDS mythology. The notion of the virus gives a future to 'plague' as a metaphor. It is not surprising that the newest transforming element in the modern world, computers, should be borrowing metaphors drawn from our newest transforming illness. Nor is it surprising that descriptions of the course of viral infection now often echo the language of the computer age. In addition to the mechanistic descriptions, the way viruses are

animalistically characterized reinforces the sense that a disease can be something ingenious, unpredictable, novel. These metaphors are fundamental to ideas about AIDS that distinguish this illness from others that have been regarded as plague-like. For although the fears that AIDS represents are old, its status as the unexpected event, an entirely new disease - a new judgement, as it were - adds to the dread (Sontag, 1990).

The articles in the counter-cultural discourse did not discuss HIV or AIDS in great detail and thus there were not as many slippages in information. It was stated in Emke's thesis (1991) that the most common source of AIDS among women is intravenous drug use. Earlier, IV drug use was called the most important risk factor for women. This might have been true for the US but it was not (nor had it ever been) the situation in Canada. As a result of using U.S. data in the Canadian context, the nature of AIDS in Canada was distorted.

Finally, the magazines used in this chapter of Emke's thesis (1991) were, for the most part, considered to be on the political left. However, the left came under examination in some of the articles for not responding rapidly to AIDS. As Emke's (1991) sample showed, for the first part of the 1980s, the left did not handle AIDS at all. The stories in this chapter are from 1986 and later. This, in itself, is a comment on the speed at which the left picked up on the AIDS issue. *This Magazine*, and *Canadian Dimension*, both considered significant radical magazines, overlooked the issue until the late 1980s. Thus, in terms of the virus, none of the early constructions were evident. Rather, many of the articles criticized these earlier problems.

The sources in this chapter were more concerned with the social consequences of AIDS, than in the virus itself. The contribution of this discourse had mostly to do with a

critique of the social reactions to the virus. It was less a discussion of a virus than of the modes in which it had been used both as a metaphor for the "need" for moral purity and as a "justification" for the efforts of the moral entrepreneurs. Official or governmental actions were criticized with the exception of *Rites*, the sources did not furnish broad discussions of the essence of HIV itself. A number of alternative hypothesis were presented.

Resembling mainstream media discourse, nearly all the information on AIDS came from US sources. Given that AIDS research had been done extensively in the United States, it could be anticipated that the media, in spite of ideological commitments would revert to this bank of information. In the process readily-available Canadian information such as the epidemiological profile was overlooked, resulting in misperceptions of the Canadian AIDS situation. Demanding the quick release of new therapies that fit with the discourse's concern over the larger political context of AIDS.

Finally, Emke (1991) concludes that most discourses have a larger context within which the texts were set. This larger context varied for the different discourses. In this case, it was the context of oppression, homophobia, sexism and governmental/medical intervention or regulation. While there was sometimes a struggle over what this larger context was (capitalism? Homophobia? Gay sexuality? Patriarchy?), it was assumed that it had firmly influenced the sluggish and deficient response of officials. And the continuing struggle against these sources of oppression coloured the construction of AIDS, people with AIDS and the possible solutions.

One important presupposition framing Haydee Seijo-Maldonado and Christine A. Horak's (1989) article "AIDS In Latin American Newsmagazines: A Contest For

Meaning" is that reporting on AIDS varies at a media-specific, regional and country level. For instance, The U.S. media has typically reported a story that originally places the virus in Africa, tracks it to Haiti where it is acquired by vacationing American homosexuals or spread by Haitian immigrants who commercialized their blood (Panos, 1987). As the AIDS epidemic flourished into an issue of worldwide proportions in the early eighties, the U.S. press expeditiously linked the spread of the disease to Africa. This African connection has fuelled the image within the western press of two very distinct AIDS realities. The first world image of AIDS focuses on the spread of the virus among a small, largely well educated and affluent group of gay men who were able to mobilize both individuals and finances to tend to the needs of PWAs for their community (Dada, 1990). The second world image is a "thirdworld" where the lack of any Western high-tech medicine and research make AIDS (acquired immune deficiency syndrom) almost ominous in its proportions and its potential destruction.

In her critical essay "AIDS and HIV Infection In The Thirdworld: A First World Chronicle" Treichler (1989) analyzes how First World discourse fabricates a Third World AIDS in ways that are favourable to the economic, social, and cultural interests of the First World.

Publications in Maldonado and Horak's analysis (1989) strongly generate the African origins hypothesis and report on its full detail. First, they found there was a powerful denial on the part of all of the publications to involve their own countries in any sort of a third world context. Although, the constructions of AIDS in each of the publications analyzed cannot escape the fact that the countries are indeed part of the developing world. Little identification with Third World images occurred. Each magazine

(Veja, Semana, and Siete Dias) framed the AIDS issue in terms of international events and themes. Foreign information and sources were important components of the reporting. Yet regardless of such a strong international focus in coverage, each newsmagazine produced its own meaning for AIDS. Each publication gave it meaning by uniting international information with local elements and symbols to create a construction that responded to local culture. In particular they found the interaction of three common components of newsmagazine stories: illustrations, exemplifiers and sources resulted in the creation of local meaning.

One characteristic of the familiar script for plague is that the disease always emanates from somewhere else. Here the voices of Panos (1987), Treichler (1989), Maldonado & Horak (1989), and Sontag (1990) come together in proposing a link between imagining disease and imagining foreignness. Sontag (1990) believes that it perhaps lies in the concept of wrong, which is old-fashioned and is identical with the non-us, the alien. The reality that illness is associated with the underprivileged -- who are from the perspective of the privileged, the non-us -- fortifies the association of illness with the foreign. With an exotic, often primitive place like Africa or the third world. Thus, exposing the classic script for plague, AIDS is imagined to have evolved in the "dark continent" then spread to Haiti, then to the U.S. and to Europe. It is comprehended as a tropical disease another infestation from the so-called third world, as well as a curse of the tristes tropiques. The AIDS epidemic functions as an ideal projection for first world political paranoia (Sontag, 1990).

Emke (1991) argues that categories of blame frequently mirror profound social-class prejudices. Disease is often associated with poverty and becomes a justification for

society's injustices. Blaming is also a way to produce psychological as well as social limits. For the person, blame is a way to draw a limit between the self and the ill, and consequently to release anxiety. Illness is often associated with the "other" be it the other ethnic group, the other race, the other class. Sontag (1990) suggests that blame is likewise connected to particular ideological, political, and social concerns. Blame is in effect a social construct, a reflection of the world views, social stereotypes, and political biases that are prevalent at a given time.

In Maldonado and Horak's (1989) analysis an evolution of the heterosexual "threat" comes to life. Yet in Latin America few stories mentioned basic information about the virus, or ways to prevent contraction. Two important patterns in regards to the construction of AIDS within a Latin American context emerged. Secondly, reporting about the threat to the heterosexual population shifted over the course of their analysis and seemed to mimic changes taking place in the international coverage of the epidemic. All three newsmagazines contained elements from the behavioral and medical or societal aspects of the disease themes. All the magazines included elements from both themes in their coverage, but the focus varied significantly.

Susan Sontag's (1990) essays "Illness as Metaphor" and "AIDS and its Metaphors" examine and elucidate the uses of illness as a figure or metaphor. She argues that disease itself kindles thoroughly antiquated forms of dread. Any disease that is surrounded by mystification and acutely enough feared will be felt to be morally, if not literally infectious. Illnesses have always been used as metaphors to enliven charges that a society was corrupt or unjust. The melodramatics of the disease metaphor in modern political discourse

assume a punitive notion: of disease not as a punishment but as a sign of evil, something to be punished.

Sontag (1990) also asserts that military metaphors reinforce the stigmatizing of certain illnesses and by extension of those who are ill. Its diametric polar, the medical model of the public weal, is possibly more dangerous and far-reaching in its consequences, since it not only supplies a persuasive justification for authoritarian rule but implicitly insinuates the need for state-sponsored repression and violence. But the effect of the military imagery on thinking about sickness and health is considerable. It overmobilizes, it overdescribes, and it powerfully contributes to the excommunicating and stigmatizing of the ill.

It is clear from this review that AIDS has furnished an extensive opportunity for the metaphorizing of illness. After all AIDS is the name of a medical condition whose consequences are a spectrum of illnesses. AIDS has a dualistic metaphoric genealogy. As a micro-process it is described as like cancer, an invasion. When the focus is transmission of the disease, an older metaphor, bringing to mind syphilis, is invoked: pollution. What makes the viral attack so ghastly is that contamination, and therefore vulnerability, is understood as permanent. The construction of the illness rests on the invention not only of AIDS as a clinical entity but of a kind of junior AIDS called AIDS-related complex (ARC), to which individuals are assigned if they demonstrate "early" and often intermittent symptoms of immunological deficit. Thinking in terms of "stages" is essential to discourse about AIDS. What is called AIDS is generally understood as the last of three stages. Although testing positive for HIV is increasingly equated with being ill.

Infectious illness to which sexual responsibility is associated always inspires fears of easy contagion, and outlandish fantasies of transmission by non-venereal means in public places. AIDS has restored similar phobias and fears of contamination among this disease's version of "the general population". AIDS is perceived as afflicting in greater number the already stigmatized.

Sontag (1990) asserts that "plague" is the fundamental metaphor by which the AIDS epidemic is comprehended. Plague has long been applied metaphorically as the highest standard of collective affliction, evil, scourge as well as being a general name for many frightening illnesses. It is customarily epidemics that are thought of as plagues. And these mass occurrences of disease are comprehended as endured and inflicted. Regarding disease as a just punishment is the oldest idea of what causes disease.

AIDS signals a juncture in contemporary attitudes toward illness and medicine, as well for sexuality and toward catastrophe. The materialization of a new epidemic disease, has certainly altered the status of medicine. The emergence of AIDS has made it crystal clear that the infectious diseases are far from vanquished and their roster far from closed. Medicine changed ethics. Illness is changing them back. Contraception and the confidence by medicine in the facile curability of sexually transmitted diseases, as with almost all infective diseases, made it possible to consider sex as an exploit without consequences. Now AIDS compels individuals to regard sex as having possibly horrible consequences: (suicide or murder). Uncertainty about how much the disease will spread - how soon and to whom - remains at the center of public discourse about AIDS.

Janet Holland, Caroline Ramazanoglu, and Sue Scott (1990) in "AIDS: From Panic Stations To Power Relations Sociological Perspectives and Problems" argue that the

AIDS epidemic has connected sex, deviance and death in ways which have provoked both prevailing horror of infection and also fear of the infected. They explore the construction of AIDS as a social issue, the moral panic which ensued, and the ways in which the resulting 'crisis' has been managed. They consider both the limitations of personal sexual scripts and recent state responses. They also consider the part which sociology could play in the development of policies which are relevant to living with HIV and AIDS. They examine the challenge which HIV/AIDS research presents to the discipline, and suggest that responding reflexively to this challenge could improve the production of sociological knowledge.

Allan Brandt (1988) "AIDS and Metaphor: Toward The Social Meaning of Epidemic Disease" suggests that so intricate a reality as illness cannot be comprehended outside the culture in which it occurs. He believes that the biological world is fundamentally changed by politics and culture. In this sense humans use illness to define social limits and psychological stereotypes. By drawing careful analogies, recognizing that specific illnesses elicit specific responses at historically defined moments, can humans come to comprehend the meaning of illness in a specific culture at a more profound level. A context of fear and uncertainty characterize the epidemic.

Charles E. Rosenberg (1989) in "What Is An Epidemic? AIDS in Historical Perspective" claims that thus, as a social phenomenon, an epidemic has a dramaturgic form. Epidemics start at a moment in time, proceed on a stage limited in space and duration, follow a plot line of increasing and revelatory tension, move to a crisis of individual and collective character, then drift toward closure. AIDS has shown itself both a very traditional and a very modern sort of epidemic, evoking novel patterns of response

and at the same time eliciting - and thus reminding us of - some very old ones. In a good many ways the AIDS experience has reenacted the traditional dramaturgic structure of earlier epidemics. Equally obvious is the way in which coping with randomness provides an occasion for reaffirming the social values of the majority, for blaming victims. Framing and blaming are inextricably mingled: the details vary, but the end is similar. The majority of Americans retain their faith in the laboratory but at the same time believe that AIDS points variously to truths about government, the political process, and personal morality. More generally the epidemic has existed at several levels simultaneously, mediated by the at first uninterested, then erratically attentive media. For most Americans - insofar as this epidemic can be construed as a national phenomenon - it is a media reality both exaggerated and diminished as it is articulated in forms suitable for mass consumption. The great majority of Americans have been spectators, in but not of the epidemic. AIDS is socially constructed (as society perceives and frames the phenomenon, blames victims, and laboriously negotiates response).

5.2 How are the patients characterized?

A review of the literature also shows that there was a construction of perilous and irresponsible "carriers" within sections of the official discourse. Emke's (1991) suggests that throughout the text, PWAs (People With AIDS) were usually referred to as "cases", illustrating a bias toward a more "scientific" approach to the illness. Generally, PWAs' (People With AIDS) experience and advice, generally regarded as "complaints" or "protest", was politely accepted, then disregarded. And, when PWAs (People With AIDS) were presented as actors, it was often in the context of "carriers" who represented a

menace to society at large. PWAs (People With AIDS) were morally suspect and thus held as partially responsible for their disease.

PWAs (People With AIDS) were referred to in numerous ways, contingent on the context and the perceived audience. Since a great deal of concern in the official discourse appeared to circulate around epidemiological issues, the term “case” was frequently used. Other terms included “victims”, “patients” and even a few usages of “Person with AIDS”. “High risk groups” was used as well, but it was not stated that this meant risk of contracting the disease, not risk of spreading it. Picked up by the mainstream press this usage became one of the consistent misrepresentations of the coverage of AIDS.

Emke (1991) suggests that the construction of individual PWAs (People With AIDS) in the mainstream media discourse varied considerably in later years, as the media privileged the stories of “carriers” who were perceived to be a threat.

In feature stories, as in the rest of the coverage analyzed, there were four prevalent terms for PWAs (People With AIDS): “victims”, “patients”, “sufferers” and “carriers”. Sometimes these terms were considered as having diverse denotations. They were presented as distinct ideological and social categories. The term “carrier” mainly carried a sense of misgiving, suspicion and/or blame. The implication of the use of the term “carriers” was one of the principal points for the critical intervention of the counter-cultural discourse.

The four major “risk groups” were established as gay men (sometimes bisexual men as well), intravenous drug users, people with hemophilia and in earlier coverage Haitians. Homosexuals and bisexuals were declared to be at risk, hemophiliacs and intravenous drug users were at risk due to blood exchange. People in these risk groups

were presented in diametric opposition (textual, at least) to society at large. Sometimes the list of risk groups was more extensive.

The presentation of certain PWAs (People With AIDS) and PWHIVs (People With HIVs) as “carriers” reinforced the construction of the “dilemma” between public safety and individual liberty. More specifically, the conflict was seen to be between the safety of the “healthy” public and the liberty of the “unhealthy”. This question was often addressed in newspaper editorials.

Emke (1991) suggests that the mainstream media discourse validated the association between AIDS and gay men. In many ways, this association was “naturalized”, or regarded as a comprehensible consequence of gay life. On the other hand, the association between heterosexuals and AIDS was regarded as strange and a cause for concern. When the coverage finally acknowledged that many PWAs (People With AIDS) were heterosexual, there was a sense that such information added a qualitatively new dimension to AIDS. In some cases, there was an awareness of the effects of such labeling. The use of particular terms for PWAs (People With AIDS) both implied particular constructions regarding their “guilt” and also suggested certain solutions. “Carriers” was used in reference to legal sanctions, whereas “victims” was not. In addition, the association between homosexuality in society, the marking of most PWAs (People With AIDS) as “deviant” was a logical extension.

With the expansion of the “boundaries” of PWAs (People With AIDS) to include heterosexuals, the scapegoating of the gay community continued and even reinforced. There was now a fear of the gay community as it represented a “menace” to the society at large.

Emke (1991) suggests that one noticeable discrepancy amongst this discourse and the mainstream media was the treatment of PWAs (People With AIDS). In this discourse, the experience of PWAs (People With AIDS) was permitted to stand as proof, and was even handled as a privileged source of information.

In general, Emke (1991) found that terms like “victim” and “patient” were not employed in these articles. Instead “PWAs (People With AIDS)” and “person (or woman) with AIDS” was used. The only term rejected as unsuitable was “victim”. Nevertheless, there was no comparable critique of “carrier”, nor a sensibility to how this term could lead to ostracization. PWAs (People With AIDS) were generally not referred to as “high risk groups”. Often, other terms were substituted, such as “at-risk contacts”. Articles in *Horizons*, *Healthsharing* and *Kinesis* all pointed out the prejudiced nature of referring to prostitutes as a “high risk group”.

According to Emke (1991) there was a willingness to permit experience to stand as a legitimate form of evidence. These texts were sensitive to the ways in which the coverage of AIDS had tainted PWAs (People With AIDS). This tendency to ascribe meaning to sickness was critiqued by the discourse also critiqued the difference made elsewhere, among “innocent” and “guilty” PWAs (People With AIDS). Some texts noted that a consequence of alleging that PWAs (People With AIDS) were accountable for their illness was a reticence to furnish optimal health care. In some stories, the terms “risk group” or “high risk group” were used. Although, the use of these terms was eliminated much sooner than in the mainstream press of the official discourse.

The counter-cultural focus was on risk behaviours instead of risk groups. This discourse rejected the assumption that PWAs (People With AIDS) were fundamentally

perilous to society at large. Based on its rejection of this possibility of casual transmission, the counter-cultural discourse also rejected any need to sequester PWAs (People With AIDS) – even those enmeshed in the sex trade. These texts supported PWAs (People With AIDS) , and many of them also commemorated the rise of AIDS activism. As a radical model of patient advocacy, AIDS activists were praised for seriously questioning medical authorities.

In an analysis of U.S. Magazines, Albert (1989) has recognized several different phases in reporting. The early coverage of the epidemic preceding 1985 was marked by a focus on the groups whose behaviour and lifestyles seemed to put them at risk for acquiring AIDS. In the U.S. media constructions of the epidemic have produced an image of the disease which is single-mindedly related to certain groups such as homosexuals and inevitably distorts information in particular ways (Treichler, 1989; Watney, 1989). In fact they argue that the earliest accounts implied that among homosexuals “deviant behaviour” was in fact a major contribution to acquiring AIDS. Later stories included softened characterizations of homosexual lifestyles, but early coverage placed the epidemic within specific “risk groups” and the risk of acquiring HIV was largely tied to a person’s membership in a “risk group”. By the mid-eighties both Treichler (1989) and Watney (1989) argue that the emphasis was on the generalized threat of the epidemic into the population at large. In fact AIDS stories in the U.S. stressed and many times sensationalized contagion of the heterosexual population. Treichler (1989) also develops a similar chronology of media discourse which includes firstly, early biomedical understanding of AIDS. Secondly, Rock Hudson’s illness (1985) as a turning point in

U.S. consciousness , and lastly, the subsequent perception of AIDS as a threat to heterosexuals (1981-1985).

Susan Sontag (1990) argues that deadly illnesses have always been regarded as a test of moral character. The notion of disease as punishment yielded the notion that a disease could be a particularly suitable and just punishment. Nothing is more punitive than to give a disease a moralistic meaning.

Sontag (1990) argues that illness unfolds by means of two hypotheses. The first is that every form of social deviation can be viewed to be an illness. The second is that every illness can be viewed psychologically. These two hypotheses are complementary. The first hypothesis seems to ease guilt; the second reinstates it. Psychological hypothesis of illness are a forceful means of laying the blame on the ill. Patients who are told that they have, unmindfully generated their illness are also being made to feel that they have deserved it. This occurs with four distinctive functions within the powerful realm of metaphoric thinking. First, the subjects of deepest dread (corruption, decay, pollution, anomie, weakness) are identified with the illness. Secondly, the illness itself becomes a metaphor. Thirdly, in the mane of the illness, using it as a metaphor, the dread is imposed on other things. And lastly, the disease becomes “adjectional” (something is said to be disease-like, meaning that it is disgusting or ugly). Feelings about evil are projected onto an illness. And the disease (so enriched with meanings) is projected onto the world.

Susan Sontag (1990) argues that AIDS, similar to cancer, does not confer romanticizing or sentimentalizing possibly because its affiliation with fatality is too powerful. With AIDS, the shame is linked to an assigning of guilt, to acquire AIDS is precisely to be revealed, as a member of a certain “risk group”. The illness flushes out an

identity and, among the “risk group” in the U.S. most intensely affected in the beginning, homosexual men, has been a generator of community as well as an experience that isolates the ill and exposes them to harassment and persecution.

The perilous behaviour that gives birth to HIV is judged to be indulgence and delinquent. The sexual transmission of this disease, considered by most individuals as a disaster one brings on oneself, is judged more harshly than other means especially since AIDS is understood as an illness not only of sexual excess but of perversity. AIDS is understood as a disease that is repugnant and retributive but collectively invasive. AIDS is comprehended in a pre-modern fashion as an illness contracted by individuals both as individuals and as members of a “risk group”. This category – “risk group” revives the archaic notion of a tainted community that illness has judged.

A whole politics of “the will” – of intolerance, of paranoia, of fear of political soft spot – has attached itself onto illness. That it is a just punishment for deviant behaviour and that it threatens the innocent. This is the exceptional power and capability of the plague metaphor: it permits an illness to be considered both as something contracted by vulnerable “others” and as possibly everyone’s disease.

Dorothy Nelkin and Sander Gilman (1988) explored some patterns in the location of blame for illness as they emerged in the popular writing and media reports on fatal and infectious illness throughout history. In *Placing Blame for Devastating Disease* they claim that, the placing of blame has been a pervasive theme in the popular discourse on AIDS. Blaming has always been a means to make mystic and ravaging illnesses intelligible and consequently possibly controllable. Illnesses are never completely comprehended and so society makes moral judgements for tragedy. In a situation of public anxiety, locating

blame for illness is in effect a strategy of control. If responsibility can be fixed, possibly punishment, prudence, isolation can be imposed. It is an especially pervasive syndrome when medicine and science are perceived as powerless. In effect, placing blame defines the normal, sets up the limits of healthy behaviour and proper social relationships, and distinguishes the observer from the observed, who are the cause of panic. Several categories of blame can be found in this popular discourse: disease has been attributed to specific racial groups or social stereotypes, to individual lifestyle, to immoral behaviour, or to those discerned as source of power and control.

Nelkin and Gilman (1988) argue that in the beginning of 1980's, public-health officials thought Haitians to be one of the chief sources of HIV transmitters in the U.S. It was expeditiously labeled an African or Haitian illness. Ironically, however, the French in 1981 blamed HIV transmittability on American cultural models of homosexuality in France.

It is clear from this review that clinical categories are often affiliated with particular groups occasionally identified by race, at times by nationality or social class. In each case responsibility for illness evolves into a crusade against those who are feared or who, by being different are considered a threat to the established social order. The poor have often been set apart by identifying them with illness. Groups who feel politically marginal should place blame for illness at the feet of government, public officials, or corporate sources of power.

Allan Brandt (1988) argues that the reality that the two principal "high-risk groups" have previously been and still are highly stigmatized in American culture has had a puissant impact on responses to the epidemic. Some individuals and groups have regarded the AIDS epidemic in a solely "moral" light: AIDS is an illness that strikes those who

violate the moral order. AIDS, like other sexually transmitted diseases in the past, has been seen as a fateful link between social deviance and the morally correct.

The illness had come to be equated with those individuals who are at highest risk of suffering its horrifying consequences. HIV threatened the heterosexual culture with homosexual contamination. In this context homosexuality, not the HIV virus causes AIDS. Thus, homosexuality is feared as if it were a communicable, lethal illness. After a generation of labour to have homosexuality removed as a disease from the psychiatric diagnostic manuals, it has surfaced as an infectious terminal illness. The AIDS epidemic thus offered new opportunities for the expression of moral disgrace for homosexuality. In many respects the procedure for separating victims into blameless and blameful within the HIV epidemic is similar to early-twentieth-century notions of venereal disease and these notions have been activated once again.

David Richards (1988) in *Human Rights, Public Health, and the Idea of Moral Plague* argues that there are genuine dilemmas that surround responses to the AIDS health crisis, but the idea of moral plague is not one of them. Rather, the irrational political force that the idea enjoys conflicts with the principles that should govern these issues. He focuses in his discussion on homosexuals and their rights to both privacy and anti-discrimination. He claims that liberals in general should identify political scapegoating of homosexuals, mirrored in public attitudes towards the AIDS epidemic as yet another form of the domestic loathing of political and religious dissent which liberal principles denounce.

Richards (1988), shows that individuals who survive, interpret these events in terms of the idea of moral plague, namely, that the deaths of individuals inflicted are a just

punishment for misconduct of failure. Such beliefs thus debase the culture of the dead and dying, and so inspirit the culture immune to the plague.

Richard Poirier (1988) asserts in *AIDS and Traditions of Homophobia*, that it has become very clear that the stigmatization of the most likely victims of AIDS is a consequence of the fear not of physical but of a moral contagion and the stigmatization validates itself by appeal to the most ancient of Christian abhorrences and not on medical knowledge.

Poirier (1988) contends that the discourse against AIDS has increasingly become a moralistic condemnation of homosexuality, empowered by the doctrinal and biblical interpretations of sex and nature that are age-old in origin and in the catholic and fundamentalist churches, still exceedingly articulate. For some, AIDS offers an opportunity to advance and energize the notion that homosexuality is itself an illness and a threat to human survival. AIDS has become the metaphor for the sin of homosexuality, and more generally Poirier (1988) asserts, the sin of sexual pleasure.

The second of the three elements according to Maldonado and Horak (1989) Which functioned together to signify AIDS were exemplifiers. These were defined as PWAs (People With AIDS) or HIV positive individuals whose stories found in news magazines. In *Veja* 57% of all the articles included such exemplifiers while about 31% of the *Semana* and 26% of the *Siete Dias* included them (Maldonado & Horak, 1989: 15) . The stories and experiences represented through these personalized accounts broadly depicted or exemplified the points made in a specific story and were central to the way in which an image of the virus and the people who had it were shaped. Maldonado & Horak 's analysis demonstrated a difference both in terms of the type of individual used to

exemplify PWAs (People With AIDS) as well as how they were characterized. The depictions or images of PWAs (People With AIDS) portrayed through the use of these exemplifiers varied by magazines and within individual stories. Some reports were highly sympathetic, some portrayed PWAs (People With AIDS) as victims, others sent strong messages that PWAs (People With AIDS) were criminals or deviants. An important role of exemplifiers was to give the disease itself signification through individual example. These portrayals of PWAs (People With AIDS) were dominant elements in helping to materialize abstract images of the disease itself. Additionally, the integration of exemplifiers also served a more insidious role in subverting or disempowering PWAs (People With AIDS). Maldonado & Horak (1989) concluded that by “telling their story” and not letting them speak in an active voice as sources, the media maintained strict control of just what image was created. According to Maldonado & Horak (1989), *Semana*'s use of exemplifiers highlighted the stereotypical and negative treatment of the disease and the individuals who had it. The PWAs (People With AIDS) used to exemplify *Semana*'s coverage were 71% male and 50% were described as being homosexual. About 33% were said to have acquired the HIV virus through same sex contact and in proportions much higher than *Siete Dias* or *Veja* described as being physically ill, aggressive or threatening. More humanizing descriptors were notably missing. Those with AIDS or HIV were characterized in deviant terms such as “human garbage” and “sidacos”. The latter comes from the Spanish acronym for AIDS (SIDA) – a similar term “aidetico” is also commonly used in Brazil – and by providing a new label or descriptor, literally implies a change in identity after contracting AIDS Maldonado & Horak (1989: 16).

Maldonado & Horak (1989) , found that the exemplifiers in *Siete Dias* results in a portrayal of PWAs (People With AIDS) that was significantly less negative than the unflattering representation found in *Semana*. Roughly a third of the PWAs (People With AIDS) spoken of in *Siete Dias* coverage were Argentine. They formed a more varied group and included hemophiliacs, IV drug users and their sexual partners. The images of PWAs (People With AIDS) introduced in *Siete Dias* were not as semantically harsh as those found in *Semana*. However, PWAs (People With AIDS) were depicted in stories as asking for money to concede interviews, or a psychopaths because they were jailed, both creating a decidedly negative image.

Maldonado & Horak (1989) , found that the tone of the description changes, in mentioning children (mainly hemophiliacs) with AIDS, becoming more humanizing and advocating better comprehension of the disease. This reproduces the very prevalent innocent victim image now standard in the U.S. conceptions and reporting of AIDS. As in the case of children, it should be noted though, that although difficult to quantify, a softer more sympathetic tone was used in the description of hemophiliacs who have acquired the HIV virus. The press and the media seldomly encouraged a rapid public response. After initially reporting the discovery of the illness in 1981, and characterizing it as an illness of gay men and not a threat to the general public, the press essentially ignored the topic for almost two years. As it became clear that the illness also involved IV drug users, both homosexuals and IV drug users with AIDS were portrayed in the media as individuals responsible for their own diseases. Often they were seen as blameworthy and thus less deserving of resources and care for their disease. Only those who were regarded as innocent victims – children born of HIV-positive mothers, hemophiliacs, and others

acquiring HIV through transfusions were portrayed as deserving of medical care. It took Dr. Anthony Fauci of the National Institute of Allergy and Infectious Disease in a 1983 issue of the *Journal of the American Medical Association* to stir up media coverage. He declared that AIDS might be communicable to the heterosexual population by “routine close contact”. This statement led to a quadrupling of articles about AIDS and ultimately, in 1983, it came to be seen as important to the interest and well-being of the society at large. “The *New York Times* wrote only three stories on the epidemic in 1981 and 1982 and none of those articles made it to the front page. As the epidemic progressed and heterosexual spread became evident, however, the media suddenly discovered AIDS” (Ron & Rogers, 1989: 51).

Nelkin & Gilman (1988) argue that PWAs (People With AIDS) or HIV-positive individuals were described in highly victimized terms. PWAs (People With AIDS) were portrayed in highly class-based terms. Class differences were also apparent in the type of information provided about HIV-positive or PWAs (People With AIDS) from varying social groups. Nelkin & Gilman (1988) claim that while marginal social groups frequently bear the burden of blame, explanations of illness time and again become a means to define appropriate and moral behaviour. They found that from its first identification in 1981, most expert reports and the popular press labeled AIDS as a sexually transmitted disease like syphilis. This label stigmatizes those with AIDS and infers that all sexual contact is promiscuous, immoral and dangerous. Moral judgements are most explicit amid right-wing religious groups, who explicitly consider AIDS as God’s castigation for deviant sexual behaviour.

The locus of blame for illness in depravity reflects the old religious tradition of using sexual taboos to draw the line between the “pure” and the “polluted”, insiders and outsiders the co-religionists and the source of pollution. Illness is a means to strengthen sexual mores. It acts as a public symbol of the violation of socially defined boundaries. The sick individual becomes a sinner. The plague is the punishment released by divine retribution; illness is the means to purify the sin. Deviant behaviour required the intervention of the state before the whole society yielded to illness and deterioration.

In the twentieth century, ideas of morality are often interpreted into questions of lifestyle. Looking to lifestyle as the cause of AIDS, the popular press accents that individuals with HIV or AIDS are afflicted as a consequence of their chosen lifestyle --- their sexual practices or their use of drugs. Blame for the illness is placed, on its victims, on those who sustain a hedonistic pattern of behaviour that places them at risk. The rhetoric of blame neglects the reality that behaviour may not be altogether voluntary. Moreover, blaming the individual for disease circumscribes the responsibility of the larger society. Such lifestyle explanations of illness are specifically subject to current cultural biases. Some diseases brought on by individual behaviour are associated with upper-class and status filled social positions.

Janet Holland, Caroline Ramazanoglu, and Sue Scott (1990) in *AIDS: From Power Stations to Power Relations Sociological Perspectives and Problems* claim that responses to AIDS have been contradictory. In various areas of the world the state has assumed extensive powers over the rights of people in efforts to restrain the circulation of HIV. Anyone known to be seropositive, nevertheless, may be seen as a danger to other individuals despite how they became seropositive or how HIV might be transmitted.

Ideologically-laden understandings of HIV transmission have given new meanings to sexual identities and new life to old fears. In many circumstances they are under significant pressure to “prove” that they are not seropositive.

All the research suggests that the trepidation over death is not in the human experience, but the mode in which knowledge of this epidemic was made public led to the placing of the death threat in the West with seropositive people who were previously classified as socially deviant or who were from relatively powerless areas of the third world. The onus in America and Europe, for the “gay cancer” or the “African illness”, or the “Haitian illness” was on the “guilty minorities” who through their supposed social, moral, or economic failures had put the health of the world at risk. The media helped to reproduce and legitimate homophobia and racism.

The mass media helped to determine individuals in “high-risk groups” as accountable for the epidemic and for its increasing diffusion. These were the “guilty victims”, whose “deviant” identity damned them. Individuals with these identities were responsible according to the mass media for dangerous behaviour which threatened innocent, healthy others, or even for attacks in which “they” revenged themselves on society, by deliberately infecting “innocent victims”.

As the panic over AIDS developed, it became increasingly clear that sex itself was dangerous and the “normal” others were threatened wherever there was less than perfect information and trust between partners. The identification of IV drug users as a “high-risk group” in the spread of HIV legitimated as was the case with gay men, the commonsense social perception of drug users as criminal and perilous.

The linguist William Leap (1991), in *AIDS, Linguistics, and the Study of Non-Neutral Discourse*, interests himself in the relationships which people construct between language, culture, and human experience. He studied how individuals speak about themselves and their lives in the during AIDS-centered discussions. All of the respondents in Leap's study characterize their own participation in "high-risk" activities, respondents consistently cite other individuals and their "high-risk" behaviours as the cause of those conditions of risk; how the respondent's own actions have contributed to risk in such situations are only rarely affirmed. Leap (1991) concluded that these comments give respondents a way of explaining for their health status in terms of the actions of other people. This, therefore, permits people to present themselves as individuals at a distance from the epidemic, individuals who otherwise would have remained so, had the actions of these other parties not complicated their lives.

Richard Poirier (1988) in *AIDS and Traditions of Homophobia* claims that the illness has solidly established itself among certain groups, specifically homosexual men, intravenous drug users and their sexual partners. Because these so called "risk groups" are already marginalized, despised, and to some extent viewed as delinquent in American society, the very mystery and uncertainty surrounding the virus has made it quite easy to add culpability, criminality, and banishment to the horrors of the illness itself. Once a plague or a threat of plague becomes associated with a sexual act of any kind, then the anticipation of God's wrath follows. People start thinking that if you can only get rid of homosexuality you would eradicate or reduce AIDS. In this perspective the cure is moral.

Colin Chuter and Gill Seidel (1987) in *The AIDS Campaign in Britain : A Heterosexist Disease* offer an ideological deconstruction of the official discourse on AIDS,

as illustrated in the AIDS Week campaign advanced by the British government in February 1987. It focuses on recurring parameters of which the most significant is the construction of the 'out-group as a 'high-risk group'. This 'out-group' is identified as primarily 'homosexuals'. Also, the predominant discourse on 'the homosexual' is constructed in similar ways for other stigmatized groups. Although haemophiliacs, and intravenous drug users are 'high-risk' groups the blame for AIDS has however, been placed very effectively on the blame for AIDS has, however, been placed very effectively on the 'homosexual'. Chuter and Seidel (1987) conclude that homosexuality is also constructed as an infectious disease just like AIDS.

Since the eighteenth century it has been maintained that non-procreative sex could be physically damaging, and in the nineteenth century masturbation was seen as one of the principle causes of insanity (Bullough & Voght, 1973 ; Parsons, 1977 ; Kennedy, 1980). They show that the idea of 'healthy' and 'unhealthy' sex continues to be a strong one. Heterosexual sex is constructed as normal and natural and therefore a healthy sex, whereas homosexual sex is constructed as being abnormal, unnatural, and therefore unhealthy. Procreative sex is life-giving, but 'homosexuality' is potentially life-threatening.

Aran Ron and David Rogers (1989) in *AIDS in the United States : Patient Care and Politics* claim that in the United States AIDS originally materialized in homosexual men, a group usually arousing strong negative feeling in the larger non-homosexual population. The negative feelings in the larger non-homosexual population augmented when the subsequent spread occurred most noticeably among IV drug users who were poor, black, or hispanic. Two groups that society had traditionally stigmatized and despised, then came to be seen as the major initial AIDS « risk groups ». They show that

AIDS began to take on metaphorical characteristics associated with these groups that frequently evoked hostile reactions.

5.3 What Solutions are put forward ?

Holland, Ramazanoglu, and Scott (1990) argue that globally, people with HIV, or with AIDS, face a growing body of legal and other limitations on their individual freedoms. The livelihoods and civil liberties of those who are HIV positive, or who are seen as 'high risk groups' are being seriously threatened. Cuba is an extreme example with a system of medical preventative arrestation for people with AIDS. Sweden has introduced definite forms of compulsory detention and widespread testing. Those individuals who are supposedly healthy, but who are seen as members of 'high risk groups', male homosexuals, Africans, prostitutes, and IV drug users are widely regarded as contaminated and dangerous.

The solutions which were considered in the official discourse tended to fit in with two principle themes: The enforcement of government-sponsored programs and the pressure to emphasize individual adjustments. The preferred strategies leaned toward moral prescriptions – chastity, monogamy and prudence – which then legitimized the employment of exceptional regulatory measures. The employment of legal mandates which would in essence implement moral prescriptions, were thus considered to be acceptable.

Scientific medical research was privileged over public education as a solution. Emke (1991) suggests that there was a hierarchy of solutions in the official discourse. Chastity was constantly the first solution in the litany of preventive activity. There was a prevalent myth of fewer partners leading to less risk, without mentioning what was done

with the partners, Associated to this was a concern over viral transmission among sex trade workers. There seemed to be an approval of the employment of fear in inducing behavioral change.

Various solutions were advanced in the newspaper feature stories. The favoured final solution was a medical scientific breakthrough, such as a vaccine or a cure. Meanwhile it was society's obligation to behave in a temperate fashion. The government ought to clear the regulatory path when new treatments were developed. Prevention and education thus, were necessary provisional measures. In some feature stories, there was a predisposition to refer to safer sex suggestions. Nevertheless, the media were more adept at calling for safer sex education than at providing it.

Subsequent to the development of the HIV antibody test, a new form of « solutions » then became feasible. There was no acknowledgement of the stigmatization that could mount if tests were obligatory and the results were widely available not to mention the difficulty of false positives. The intervention of the police and the legal system was legitimated as an indispensable component of the 'solutions' to AIDS. This was not clear-cut during the discussion of 'carriers'. Such discussions presented the occasion to comment on the questionable character and erroneous judgement of some PWAs and it also legitimized a 'need' for comprehensive state powers of isolation and restraint in order to safeguard society. The intervention of moral entrepreneurs and members of the control culture was supported as a legitimate response to the 'frenzy' over AIDS.

In terms of solutions, the position of the medical professions was privileged. Therefore, the validity of all forms of scientific research was unquestioned. Thus, the

contextual bias vis-a-vis curative medicine and away from preventive medicine was exhibited.

In sum, the feature stories particularly those of *Maclean's*, legitimated the introduction of the legal discourse in the struggle confronting AIDS. Legal solutions were represented as suitable stopgap measures, even if they did confine the rights of some people. Medical science and law are generally respected institutions and as Trew (1979) suggests, the media tends to speak through the knowledge of these institutions.

Overall, in terms of solutions in the counter-cultural discourse the literature review shows that, the contexts that showed through was very different from mainstream media's context. This was mostly emphasized in the case feature stories, where both the contexts and texts of the mainstream and counter-cultural media were in diametric opposition ; various authorities, implications, legitimations and concerns.

It was clear for Emke (1991) that there was a different level of obligation to safer sex in the gay press than in the mainstream media: *Rites* and *TBP* were not only reacting in an attempt to protect people or control the spread of HIV, but also due to a fear of losing the community itself to the pandemic.

AIDS represented a fundamental challenge to the legitimacy and existence of the gay community. Thus solutions were such that they did not destroy the ability to engage in gay sexuality. Since, if gay sexual practice had to be given up, that would support the notion that gay sex was a cause or a principle reason for AIDS.

One of the most lasting themes of this section of the counter-cultural discourse was the declaration that AIDS was a political crisis, as well as a health crisis. It was political in the sense that media, governmental, and societal responses had grave consequences for

those groups affected by the illness. Consequences which imposed regulations on individual liberties and questioned the possibility of certain communities. The struggle against AIDS was part of a larger struggle, that comprised the extermination of sexism and homophobia, both within society and within the health care system. AIDS and its effects could not be successfully overcome without these changes. Some of the solutions offered in the official and mainstream media discourses were regarded with caution and even mocked in this discourse. Another 'solution' which was rejected was HIV testing. Nevertheless, not all texts disapproved the validity of quarantine. The most adequate educational programs were considered to be those launched by community-based AIDS organizations. Therefore, the most significant institutional sites for implementing solutions were the community AIDS groups. However, the benefit/dollar of government AIDS programs is still condemned as being far below the benefit/dollar spent by community organizations.

One of the most significant interventions within this counter-cultural discourse was the sensitivity to the ways in which patriarchal social relations implicated the adoption of safer sex habits. Several of the articles (especially in the feminist magazines) focuses on how women needed to reclaim power in heterosexual relationships. There was a recognition of the wider issues which affected individual behavior, and an implication that the social structure as currently composed must also be changed in order to control AIDS. Thus, women were encouraged to become more implicated in AIDS research and treatment issues. Nevertheless, there were still some slippages in the AIDS information for women. This demonstrates the finding that there was always some variability in a discourse, meanings were never completely fixed.

In terms of solutions, these texts privileged education as a primary and concrete action against the spread of HIV. Explicit, sex-positive and gay-positive education was considered the best. Safer sex needed to be « eroticized. » The political obstacles in generating and diffusing such information within society were recognized. There was a strong faith in the value of education, that individuals would be capable of transforming their behaviors and protect themselves. To an extent, this neglected the complexity of desire. It also ignored the effects of patriarchy on the adoption of safer sex practices. In the gay press, the struggle over safer sex practices. In the gay press, the struggle over safer sex was easier to win than the struggle over the limiting of sexual partners. Other 'solutions' such as quarantine or mass testing were strongly rejected. This discourse was not homogeneous, but it was a contested terrain upon which debates over meaning and implications happened.

Susan Sontag (1990) claims that all expeditious epidemics, encompassing those in which there is no suspicion of sexual transmission or any culpabilizing of the ill, give birth to approximately similar practices of avoidance and exclusion. Epidemics of dreaded diseases invariably provoke an outcry against leniency or tolerance. Demands are made to subject people to 'tests,' to isolate the ill and those suspected of being ill or of transmitting illness, and to erect barriers against the real or imaginary contamination of foreigners.

Janet Holland, Caroline Ramazanoglu, and Sue Scott (1990) conclude that many countries have had policies to regulate the behavior or freedom of movement of individuals who were seropositive or who had AIDS. Social responses to individuals with HIV and AIDS have very generally been hostile and repressive.

According to Aron Ron and David Rogers (1989), some individuals called for repressive measures like tattoos, quarantines, mandatory tests, and denial of information to certain groups. Thus puissant negative social and moral attitudes legitimized an unhasty and sometimes reluctant public response.

Anthony Quinton (1988) in *Plagues and Morality* claims that as soon as the idea takes hold that an illness can be transmitted by the unhealthy to the healthy who are not infected, a bunch of morally significant reactions are cited in those who entertain the idea. The most straightforward response is to eliminate the contact through which the illness might be transmitted, that is to segregate the infected from the rest of the community. In fact, « a few years ago some public-opinion survey conducted by the Los Angeles Times recorded that 51 percent of the respondents were in favour of quaranting AIDS sufferers » (Quinton, 1988: 477).

Irving Zola (1987) in *The Portrayal of Disability in the Crime Mystery Genre* claims that social scientists, activists, and advocates have debated recently that the idea of disability is as much a socially and politically constructed reality as it is the existence of any specific physical, psychological difference. Since the general treatment of individuals with such differences has often been to isolate them from the 'normal' population much of what the general public understands or thinks it understands emerges from what it hears, sees, and reads in the media texts.

CHAPTER 6

FINDINGS/ANALYSIS

6.1 How is the virus presented in the Link ?

The virus was described to be a fatal illness of epidemic proportions. It was a crisis, a dreaded, progressive disease which infected, afflicted, exposed and attacked sufferers. It is described as a pandemic, intelligent, equal opportunity killer which destroys, frightens, and attacks people. It was the most talked about STD in the Link.

The Link reported that individuals could contract it from: sexual contact (intercourse), receiving infected blood, sharing intravenous drug needles, cervical secretions (vaginal fluids). It was emphasized that this was not a group specific disease and that in fact anyone could get it.

There were also consequences cited: it disabled the body and immune system, everyone was at risk, it was an equal opportunity killer. People were living with the stigma associated with HIV/AIDS.

In terms of issues it was represented primarily as a health education issue, world health emergency. They were careful to make clear distinctions between high-risk groups and high-risk behaviors. They focused on the latter and critiqued any reference to high-risk groups.

If one examines the evolution of condom ads in the Link we can see how slowly the ads became a tool for educating the public on HIV/AIDS. On October 3, 1980 the first condom ad was featured. The caption says, « better safe than sorry » and it lists the risks in order of importance -- an unwanted child, venereal disease, and the development

of side effects as a result of using another form of birth control. Other dates that include this particular condom ad are 14/11/80, 22/09/81 and 01/12/81.

A second slightly different version of the Julius Schmid condom ad appears on October 23, 1981. It states, « why do you think they're called safes »? They are safe because they protect you from an unwanted pregnancy, the transmission of venereal diseases, and they are safe from side effects associated with other forms of birth control. Although appearing a full year later than the first version of the Julius Schmid ad, we have the same three reasons for the use of condoms. On January 19, 1982 this ad appeared once again.

On November 13, 1981 the third version of the condom ad appeared. It states: « An ounce of prevention » and lists in order of importance what condoms help prevent. An unwanted pregnancy, the transmission of venereal disease and lastly, the side effects associated with other forms of birth control. Once again the same three reasons in the same order are provided. The February 19, 1982 issue also featured this ad.

The fourth version of the Julius Schmid condom ad featured in the January 13, 1984 issue of the Link was the first to change the order of importance for condom use. Disease prevention supercedes unwanted pregnancy in order of importance. In fact the caption is « there's no magic pill to stop the spread of venereal disease ». This ad appears on November 27, 1984, January 18, 1985 and February 12, 1985. It states only two reasons for condom use. To lower the risk of infectious disease and secondly it is a reliable and highly effective contraceptive.

The fifth Julius Schmid condom ad says « sex is beautiful but it shouldn't include unpleasant surprises ». It is the first ad where its entire dialogue is concerned with VD. In

passing it is mentioned that it is a reliable contraceptive. This is not very many ads on condoms considering that in 1981 AIDS was first identified as a distinct entity and recognized as an epidemic. The trend was to focus on unwanted pregnancy rather than the transmission of disease for condom use. Nonetheless one can observe the transmission in the fourth and fifth ads when the discourse on VD gains momentum and unwanted pregnancy becomes an aside, not the focus. The risks associated with the development of side effects is dropped entirely.

On October 26, 1982 the blood donor clinic solicits donors by featuring a magic show, music, large screen videos and door prizes. On March 22, 1983 an announcement to give blood appears. On February 8, 1983 another announcement states: « turn on your heart light by giving blood ». On November 1, 1985 two blood donor clinics ads appear: « please take the time to save a life ». These ads encouraged everyone and anyone to give the gift of life but somewhere along the line we ended up on November 30, 1993 with a story that the « red cross rejects 14 Concordia donors » based on their sexual orientation.

The Link unlike the official discourse, did not confuse the essence and range of HIV and AIDS. The distinction amongst acquiring HIV and developing AIDS was not obscured. Given that the distinction between HIV and AIDS has usually been confused in the representations of AIDS produced by the mass media, and in many official declarations across the globe since AIDS was first identified, this is quite remarkable.

Unlike the first stories published in the mainstream media discourse on AIDS which alluded to the mystery of the illness and bred a fear of the virus, the Link did not breed a

fear of the virus. Emke (1991) reports that there was a general breeding of fear accompanied by an absence of explicit information.

The Link, like the mainstream media, depended on institutional sources of information which privileged scientific or medical knowledge. This coincides with a devalorization of personal experience, particularly of PWAs as a source of knowledge. In the entire sample only one article featured a personal story (The Link, 1990 : V11,N23, P13-15). Similar to the mainstream media discourse, the Link in striving to appease the perceived need to get « both sides » of a story, sometimes supplied a forum for reactive social forces. It sometimes presented various views on a specific topic from different camps within the discourse.

Like other counter-cultural discourse, the Link did not respond rapidly to AIDS. For instance in 1983 only one article was published, in 1984 as well. In 1986, five years after the discovery of AIDS the Link published a total of three articles. As Emke's (1991) sample shows, for the first part of the 1980s, the left did not handle AIDS. Thus in terms of the virus, none of the early constructions were evident in the Link.

6.2 How are patients characterized in the Link ?

PWAs were referred to in numerous ways: carriers, infected, victims, sufferers, AIDS patients, afflicted, invalids, people who had contracted the virus, people living with AIDS (PWAs). There were also challenges to the use of those words to depict PWAs:

Aveline, said Rose was an outspoken advocate for PWAs (People With AIDS). He didn't like the word victim because it implied defeat. (The Link, 1989: V9, N39, P3)

Unlike the official discourse, the Link did not construct perilous and irresponsible 'carriers'.

The Link focused on high-risk behaviors not high-risk groups such as was found in both the counter-cultural discourse and mainstream media discourse. The focus on high-risk groups, reflected in the discourse of the mainstream press, became one of the consistent misrepresentations of the coverage of AIDS. The four major risk groups were established as gay men (sometimes bisexual men as well), intravenous drug users, people with hemophilia, and in earlier coverage Haitians.

Unlike the mainstream press in later years, the Link never privileged the stories of 'carriers': It always focused on the voices of the professionals not the patients. Emke (1991) suggests that the mainstream media discourse validated the association between AIDS and gay men. This association was never validated by the Link, it was challenged.

Unlike the mass media, the Link did not produce or legitimate homophobia and racism, they challenged it. The mass media helped to determine individuals in high-risk groups as accountable for the epidemic and for its increasing diffusion. These were the guilty victims, whose deviant identity damned them. Individuals with these identities were responsible - according to the mass media - for dangerous behavior which threatened innocent, healthy others, or even for attacks in which they revenged themselves on society, by deliberately infecting innocent victims.

The first article addressing the HIV/AIDS issue appeared in the Link September 20, 1983. In it the Red Cross announced that Haitians constituted a high-risk group and recommended that they do not give blood. The caption to the right hand of the article says it all:

Some of my best friends are... So the red cross thinks that Haitians shouldn't give blood 'cause they might have AIDS? Look, nothing personal, gay men have been told the same thing, so you're in good company, folks, and soon it'll be drug

addicts and people who skip breakfast and don't wash their hands after going to the bathroom and as soon as we discover a link between AIDS and masturbation, we'll also recommend that those who indulge in this filthy habit stop giving blood ! The Link, 1983: V4, N5, P7).

The second article published on November 2, 1984 also deals with Haitians and AIDS. It addresses how when one is Haitian the AIDS issue taken on a particular dimension that disturbs the status quo. The major 'risk groups' were established as firstly Haitians, then gay men, intravenous drug users, prostitutes and prisoners. We go from these two articles concerning AIDS to November 20, 1993 - 10 years later - where the front page cover shows the Concordia HIV/AIDS committee proposing changes to the Red Cross questionnaire because certain questions are discriminatory and misleading. Looking at question 13 and 14 reminds one of the first story on AIDS and Haitians :

(Question 13) (a) Were you born in or emigrated from a country, since 1977, where AIDS is a common disease parts of the Caribbean, sub-Saharan Africa or islands located near these parts of Africa ? (b) Have you had sex with such a person ? (Question 14) Since 1977, have you travelled to or lived in a country where AIDS is common ? (The Link, 1993: V14, N20, P6).

One characteristic of the familiar script for plague is that the disease always emanates from somewhere else. Here the voices of Panos (1987), Treichler (1989), Maldonado & Horak (1989), and Sontag (1990) come together in proposing a link between imagining disease and imagining foreignness. Such imagery is clearly reflected here in the Link.

The presentation of certain PWAs as 'carriers' reinforced the construction of the 'dilemma' between public safety and individual liberty. More specifically – as evident in the following quote - the conflict was seen to be between the safety of the 'healthy', public and the liberty of the 'unhealthy'.

The correctional Service of Canada's policy of isolating HIV positive prisoners from the general population has only compounded the inmates' hardships. Jean (not his real name) knows exactly what it's like to be cut off from the rest of the world. As soon as prison officials at Cowansville suspected he was HIV positive more than three years ago, he was granted leave to be treated on the outside. They put me in isolation, he says in an interview from his Montreal apartment. They didn't know what to do with me. They weren't up to date on the diseases (The Link, 1991: V11, N43, P 27).

The notion of disease as punishment yielded the notion that a disease could be a particularly suitable and just punishment.

As far as Buckley is concerned, the government's refusal to tackle the growing number of HIV cases in the nations prisons will amount to a 'minority genocide'. Look at the people in these prisons. They're natives, they're poor people. The government is hoping they all catch AIDS and die. They want these people to die (The Link, 1991: V11, N43, P27).

The state has assured extensive powers over the rights of people in efforts to restrain the circulation of HIV. Anyone known to be seropositive, nevertheless, may be seen as a danger to other individuals despite how they became seropositive or how HIV is transmitted (Holland, Ramazanoglu & Scott, 1990).

The Link media discourse did not validate the association between AIDS and gay men. Unlike the mainstream media discourse, there was always an awareness of the effects of such labelling. The association between homosexuality and PWAs was not sustained.

HIV infection is also increasing, especially among those who tend to couple ignorance about HIV with the belief they are invulnerable. Heterosexuals of all ages, especially teens and young adults, can't hide behind the big myth much longer. AIDS is not a 'gay disease'. The virus doesn't stop to inquire about sexual orientation before it infects (The Link, 1993: V13, N8, P7).

There was no discussion of children in the sample whatsoever. I believe this is primarily due to the fact that the great majority of the readership are students who

generally have not had children yet. The issue of AIDS and children is less pertinent to this population.

6.3 What solutions are put forward by the Link?

The discourse stressed that education and knowledge are our most effective defences against HIV/AIDS. Proper education can counter myths. Messages must be explicit and positive. Education should give precise information on safe sex practices. AIDS education before people are sexually active. Educate children about AIDS and safe sex. Make people aware of their options. Education programs to be implemented by universities and colleges to encourage HIV/AIDS prevention. Do effective health promotion - advertizing agencies. The dissemination of information should be done in the form of pamphlets, videos, and posters.

In contrast to the Link the solutions which were considered in the official discourse tended to fit in with two principle themes: the enforcement of government-sponsored programs and the pressure to emphasize individual adjustments. Within this discourse, unlike the Links', scientific medical research was privileged over public education as a solution.

In the mainstream media discourse, the favoured final solution was a medical scientific breakthrough, such as a vaccine or a cure. Prevention and education thus, were necessary provisional measures. Nevertheless, the media were more adapt at calling for safer sex education than at providing it. The Link, focus was to call for safe sex education and on a few occasions it actually provided it.

In terms of solutions, the counter-cultural discourse privileged education as a primary and concrete action against the spread of HIV. Explicit, sex-positive and gay-

positive education was considered the best. There was a strong faith in the value of education, that individuals would be capable of transforming their behaviors and protect themselves. To an extent, this neglected the complexity of desire. It also ignored the effects of patriarchy on the adoption of safer sex practices. Other solutions such as quarantine or mass testing were strongly rejected. This discourse more closely resembles that found in the Link.

In the official discourse, health checks to regulate and inspect for AIDS was supported. Testing is the first step towards adequate medical attention. Free anonymous HIV testing. Provide counselling, support groups. Rethink sexual habits. Have safe sex by using latex condoms and dental dams. Do not use needles to take drugs. Chastity and abstinence was mentioned on one occasion. People are individually responsible. Unlike the Link, the intervention of the police and the legal system was legitimated as an indispensable component of the solutions the mainstream media had to the AIDS crisis.

The Link supported making condoms and bleach available on a confidential basis to federal prison inmates who were having unprotected sex or sharing needles. Free HIV-prevention kits to discourage injection users from using dirty needles, needle exchange programs, distribute free condoms or make available all over at a reasonable price.

For a woman to protect herself from AIDS she has to be in a position of equality with men. A woman will not be able to get a man to use a condom if economically, socially and politically she has less power than he does (the Link, 1990, V11, N23, P15).

The Link supported the raising of money to help various AIDS agencies and the advancement of research.

Attitudes of researchers must also change so life expectancies of women with AIDS can progress beyond an average of six months. It is time the effects of the

syndrom were researched among women. It is time pharmaceutical companies developed drugs designed to help women combat AIDS-related problems. Women should not have to take drugs made for and tested on men (the Link, 1992, V13, N20, P5).

The discourse found in the Link encouraged the cessation of blaming and stigmatizing PWAs. They encouraged the organizing of a nation-wide walk for solidarity as a means of raising awareness and pushing for social change to benefit women living with HIV/AIDS.

Who puts forward these solutions ? Medical professionals, social professional, professors, AIDS activists and workers, psychologists, psychotherapists, and counsellors. These are the individuals who are the experts and who can find constructive solutions. PWAs were never given the opportunity to put forward any solutions in the Link.

One of the most lasting themes of the counter-cultural discourse and one reflected in the Link, was the declaration that AIDS was a political crisis, as well as a health crisis. It was political in the sense that media, governmental, and societal responses had grave consequences for those groups affected by the illness.

CHAPTER 7

THEORETICAL CONNECTIONS & CONCLUDING REMARKS

Foucault's philosophy discusses the nature of power in society. The media can be considered a form in organized society where relations of power are materialized. Foucault would like us to criticize the working of institutions which appear to be both neutral and independent. Media representations spiral outward from the most specialized and authorized toward the most dependent. We see in the Link that the voices of the professionals are those that speak. Those of us who are skilled (e.g. medical professionals, psychologists, AIDS community workers... etc) are the ones that can provide solutions to the crisis.

Foucault's aim has been to produce a history of the diverse modes by which individuals across the board in our culture are made subjects (Foucault, 1982). When AIDS first penetrated American consciousness back in 1981, few cultural critics were prepared to predict that this epidemic would have a broad and deep impact on the arts. The Link has certainly had its own response to HIV/AIDS throughout its history and has positioned itself amongst other discourses.

Foucault explains that the subject is objectified by a method of division either from others or from within himself. In this process of social objectification and categorization, human beings are given both a personal and social identity. The subject of HIV/AIDS in The Link is objectified from others. Not only does the subject matter have its own categorization, the voices speaking in the discourse are also divided into two camps. There are people with AIDS and then there are those that provide solutions for the crisis.

This representation is not neutral but thoroughly invested with relations of power. People who have the knowledge the ability to disseminate it are the powerful ones.

The concept of scientific classification is Foucault's second mode for turning individuals into objectified subjects. Along with the medical advances and the suffering from HIV/AIDS has come a specialization of knowledge around the issue. He argues that as knowledge increases and becomes more specialized, a high level of internal autonomy and coherence is created. In the Link what is created is the expert, the lay public, and the affected. Sometimes the subject has elements of all three but usually one belongs to one group or another.

Foucault's third mode of objectification is subjectification. This concept involves the way individuals turn themselves into subjects. Here the self-formation is active. It entails a process of self-understanding but it is not a process that does this without an external authority figure. This concept is less useful in explaining the results of this study.

'Bio-power' is the term Foucault uses to talk about the regime that fosters life and the growth and care of populations when they become a central concern for the state. The body begins to be approached as an object to be manipulated and governed. With HIV/AIDS issues, the discussions on quarantine and mass health-checks to control the spread of HIV in the population illustrate the concept of bio-power yet this concept like subjectification is not useful in explaining the results of this study.

I have gathered information on how HIV and AIDS is represented and constructed in one university newspaper and offered a preliminary description of how HIV and AIDS is discussed and addressed in this form of written media. The results have offered a basis for comparison with other written media sources and how they have dealt differently or

similarly with the explosion of information concerning HIV and AIDS in all its spheres. I hope that this study has contributed to the overall discourse on HIV and AIDS.

My interest in this thesis was born from my professional work in a shelter for women who had experienced spousal abuse. Women who are in abusive relationships have very little control over their life with their partner. In my discussions with women at the shelter what became very clear was the lack of knowledge regarding issues of safe sex and control over safe sex practices in their lives. What became interesting to me was the places that one can get knowledge on issues such as HIV and AIDS, who are the materials written for, who are the privileged speakers and can different audiences understand the materials. My professional experience and academic work has developed in me the interest in seeing that information is made available, that it is accessible, that everyone involved in the particular issue gets some say in the debates. In terms of having an interest in the social problems area of sociology I would like to see that academics write in forums that can clearly communicate to the specific populations that are affected by the issue being researched. As well, I would like to see researchers make more efforts to include participants intimately involved in the social problem to help identify future research issues and help in the research design and analysis of a particular project.

ANNEX 1

LIST OF ARTICLES ANALYSED

Sample selection that was analyzed:

1983

Négocié ou Manifester? Gérard Hector,
Tuesday, September 20, 1983
Volume 4, No. 5, p.7

1984

SIDA, Michael et J.P. II. Gérard Hector,
Friday, November 2, 1984
Volume 5, No.16, p.5

1986

AIDS Conference Set. Carole Biondic,
Tuesday, January 22, 1986
Volume 6, No. 25, p.3

Monogamy vs Promiscuity. Steven G. Blanchard
Friday, April 4, 1986
Volume 6, No. 40, p.12

T.V.: Only "cute" white gays need apply. Jerry Edwards
Friday, April 4, 1986
Volume 6, No. 40, p.12

1987

AIDS Committee Formed. Cheh Cho
Friday, February 13, 1987
Volume 7, No. 32

Delicate Sensibilities HINDER Fight Against AIDS. David T. Aveline
Tuesday, March 31, 1987
Volume 7, No. 38, p.5

Censor Steamy Safe Sex Stuff, Say Some Students. Francesca Lo-Dico
Volume 8, No. 10, p.3

Playing With Fire, Sexual Ignorance, Aaron Derfel
Friday, November 27, 1987
Volume 8 No. 21 p.3

Educating on AIDS, Fay Chin
Friday, December 4, 1987
Volume 8, No. 22, p.23

1988

AIDS Group Educates Students, at Maritime Universities, St. John's (CUP)
Friday, February 12, 1988
Volume 8, No. 32, p.3

AIDS Ads Failing, Scott McCulloch
Friday, October 7, 1988
Volume 9, No. 8, p.3

The Art of Evading The Issue, AIDS Policy On Campus, Karen Valihora
Tuesday, November 22, 1988
Volume 9, No. 15, p.11

AIDS Warning Coming To A Pub Near You, Montreal (CUP)
Tuesday, November 22, 1988
Volume 9, No. 21, p.5

1989

Gay Activist Murdered, Mike Orsini
Tuesday, March 20, 1989
Volume 9, No. 39 p.3

Rubber Rap, The Fuckheads
Tuesday, September 12, 1989
Volume 10, No. 4, p.7

Safer Sex Tips, AIDS Committee of Toronto, Act Up Montreal and the Concordia HIV /
AIDS Project
Friday, September 29, 1989
Volume 10, No. 7, p.9

1990

Canadian Students in HIV High-Risk Group, Study Shows, Ottawa (CUP)
Wednesday, September 5, 1990
Volume 11, No. 2, p.7

Women & AIDS, Heidi Modro
Tuesday, December 4, 1990
Volume 11, No. 23, p.13-15

1991

Media Condemns Student Newspaper, Jeff Herrington
Tuesday, February 26, 1991
Volume 11, No. 34, p.3

Are Catholic Schools Spreading AIDS?, Front Cover
Tuesday, March 12, 1991
Volume 11, No. 37

Safe Sex Education Failing The Grade, MCSC Program Uses Threat of AIDS To Justify Abstinence, Michael Orsini
March 12, 1991
Volume 11, No. 37, p.13

Fighting AIDS On The Inside, Number of HIV-Positive Prisoners Could Be As High As 1000, Michael Orsini
Tuesday, April 9, 1991
Volume 11, No. 43, p.27

Comment, Peter Tyler
Tuesday, September 24, 1991
Volume 12, No. 7, p.9

AIDS Education Heads North, Condoms Come To Whapmaqoostui
Tuesday, October 29, 1991
Volume 12, No. 15, p.4

1992

An AIDS Update, Disease is Still Killing Anyone, Andrew MacLeod
October 6, 1992
Volume 13, No. 8, p.7 & 14

Arts About AIDS, Tracey Lavis & Elana Wright
December 1, 1992
Volume 13, No. 20, p.9

World AIDS Day, Cover
Tuesday, December 1, 1992

Volume 13, No. 20

Attitudes About AIDS Must Change

Tuesday, December 1, 1992

Volume 13, No. 20, p.5

High Price Tag On AIDS Medication Unethical, Jo-Anne Pickel

Tuesday, December 1, 1992

Volume 13, No. 20

AIDS Black Ribbon Demo Draws 300, Illendal Ita

December 1, 1992

Volume 13, No. 20, p.3

1993

HIV Testing, Early Intervention

February 9, 1993

Volume 13, No. 30, p.10

City Councilor Under Fire For Supporting Licensed Prostitutes & Sex Tax in Montreal,

Kristen Knutson

March 2, 1993

Volume 13, No. 33, p.5

Panelists Say Misconceptions About AIDS Still Common, Jennifer Ditchburn

March 19, 1993

Volume 14, No. 37, p.4

Committee Puts Together Concordia HIVV/AIDS Course, Ryan Robinson

September 21, 1993

Volume 14, No. 5, p.3

Red Cross Policy Misguided, Montreal Groups Call Red Cross Questionnaire Irresponsible & Discriminatory, Jennifer Ditchburn

Friday, November 5, 1993

Volume 14, No.15, Front Cover

AIDS Lecture, Mark Brooker

November 19, 1993

Volume 14, No. 18, p.3

Adapting To The Changing Face of AIDS, Bryan Ekers

Friday, November 26, 1993

Volume 14, No. 20, p.6

Red Cross is HIV-Irresponsible, Timothy Johnston
Friday, November 26, 1993
Volume 14, No. 20, p.6

Whole-Hearted Support – No Consensus, The Concordia Women's Centre
Friday, December 3, 1993
Volume 14, No. 22, p.7

Screen The Virus Not The "Risk Group", P. Duffy
Friday, December 3, 1993
Volume 14, No. 22, p.7

1994

25 Years of Diversity, Reid Cooper
Tuesday, February 8, 1994
Volume 14, No. 31, p.5

Part Of The Queer Community Not A Phase, Chris Leentjes
February 8, 1994
Volume 14, No. 36, p.5

As Dangerous For What It Does Not Say As For What It Does, Charlene Nero
Tuesday, March 8, 1994
Volume 14, No. 36, p.5

"Quit Fooling Yourselfs, Girls, You Can Get AIDS", Michelle Tracy
Tuesday, March 8, 1994
Volume 14, No. 36, p.15

A Fashionable Transmitted Message, Derek Lebrero
Tuesday, March 15, 1994
Volume 14, No. 37, p.6

Blood Still An Issue For Students, James R. Edwards
Tuesday, March 15, 1994
Volume 14, No. 37, p.8

Blood Drives To Continue At Concordia, Paul Hainsworth
Tuesday, March 15, 1994
Volume 14, No. 37, p.3

University Of Victoria Bans Red Cross, Toronto (CUP)
Tuesday, September 20, 1994
Volume 15, No. 4, p.7 & 13

ANNEX 2

A BRIEF HISTORY OF WOMEN AND HIV / AIDS

I have decided to include this annex because it is clear that there was very little specific coverage on women and AIDS throughout the Link. In the entire sample there were only two articles that focused on women and AIDS. This reality closely resembles the history of the issue both in the media and research contexts.

The following is the journey of the relations of power that have made women invisible objects, controlled by governmental and medical bodies in the AIDS epidemic.

When it was crucial for the medical community to recognize, treat, and halt a fatal sexually transmitted disease that appeared first in a series of « others » -- gay men, African-American and Latino drug addicts, women of color – there was a problem. The medical system itself was and is filled with contempt for « the other ». It was sex-segregated (84% of physicians are males and 97% of nurses are female) and, providing vastly inferior medical care to the poor, racial minorities, and women of all classes. Also, medical textbooks have presented a view of women as neurotic complainers, fostering the assumption in physicians that the symptoms a woman describes may be « all in her head » and handled, not with diagnostic testing but with tranquilizers. These two ideas became deadly to women in the AIDS epidemic (Corea, 1992).

In 1981 AIDS was first identified as a distinct disease entity and recognized as an epidemic. The first case of an infected woman in the U.S. came from Bronx, New York – it was reported to the CDC (Canadian Center for Disease Control). Although only one woman was reported as an AIDS case, in fact an unusual number of young women, particularly drug addicts, died that year. Deaths of young women from a variety of

respiratory infectious diseases thought to be AIDS-related began dramatically increasing in 1981 in those areas with heavy concentrations of AIDS but the fatalities have never been counted as AIDS deaths. As the epidemic evolved, gynecological symptoms of the disease were found in women but were never added to the AIDS surveillance definition. This was to have serious consequences for women dying from the disease who could not qualify for the governmental assistance available to men. The CDC classification system for AIDS had no category for heterosexual transmission.

In contrast, when cyanide was discovered in tylenol capsules in the Chicago area on October 1, 1982, network evening news programs devoted the entire first segment of their newscasts to it. Many major metropolitan dailies placed the story on their front pages. The *New York Times* ran a tylenol-poisoning story every day for the rest of the month. It would be another seven months before the *Times* ran its first front-page story on HIV/AIDS. *United Press International (UPI)* and *Associated Press (AP)*, the sole sources of science and medicine stories for most small and medium-sized newspaper, ran respectively, ten and nineteen stories on the AIDS epidemic in all of 1982. One argument raised is that tylenol poisoning claimed seven lives by the end of 1982 nearly 800 cases of AIDS less than 100 were women had been reported since the beginning of the epidemic. But the tylenol poisoning was a major news story and the AIDS epidemic a minor one. Why? Tylenol threatened normal white heterosexuals in the general population while AIDS only affected « them » -- abnormal, black and latino, homosexual, drug-addicted people. But the line between us and them kept shifting and by July the CDC (Canadian Center For Disease Control) reported the first case of the disease among haemophiliacs (Corea, 1992).

In 1983-1984, the news coverage of the epidemic was still generally sparse, though early in the year, when the number of AIDS cases passed the 1000 mark there had been a rash of news articles. Even the *New York Times*, a late bloomer on the AIDS issue, ran its first-ever front page story on AIDS. Yet, letters were appearing in the medical journals stating that women did not get AIDS and that it could only be transmitted homosexually. In medical journals, none of the physicians or scientists talked about the women with AIDS as being sick themselves. They all saw women simply as vectors of disease to men and fetuses as organisms, like insects, that transmit a pathogen.

In July 1985, the media trumpeted the news : Rock Hudson, the film star whose roles had romanticized and glorified heterosexuality, was gay and had AIDS. In October he was dead. In those three months, the media focused unprecedented attention on the disease and heightened public awareness of it. National media swelled with additional coverage when Ryan White, an Indiana teenage hemophiliac with AIDS, was refused entry to school.

Despite the attention belatedly drawn to AIDS, women remained invisible in the epidemic. Almost nothing was appearing in the media about women with AIDS. In 1985, the CDC changed the AIDS surveillance definition but it still did not include any gynecological conditions. At the time there were 8,062 men, and 569 women reported to have AIDS. Women were twice as likely to die the same month of their AIDS diagnosis as men. Physicians were not recognizing AIDS in women. Therefore, women must be being diagnosed and treated later than men. The Federal focus was on pediatric AIDS, even though there were many more women infected than children and even though pediatric AIDS was in fact a reflection of AIDS in women (Corea, 1992).

From the beginning of the epidemic, the issue around pregnancy and HIV that would be highlighted in public discussions was the possibility of women harming fetuses by passing HIV on to them. The possibly injurious effects of a pregnancy on the health of an HIV-infected woman never became a significant topic of public discussion. The primacy of the fetus and the unimportance of the women in governmental and scientific thinking on AIDS led to a series of concerns :

- 1 HIV-infected women would not be making their own decisions about their reproduction and health, and they would be coerced into doing what fetal-centered policy makers wanted them to do.
- 2 Coercive testing of pregnant women to prevent HIV transmission to fetuses.
- 3 Potential criminalization of childbirth for HIV-infected women.
- 4 Medical treatment of the pregnant woman that neglected her needs, withholding treatment known to be beneficial to her but suspected of being harmful to her fetus.
- 5 The exclusion of women of childbearing potential from clinical drug trials.
- 6 The coercion of women into abortions and sterilizations.
- 7 The denial of abortions to those women who wanted them.

In 1986 still no services existed to address women's needs. AIDS was still also about other secrets that were as stigmatizing and distancing as the disease itself. In 1986 the anti-viral drug AZT (Azidothymidine) began slowing the progress of AIDS in some men. The only way to get AZT in 1986 was to be in an experimental trial. Women in general and drug users, many of whom were female, were excluded by design from the first trial (Corea, 1992).

In 1987 the CDC changed the AIDS surveillance definition and thus overnight the proportion of women diagnosed with AIDS shot up 39% in this same year. In 1983, 162

women made it into the official AIDS case count, in 1987 there were 2,569. Under this new definition, conditions appearing exclusively in HIV-infected children were added but conditions appearing exclusively in women and drug users were still excluded from the definition (Corea, 1992).

Similar symptoms in both women and men were interpreted and treated differently. In one study in Los Angeles, researchers looked back at the records of every HIV-infected person who was in the hospital with PCP and in the intensive care unit. When women came to the emergency room to be treated, they were being told they had upper respiratory tract infections and sent away. More of the men were being admitted for pneumonia and PCP.

The outcome of this failure to recognize AIDS in women led to respiratory failure, they ended up in the intensive care unit, and died (Corea, 1992).

At the third *International Conference on AIDS* in Washington, D.C. women were still vessels of infection for men and vectors of perinatal transmission to fetuses, they were still invisible.

In a series of editorials beginning in 1987, the *Times* had repeatedly argued that “fears” that AIDS is spreading into the heterosexual population are just that – fears. Yet in New York City at that time, almost 25% of women’s cases were attributed to heterosexual transmission. In 1988 still no pelvic exams were done on HIV-infected women coming in to the Infectious Disease Clinic.

In 1989 the stigma does not distinguish between AIDS and HIV infection. At the fifth *International Conference on AIDS* in Montreal ACT UP entered the conference. In this action, they threw a spotlight on women who were even more invisible than most –

lesbians. If lesbians were not bearing children or threatening to infect men with AIDS, no one paid attention. Out of seven thousand papers being presented at the conference only one concerned lesbians and AIDS. The CDC does not ask women for sexual identification or about cunnilingus as a sexual practice. The CDC puts all women in one category – heterosexual, so the total number of HIV-infected lesbians and bisexual women is unknown.

In 1990 the rate of abnormal pap smears and cervical disease increased yet women's efforts to place women on the agenda had once again failed. The CDC's method of classifying the way in which a person became infected with HIV could be hiding even more cases of heterosexual transmission in women. The transmission categories are set up hierarchically. That means that the first risk behaviour a person admits to is the one her case is classified in. In 1990 the CDC was still recommending nothing more than yearly cervical check-ups for women. Thirteen days before Christmas of 1990 women poured into Washington, D.C. for the *National Conference on Women and HIV Infection*. There was dialogue but the CDC did not concede to change their definition (Corea, 1992).

In 1991 the CDC finally did announce plans to expand the AIDS definition, but as of May 1992 the planned change still did not include gynecological manifestations.

The ways that scientists and physicians understand AIDS have as great an impact on the ways, that for example, newspaper describe and understand the issues.

There were only two articles published in *The Link* that dealt exclusively with women and HIV/AIDS. In 1990, Heidi Modro writes an article entitled "Women & AIDS". This article was published in the Women's Issue series. In 1994, Michele Tray

writes an article entitled "Quit fooling yourselves girls, you can get AIDS". This article was published in the Women's Issue series as well. This was a feature article.

In the 1990 article we have a birage of grimly statistics,

he world health organization estimates that more than 225,000 women have AIDS. Another three million are believed to be infected with human immunodeficiency virus (HIV), which is believed to cause AIDS.

By 1991, AIDS is expected to be the fifth leading cause of death among all U.S. women of childbearing age. Already in New York City, AIDS has become the leading cause of death among women aged 25 to 34 years of age.

And although women only represent five percent of all AIDS cases in Canada, public health officials expect those numbers to soar by the year 2000 as the disease spreads through the heterosexual community.

Community workers and AIDS activists point to the virtual absence of programs and support services to help women living with AIDS. The issues of women, poverty and AIDS is addressed. The majority of women are unaware of the dangers of the disease and the ways in which to protect themselves. Social services are scarce. The government aggravates the problem for women through cuts in social and health services which leave women without access to information and adequate professional help. The medical establishment is also guilty of the ignorance surrounding women with HIV/AIDS.

The Red Cross questionnaire for potential blood donors does not, for instance, include women's symptoms for AIDS, and most doctors are slow to connect women's symptoms with the disease (the Link, 1990, V11, No.23).

Research has not taken into account other possible variances in women's physiological response to AIDS. Pharmaceutical companies rarely use women in drug testing studies because of irregularities imposed by menstruation. Furthermore, medical research has focused on pregnant women and sex-trade workers, out of concern for the baby and for the client at risk and not for the women themselves. The 1994 article states

that there are no documented cases of lesbians transmitting HIV through sexual contact because the Centre for Disease Control (CDC) does not even recognize lesbians as a category. The Ontario Ministry of Health contends that there is no evidence of the AIDS virus being passed on from one woman to another during sexual contact. This is false information.

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