The ABC's of HIV: When "Just Say No" Is Not Enough-Queer Critique of AIDS Policy

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THE ABC’s OF HIV: WHEN “JUST SAY NO” IS NOT ENOUGH-
QUEER CRITIQUE OF AIDS POLICY

A Thesis
Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Arts

in

The Department of English

by
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B.A., University of Florida, 2002
December, 2006
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ABSTRACT

This paper will critique the United States’ AIDS policy, both domestic and international. I demonstrate how queer theorists have used Jacques Lacan’s concepts of “jouissance” and the “unconscious desire” to suggest ways in which the current policy has dangerous implications for real people, for public health, and human rights. I reveal how the problem of rising HIV infection is not due to the lack of availability of safer-sex information, but rather it is a problem of execution: the Religious Right’s ideology inscribed in our public health policy. Finally, I wish to expose how people in this country and others are increasingly denied the necessary information and services to prevent HIV transmission. These people are not even given the choice of execution because they are sheltered from the information necessary to make that choice to prevent one’s self from HIV/AIDS. I hope to demonstrate how our ultra, socially conservative administration and its constituency preclude effective HIV/AIDS treatment and prevention.
INTRODUCTION

The A B C's of HIV: When “Just Say No” Isn’t Enough

”Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. What affects one directly, affects all indirectly” (Martin Luther King, Jr., “Letter from the Birmingham Jail” 1963).

The future of AIDS policy in the United States will be complicated because the conservative groups in power have different tactical priorities than their liberal counterparts and the broader medical establishment. Conservatives have traditionally been hostile to some important, reliable, HIV/AIDS-prevention strategies, such as comprehensive sex education and condom distribution. They are also much more enthusiastic about policies such as the promotion of abstinence and restricting medically accurate sex education in public schools. Our executive and legislative political leadership, however, cannot be accused of the years of complacency and denial that characterized Reagan-era AIDS policy. Instead, contemporary conservatives have done something conservatives of that era never considered: they made AIDS their own cause.
President Bush and Senators Jesse Helms and Bill Frist rewrote the AIDS epidemic as a story about orphans, faith, and abstinence. They were spared the uncomfortable talks about condoms, gay men, and drug needles. Instead, they chose to undermine the Global Fund to Fight AIDS, preferring their own evangelical, unilateral, $15 billion global AIDS initiative.

Since fiscal years 2004 and 2005, President's Bush's Emergency Plan for AIDS Relief, herein referred to by the acronym PEPFAR, has increasingly replaced funding for comprehensive HIV/AIDS prevention programs, such as medically accurate safe(r) sex education and condom distribution, in favor of increased spending in new faith-based prevention campaigns that emphasize abstinence and marital fidelity. This new strategy, commonly referred to as the “ABC’s” of AIDS prevention (Abstinence, Being faithful, and Condom use—as a last resort!) is controversial because it prioritizes A and B over C (President's Emergency Plan 11). For instance, PEPFAR does not stipulate the promotion of condoms to young people in general (29). However, it does stipulate that its funds may be used to support programs that stress abstinence and “education” about the failure rates of condoms, provided the programs do not appear to present abstinence and condom use as equally viable alternative choices ("Report to Congress" 5). PEPFAR’S prioritization of A and B over C goes against the broad medical establishment’s recommendation for HIV/AIDS prevention. That is, according to the American Medical Association, the Center for Disease Control, World Health Organization, and UNAIDS, condom distribution to the general public and safe(r) sex education constitute the best existing defense against the spread of HIV (Wise 1216; CDC "How Effective?").
The institutionalization of evangelical sexual morality as public health policy—against the medical establishment’s recommendations—is egregious considering the fact that AIDS has killed more than 25 million people since it was first recognized in 1981, making it one of the most destructive epidemics in recorded history and shows no signs of abating (UNAIDS/WHO – 2005 2). The total number of people living with HIV is currently at its highest level ever: an estimated 40.3 million people are now living with HIV (UNAIDS/WHO – 2005 1). Last year, documented HIV diagnoses actually rose (UNAIDS/WHO – 2005 2). Could this be the consequence of our government’s disinvestment in effective strategies of HIV/AIDS prevention?
POLICY IGNORES THE BIOMEDICAL REALITY OF HIV/AIDS TRANSMISSION

The biomedical reality of AIDS is described as a severe immunological disorder caused by the retrovirus HIV, resulting in a defect in cell-mediated immune response that is manifested by increased susceptibility to opportunistic infections and to certain rare cancers, especially Kaposi's sarcoma (Kahn and Walker 33). The medical establishment also unanimously accepts that HIV is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid or breast milk (CDC "HIV and Its Transmission"; American Red Cross "AIDS Facts"; and UNAIDS, "2006 Report" 127).

Yet policy decisions that address the epidemic are contingent upon how AIDS registers within a specific hermeneutical context. Queer theorists have exposed and interrogated the discourse through which AIDS policy is made. Queer theorists have always acknowledged that AIDS constitutes a distinct biomedical reality. However, they also recognize that "AIDS," or how this condition is conceptualized and responded to, is a highly contested signifier. Queer theorists, such as Douglas Crimp, Tim Dean, Michael Warner, and Judith Butler, for example, argue that at exactly the most crucial and horrific moment of the AIDS epidemic—now—the government, media, and even some AIDS activist factions, have failed the public by continuing to indulge in representations of persons with AIDS as perverse, culpable, murderous, and, in other ways deserving of their fate. The AIDS crisis, then, from a queer theoretical point of view, represents more than just a medical crisis. AIDS is also a crisis in signification.

Many queer theorists have argued that in our sociopolitical context, namely one of
increasing cultural conservatism, the official response to AIDS falls prey to latent ideological error: PEPFAR, the program currently in place to curb HIV/AIDS transmissions, ignores the biomedical reality of HIV/AIDS transmission by promoting abstinence instead of prevention. Monogamy and abstinence are unsafe alternatives because telling people to "just say no"--without offering alternatives, without offering clean needles, and without offering education--pushes people into unnecessarily high-risk behavior as the increase in HIV transmission has clearly demonstrated. Queer theorist Douglas Crimp argues, for example, that abstinence as a strategy of prevention is worthless because "people do not abstain from sex, and if you only tell them 'just say no,' they will have unsafe sex" (AIDS: Cultural Analysis/Cultural Activism 252). In other words, sheltering people from the reality that pre-and extramarital sex occurs, and that it can be made safer by the use of condoms, will not curb the epidemic. With a sincere interest in reducing instances of HIV/AIDS transmission, many queer theorists are committed to exposing the assumptions that get in the way of this goal. They do this by distinguishing between those policies that are medically effective from those policies that merely serve some ideological or political patronage purpose.

Though more than half of all people living with HIV/AIDS live in Sub-Saharan Africa, the United States is the single largest state funder of global HIV/AIDS programs in the world ("Largest AIDS Funder"). The epidemic is worldwide, yet queer theorists have chosen to focus on the United States’ response because it has the most international political clout, cultural hegemony, and resources to respond to the epidemic. What they find most problematic about
the United States’ domestic and foreign AIDS policy is that political rhetoric has called for more focused attention to HIV/AIDS prevention, and more funds have been summoned for the cause, yet HIV transmissions continue to escalate. Queer theorists can agree that the current policy is best described as one based on religious moralism rather than scientifically proven, effective methods. Judith Butler, for instance, notes that our current, public and political discourse on AIDS and sex education has experienced a

[M]ove away from a focus on AIDS, and so a move by which we seek to produce a public picture of ourselves as religious or state-sanctioned set of upstanding couples rather than as a community still afflicted by an epidemic for which adequate research and medical resources are rarely available, especially to those who are poor or without adequate means. (qtd. in Breen and Blumenfeld 22)

In addition to the promotion of abstinence and ignorance instead of comprehensive sex education, other controversial, moralistic stipulations of PEPFAR include the refusal to fund organizations that counsel and abet sex workers, and funding faith-based organizations that refuse to provide patients with information about condoms and whom also refuse to make referrals to clinics or organizations that offer such critical prevention services and information (PL108-25, 2003). PEPFAR also bans federal funding for needle exchange programs even as the World Health Organization claims that sterile syringe programs can dramatically decrease the spread of HIV without increasing drug use ("Engendering Bold Leadership" 24; "Provision of Sterile Injecting" 1). Thus, there is clearly only one way in which this policy is effective—as a massive patronage system for the Religious Right.

The AIDS epidemic continues to outstrip global and national efforts to contain it. As such, queer theorists argue—and have always argued—that far greater and more 6
inventive HIV prevention efforts than those in place are needed to slow the epidemic and
that this will necessarily involve changing how "AIDS," as a signifier, is interpreted.
They claim that unless AIDS is resignified by the media and government as a deadly, yet
easily preventable medical condition that indiscriminately affects innocent people, the
rate of transmission will not decline. They are also quite optimistic that cultural work can
be done to create the public and political support for greater, more effective HIV/AIDS
prevention efforts. Their theory, in other words, is indistinguishable from their AIDS
activism. In this paper, I challenge the theory and question its ability to disrupt Religious
Right ideas about sex and actually save lives. For example, I sought to determine if queer
theory affected human subjects and politics, or if it merely sat in books on shelves. The
research component of this paper is my own interrogation of the theory. When I say that I
“challenge” the theory and “question” it, I do not mean that I think it is suspicious or
worthless. Rather, I mean that I want to interrogate the texts beyond their face value and
determine if and how they communicate with the world outside of academia. Ultimately,
I discovered that the theory and theorists were both in dialogue with AIDS activism(s),
and at times bolstered the movement(s) by framing sex/gender identity as irrelevant to
human rights. I conclude this paper with a greater insight into how queer theory can
affect real people, public health, and human rights.
AN INTRODUCTION TO THEORIZING AIDS

The current deceptive and ineffective AIDS policy, that favors faith over fact, should be understood as a continuation and expansion of the homophobia and the heterosexism that galvanized the Religious Right during the epidemic’s inception. When queer theorists such as Douglas Crimp, Michael Warner, Judith Butler, and Eve Kosofsky Sedgwick theorize what has happened to account for the institutionalization of evangelical sexual morality as public health policy, even against the advice of the medical establishment, they turn to Lacanian psychoanalytic dynamics for an explanation.

Queer theory is a complex discipline with several agendas. The objective is not simply to clarify what Lacanian psychoanalysis is, or solely to demonstrate its pertinence to gay/lesbian issues. At the very least, it channels Lacan’s deconstruction of the constituent “self” in order to critique identity politics. In Tim Dean's words, queer theory uses Lacan’s critical concepts of socio-linguistics to understand sexuality "outside the terms of the ego, the individual, or the self” (Beyond Sexuality 3).

Although Lacan died before queer theory came into existence, his critical apparatus is well suited for a critique of contemporary sexual politics. His critique of ego psychology and social proselytization has much in common with queer theorists’ critique of what has come to be known as heteronormativity. By virtue of flouting social norms of all kinds, Lacan explains that psychoanalysis should belong to the “liberal arts,” and that the discipline avoid reductive scientism or medical normativization (Ecrits: A Selection 76). Lacan's antinormative proclivities
established theoretical precedence for queer theory’s critique of identity politics. This critique of identity politics has been used, in turn, by queer theorists and AIDS activists alike to leverage a critique against AIDS policy: they have posited that those policies merely service “heteronormative” standards, or, in other words, those punitive social and legal rules that force us to conform to heterosexual standards of identity.

One of Lacan’s most rudimentary principles that queer theorists have found useful for the critique of heteronomativity is his notion that language pre-exists the individual and ultimately determines the individual’s possibilities (Ecrits: A Selection 4). According to Lacan, a young person assigns meaning to things and the world only through language acquisition (Ecrits: A Selection 49). As a person is socialized in language s/he learns the laws, contracts and conventions of social interaction. Lacan terms these rules, the “symbolic order” (Ecrits: A Selection 72). In order to enter a community of others, a person has to 'subject' him/herself to this order that language imposes on the world (Ecrits: A Selection 68). Once a child enters into language and accepts the rules and dictates of society, s/he is able to communicate with others. As Lacan describes it, the symbolic order, imparted through language, is "the pact which links... subjects together in one action. The human action par excellence is originally founded on the existence of the world of the symbol, namely on laws and contracts" (Seminar, Book 1 170). Societies function because their inhabitants accept those laws and customs that control one’s behavior and communication. This process implies a lack of personal agency over one’s own identity as the self is formed through the language of the Other, that is, the conception of the 9
external. A person, then, only comes to know him- or herself as a self, as an independent being, distinct from others and the world, through language and other systems of representation: something other than one's self. Language, according to this line of reasoning, is not a function of our identities and desires, so much as our identities and desires are functions of the sociolinguistic milieu into which we are born.

Lacan also argued that subjectivity is not a stable unit. Instead, subjectivity is a set of relationships that are activated by entrance into a historically contingent semiological system. For Lacan, subjectivity is a fluid process that begins with a primordial recognition of one's self as an "I," at a point "before it is objectified in the dialectic of identification with the Other, and before language restores to it, in the universal, its function as subject" (Ecrits: A Selection 2). In other words, this recognition of the self's image precedes the entrance into language, after which the subject can situate the place of that image of the self within a larger social order, in which the subject must constantly negotiate his or her relationship with the Other (Seminar, Book 2 170).

Lacan's theory of an unstable, linguistically constituted subject can be understood as his break from Freud. In Freud's psychoanalytic theory of subjectivity, the unconscious mind is a chaotic, constantly shifting reservoir of feelings, thoughts, biological urges, and memories that are outside of our conscious awareness (The Ego and the Id 44). According to Freud, the unconscious continues to influence our behavior and experience, even though we are unaware of these underlying influences. Freud's theory of the unconscious questioned, or destabilized, the Enlightenment ideal of the constituent subject; in that respect, he could be considered one of
Lacan’s precursors. But Freud hoped that by bringing the contents of the unconscious into consciousness, he could minimize repression and neurosis. Freud’s goal was to strengthen the ego, the “I” self, the conscious identity, so it would be more powerful than the unconscious (An Outline of Psycho-analysis 164). For Lacan, however, this project is impossible. The ego can never take the place of the unconscious, or empty it out, or control it, because, for Lacan, the ego or “I” is only an illusion; it is a product of the unconscious itself, which, in turn, is the result of the Other’s language (Ecrits: A Selection 49). He claimed that “the unconscious is that part of the concrete discourse, in so far as it is transindividual, that is not at the disposal of the subject in re-establishing the continuity of his conscious discourse” (Ecrits: A Selection 49). Interestingly, then, and somewhat paradoxically, each individual’s unconscious is linguistically constituted, and therefore transindividual. Accordingly, Lacan also argued that our continual attempt to fashion a stable, ideal ego throughout our adult lives is self-defeating. About this slippery, linguistically constructed subjectivity, Lacan wrote:

One should see in the unconscious the effects of speech on the subject—\(\text{in so far as these effects are so radically primary that they are properly what determine the status of the subject as subject.} (The Four Fundamental Concepts of Psychoanalysis 126).\)

The subject is made and remade in his/her confrontation with the Other, an entity that is historically contingent. The Other is also that which communicates across the division we carry within ourselves, between the unconscious and conscious. Lacan’s contention, put broadly, is that when the subject learns its mother tongue, everything from its sense of how the world is, to
the way it experiences its biological body, are over-determined by its accession to this order of language. Lacan thus provocatively depyschologized the unconscious by insisting that it is sociolinguistically determined.
QUEER TAKES A CRITICAL EDGE FROM LACAN’S NOTION OF SUBJECTIVITY

It is Lacan’s concept of the linguistically determined, unstable subject that queer theorists and queer activists have found most useful in their critique of the heteronormative standards upon which AIDS policy lies. Queer theorists have taken Lacan's notion that a subject’s life possibilities are contingent upon the linguistic milieu and the symbolic order into which s/he is born, and argue that there is a fundamental constitutive division in human subjectivity that thwarts the possibility of any unified identity, sexual or otherwise. Lacan's notion that the body is caught in the play of meaning-formation between subjects, and expressive of the subjectivity that "lives" through it, has been a useful enterprise for explaining the queer contention that a subject's so-called “sexual orientation” can be expressed in a myriad of possibilities that change over time and not solely in terms of binary "straight" or "gay" activity (Seminar Book 2 89). Queer theorists have accepted Lacan's notion of fluid subjectivity and assert that bodily manifestations, identifications with others, and especially sexual orientation are beyond a subject's conscious control. They have also extended Lacan’s critique of singular identity to critique rigid “straight” or “heterosexual” identity as an attempt to eschew subtle, unconscious, queer desires so as to signify as something powerful and meaningful within our symbolic order.

Lacan's account of the symbolic order also provided the conceptual ground from which queer theorists began depersonalizing or deindividualizing their understanding of sexuality. Queer theorists have found it intellectually stunting to conceptualize subjectivity and sexuality without
taking into account language and the unconscious. They are, however, perhaps more focused on
the heteronormative nature of the symbolic order than Lacan. However, Lacan did set precedence
by insisting that sexuality is linguistically constructed and not innately programmed into humans.
He observed no natural complementarity between man and woman and, furthermore, postulated
that such complementarity is not a desirable ideal. Lacan warned his fellow psychoanalysts
against imposing the arbitrary social norm of heterosexuality as the goal of clinical therapy
(Se
phantasmatic idealization of itself—and failing. Precisely because it is bound to fail, and yet endeavors to succeed, the project of heterosexual identity is propelled into an endless repetition of itself. Indeed, in its efforts to naturalize itself as the original, heterosexuality must be understood as a compulsive and compulsory representation that can only produce the effects of its own originality; in other words, compulsory heterosexual identities, those ontologically consolidated phantasms of ‘‘man’’ and ‘‘woman,’’ are theatrically produced effects that posture as grounds, origins, the normative measure of the real. ("Imitation and Gender Insubordination" 21)

Thus Butler, and other queer theorists, emphasize the compulsory drive to identify as heterosexual. They argue that individuals are so compelled to identify as such because our symbolic order, our laws and conventions of social interaction, is heteronormative. In other words, social reality is organized around heterosexual institutions, such as marriage, cogenital sex, and courtship. There are great rewards to be had for conforming and punitive repercussions for not doing so, as seminal queer theorist Michael Warner has observed:

[A]whole field of social relations becomes intelligible as heterosexuality, and this privatized sexual culture bestows on its sexual practices a tacit sense of rightness and normalcy. This sense of rightness—embedded in things and not just in sex—is what we call heteronormativity. Heteronormativity is more than ideology, or prejudice, or phobia against gays and lesbians; it is produced in almost every aspect of the forms and arrangements of social life: nationality, the state, and the law; commerce; medicine; and education; as well as in the conventions and affects of narrativity, romance, and other protected spaces of culture. ("Sex in Public" 20)

Accordingly, heteronormativity is a diffuse form of power that actively brings into existence modes of sexual being and identity through techniques of classification and normalization. This process of enculturation can also be interpreted as social and legal discrimination based on sexual orientation and sex/gender identity in our current symbolic order. Queer theorists such as Butler and Warner thus analyze how heteronormativity structures the meaningfulness of the social world by enforcing a hierarchy between the normal and the deviant or queer.
QUEER EXTENDS FROM, YET ULTIMATELY UNRAVELS “GAY”

Though the term “queer” has colloquially become a new, hip term for gay, “queer gets a critical edge by defining itself against the normal” rather than heterosexual, as Michael Warner has stated in *Fear of a Queer Planet* (xxvi). The queer theorists took Lacan’s critique of compulsory heterosexuality a step further by insisting that not only is heterosexual identity an arbitrary social construction—but so too is gay identity.

Queer theorist Tim Dean describes how queer theory emerged from feminist theory as well as from Lacan. Feminists have distinguished sex from gender in terms of the well-rehearsed debate between essentialism and constructionism—or, in other words, nature verses nurture. This feminist convention, along with Lacan's notion of the linguistically constituted subject, was a primer for queer theory according to Dean, because,

The force of gender as a concept lies in how it denaturalizes sexual difference, making sex a question of social and historical construction rather than of biological essence. And sexuality, or sexual orientation, tends to be discussed within the framework of these same debates. Indeed, the term *sexuality* is regularly understood to involve questions not only of desire but also of identity, so that the issue of one's sexuality tends to be taken as referring not only to the putative gender of one's object-choice but also to one's *own* gender identity, one's masculinity or femininity.

To free a theory of sexuality from the ideological constraints imposed by gender categories also permits us to divorce sexuality from the straitjacket of identity. Another way of putting this would be to say that psychoanalysis enables us to think sexuality apart from the ego. And, as I've suggested, this way of thinking becomes possible only through some concept equivalent to that of the unconscious: it remains a basic psychoanalytic postulate that while there is always sex, there can be no sexuality without the unconscious. Thus for Lacan sexuality is explicable in terms of neither nature *nor* nurture, since the unconscious cannot be considered biological--it isn't part of my body and yet it isn't exactly culturally constructed either. (*Beyond Sexuality* 221)
Thus, while Dean resolutely believes that sexual orientation categories, such as "straight" and "gay" are just as much linguistically constructed as gender, and that a person's object of love, what the literature refers to as sexual object-choice, is determined by some intrapsychic spasm that is the culmination of biology and a subject’s interception by the symbolic order, which resonates in the unconscious. This equation implies that a person's sexuality is a conditional process that is influenced by many factors that change across time. According to Dean, then, individuals should not be forced into a permanent sexual identity.

Judith Butler similarly theorizes that gender and sexual identification are only provisional intrapsychic compromises. Consequently, categories of sexuality grossly oversimplify the deep-seated ambivalence attendant to any form of sexual identification. Hence Butler deconstructs and dismisses “‘gay’” and “‘lesbian’” identity in addition to "heterosexual" identity:

Such a consideration of psychic identification would vitiate the possibility of any stable set of typologies that explain or describe something like gay or lesbian identities. And any efforts to supply one . . . suffer from simplification, and conform, with alarming ease, to the regulatory requirements of diagnostic epistemic regimes. ("Imitation and Gender Insubordination" 27)

In other words, sexuality--gay or straight--is a performance; it is what you do at particular times, rather than who you are. This idea of identity as free-floating, as not connected to an essence, but instead a performance, is one of the key ideas in queer theory. Queer is by literal definition whatever is at odds with the normal, the legitimate, the dominant. It is an identity without an essence; there is nothing in particular to which it necessarily refers. Queer, then, is not necessarily just a view on sexuality, or gender. It also suggests that the confines of any identity
can potentially be reinvented by its owner or environment.

Nonetheless, queer theorists argue that HIV/AIDS policy is best understood in the context of gay history in the United States. Explaining AIDS signification through this history may seem like anti-gay defamation, especially since the first AIDS activists struggled so hard to dislodge the public association between gay men and AIDS, and considering my own staged elaboration on the instability of the signifier "gay." Yet queer theorists hasten to assure us that it is not. Ross Chambers, for example, argues that “AIDS witness thus falls, for good and for ill, under the category of gay writing, and homophobia is consequently its privileged target” (Facing It 2). As a matter of U.S. historical record, gay men were the first organized community to respond to AIDS. AIDS was first identified, even reified as a biomedical concept, primarily among North American gay men. As queer theorist and AIDS activist Jan Zita Grover recalls,

What is now called AIDS was first pieced together in 1981, when physicians in New York, Los Angeles, and San Francisco, some of whom had noted long-term enlarged lymph nodes (persistent generalized lymphadenopathy) in many of their gay clients as early as 1979, began seeing gay men with cases of Pneumocystis carinii pneumonia (PCP) and Kaposi's sarcoma (KS), a cancer of the blood vessels that usually follows a slow and relatively benign course...Initially the complex of KS/PCP was termed GRID (gay-related immunodeficiency) or AID (acquired immune deficiency). As more symptoms, diseases, and invading organisms were identified, the complex was further qualified by the medical term syndrome, "a set of symptoms which occur together; the sum of signs of any morbid state; a symptom complex." The term AIDS, for acquired immune deficiency syndrome, was officially adopted by the Centers for Disease Control (CDC) in 1982. ("AIDS: Keywords" 18)

Yet quickly, and precisely because “straight” people were assumed to be unsusceptible, HIV/AIDS developed into a global disaster, a worldwide plague that—despite medical
advances—shows no sign of abating.

Instead of contributing positively to the fight against AIDS, the official response has bred serious prejudices and caused, without doubt, a large number of infections that would otherwise not have taken place. A large amount of queer critique has focused on exposing the homophobic (and to a lesser extent racist and classist) assumptions embedded in media and medical representations of persons with AIDS. Many of their undertakings highlight the politics of "risk groups" that target people rather than practices.

Despite the fact that the onset of AIDS further stigmatized male homosexuality in North America, gay men were also the first group to effectively and publicly respond to AIDS—better and earlier than either heterosexual injection drug users, or people of color with no history of injecting drugs, all of whom were also very much initially affected by the epidemic (Crimp, *Cultural Analysis/Cultural Activism* 12). Gay men were better organized than either of the other demographic groups because many were white and middle class; gayness cut across socioeconomic strata whereas injectible drug use and race typically did not (Crimp, *Cultural Analysis/Cultural Activism* 12). As such, gay men had more economic and social capital, which meant that they were better able to network locally and nationally because white, middle class subjects expected to be heard and demanded to be listened to when others could not. Also, as a community, they had more social structures and support groups in place than injection drug-using subcultures and more media outlets than non-injection drug-using people of color and users combined (Crimp, *Cultural Analysis/Cultural Activism* 12)
These early HIV/AIDS activists had a formidable opponent: the Christian Right. In June, 1981, the American Center for Disease Control published a report about the occurrence of Pneumocystis Carinii Pneumonia, without identifiable cause, in five men in Los Angeles. This report is sometimes referred to as the "beginning" of AIDS, but it might be more accurate to describe it as the beginning of the general awareness of AIDS in the United States ("Pneumocystis Pneumonia- Los Angeles" 2). Because there was so little known about the transmission of what seemed to be a new disease, there was concern about contagion, and whether the disease could by passed on by people who had no apparent signs or symptoms (Darrow qtd. in Ulack and Skinner 41). Knowledge about the disease changed so quickly that certain assumptions made at this time were shown to be unfounded just a few months later. For example, in July 1981 Dr Curran of the Center for Disease Control fallaciously reported that "there was no apparent danger to non homosexuals from contagion" (Altman, "Rare Cancer" A20).

The various routs of HIV transmission, including heterosexual intercourse, were not discovered until March, 1983 when the Center for Disease Control issued a statement that read:

[P]ersons who may be considered at increased risk of AIDS include those with symptoms and signs suggestive of AIDS; sexual partners of AIDS patients; sexually active homosexual or bisexual men with multiple partners; Haitian entrants to the United States; present or past abusers of IV drugs; patients with hemophilia; and sexual partners of individuals at increased risk for AIDS. ( "Current Trends Prevention of AIDS" 101)

This last clause cryptically implied that heterosexual women and men were susceptible to
HIV/AIDS. The statement provoked panic, but the Center for Disease Control did not yet endorse the use of condoms or needle exchange programs. As a *New York Times* article that followed the report claimed, "In many parts of the world there is anxiety, bafflement, a sense that something has to be done - although no one knows what" (Altman, "Concern over AIDS" C1).

Despite contrary evidence, a perceived association between AIDS and homosexuality continued. In some newspapers, the prejudice was obvious. Hemophiliacs were seen as the "innocent victims" of AIDS, whereas gay men and drug-users were seen as having brought the disease upon themselves and society. The media more generally started to take notice of AIDS by printing articles about the "gay plague." For example, Britain's *The Daily Telegraph* May 2, 1983 paper headlined, "'Gay Plague' May Lead to Blood Ban on Homosexuals," and the May 2, 1983 issue of *The Daily Mirror* headlined "Alert over 'Gay Plague.'" Even as late as December 1985, *Discover* Magazine featured an article titled, "Why AIDS is Likely To Remain Largely a Gay Disease" (40). AIDS thus wrongly continued to be signified as a gay disease in the press.

The growing Christian Right movement in America found a way to capitalize on this anti-gay prejudice. This nascent political movement began when evangelicals began organizing against a series of Supreme Court decisions, notably Roe versus Wade, and also engaged in local battles over pornography, obscenity, taxation of private Christian schools, school prayer, textbook contents concerning evolution, homosexuality, and a general opposition to evolving moral standards (Burack 164). This movement eventually spawned the Christian Coalition, one of the loudest voices in the conservative movement; its influence culminated into the voter mobilization
effort to support the election of a conservative Christian to the presidency. Jesse Helms, former five-term Republican Senator from North Carolina from 1973-2003 became one of the leaders of the increasingly influential Christian conservative movement within the Republican Party, giving Ronald Reagan crucial support in the pivotal North Carolina GOP primary that paved the way for Reagan's presidential election in 1980 (Roberts 2).

In 1988, amidst AIDS hysteria and homosexual scapegoating for the disease, Senator Helms lashed out during the designing of the Kenny-Hatch AIDS bill in his routine opposition to AIDS research funding stating that "There is not one single case of AIDS in this country that cannot be traced in origin to sodomy" (S14200). It can be assumed that he was referring to homosexual sex. By signifying AIDS as a gay disease, statements such as these not only undermined the public image of gay men, but also gave the illusion that as long as someone did not engage in “disgusting and immoral activities”—Helms’ verbiage for homosexual sex—then s/he was not at risk. What followed was the deaths of tens of thousands of persons with AIDS who did not fit the stereotyped “type” of person who gets HIV/AIDS. There was no public recognition or discourse through which such a loss might be named and mourned; “AIDS” was not even muttered in public by President Reagan until 1987, after approximately 25,644 cases of AIDS had been reported in North America (Crimp, *AIDS: Cultural Analysis/Cultural Activism* 11). Thus, Religious Right politicians and the media characterized AIDS as a disease of identity: something you would catch because of the kind of person you were. AIDS was represented as
“gay disease” and even explained as divine punishment for “unnatural” sex. The combined effect of the lack of information on how to protect oneself from transmission, and the persistent association between AIDS and homosexuality—even against scientific evidence suggesting otherwise—encouraged heterosexuals to believe they were immune to HIV/AIDS. This ignorance undoubtedly led to escalation of transmission rates among the public, in general. How could the public protect themselves when safe(r) sex was not even reified as a concept?
ATTEMPTS TO RESIGNIFY BOTH AIDS AND HOMOSEXUALITY

The AIDS Coalition to Unleash Power (ACT-UP) was among the first HIV/AIDS awareness groups in the United States that formed around the time that queer theory established itself as an academic discipline. Though ACT-UP was effectively formed in the New York City Gay Services Center, it did not commence as a "gay rights" organization. Rather, Center patrons formed the organization after a discussion over governmental incompetence to stave off the looming AIDS crisis (Crimp, *AIDS: Cultural Analysis/Cultural Activism* 11). Indeed, Maxine Wolf, a founding member of ACT UP, explained that most of the people who eventually became involved with ACT UP were not politicized in terms of their gay identity. The members happened to be gay because HIV/AIDS initially disproportionately affected this demographic. As Wolf recalled, the majority of gay men coming to ACT UP really prioritized the fight against AIDS over their gayness ("This is about Dying" 184). In other words, they were "coming out" to fight the AIDS crisis. ACT UP began as a diverse, nonpartisan group united in anger and committed to direct action to end the AIDS crisis. They realized they needed to break from the "gay liberation" style activism of the 1970's and 1980's and invent a new type of activism that was not based on gay rights because the public hated and feared gays more than ever.

The organization did exactly as its acronym implies: they conducted demonstrations, and acted in ways that the authorities felt were inappropriate, but ultimately accomplished the goal of bringing into focus the problems that public officials were unwilling or afraid to address. For example, one of ACT UP’s initial actions was held at the New York City General Post Office in
the evening of April 15, 1987 amidst the rush hour of people filing last minute tax returns (Treichler 49). Demonstrators carried posters that depicted a pink triangle, the symbol used to mark homosexuals in Nazi concentration camps, on a black background with a slogan that read, "SILENCE = DEATH" (Treichler 49). This equation, plus the strategic location that created a remarkable spectacle on a lavish scale, pointed to the perpetuation of AIDS deaths as a direct consequence of governmental silence and inaction. This critique was leveraged just one month after then President Reagan made his first major speech on AIDS during which he addressed the Philadelphia College of Physicians. Even then, Reagan advocated only a modest federal role in AIDS education, having told reporters the previous day that he favored AIDS education, "as long as they teach that one of the answers to it is abstinence - if you say it's not how you do it, but that you don't do it" (Hooper, "Critics Unimpressed"). This speech was made during the same year that 71,751 cases of AIDS had been reported to the World Health Organization with the greatest number of cases from any state, 47,022, reported from the United States (WHO (1987) Global Statistics 62: 49). With its iconography of a pink triangle and the slogan “Silence = Death,” this ACT-UP demonstration drew parallels between the Nazi period and the AIDS crisis, declaring that silence about the oppression and annihilation of gay people and others affected by the disease must be broken as a matter of human survival, thus associating the extermination of gay men with the holocaust. This demonstration, and a slew of similar ones that ensued, protested taboos around the discussion of safe(r) sex and the unwillingness of some to speak out against discrimination based on sexual orientation. This demonstration was
strategically brilliant because television media routinely does stories about down-to-the-wire tax return filers, and, thus, American viewers tuned in en masse. Ordinary citizens and policy makers alike were confronted with questions such as: Why is Reagan and Congress silent about AIDS? What is really going on at the Center for Disease Control? How is the Food and Drug Administration—even the Vatican processing AIDS? The urgency of their message comes across via the allusion to the holocaust as a signifier of absolute horror. Footage of this ACT UP protest and others also included demonstrators’ demands for better access to drugs as well as cheaper prices, public education about AIDS, and the prohibition of AIDS-related discrimination (Crimp, Cultural Analysis/Cultural Activism 7; "Flyer for the First Act Up Action").
STRUGGLE FOR POLITICAL LEGITIMACY

Tim Dean recalls that in the late 1970’s and early 1980’s, actively identifying one’s self as a member of an oppressed minority group proved enabling:

In the 1960s and 70s, political movements such as civil rights, women’s liberation, and gay liberation developed around identity categories (Black, woman, gay, lesbian) to resist the status quo. Central to these movements was the work of consciousness raising, in which one learned how to actively identify as a member of an oppressed minority group. These forms of identity politics proved remarkably effective in generating large-scale social changes; yet their limitations stemmed from their faith in identity as the basis of political action. ("Lacan and Queer Theory" 239)

During the inception of the AIDS crisis, gay activists started to see how the discourse of identity that had proven so enabling in the 1970's and 1980's when promoting gay civil rights issues, such as fair access to housing and employment, had its drawbacks as the hard-won political gains of gay liberation were eroded by the new stigma against gay men brought on by AIDS. Rather than gradually being accepted into mainstream society, gay men were abruptly recast as plague-spreading, sex deviants.

Douglas Crimp was one of the prominent gay activists of this era who later took to “queer.” From 1977 to 1990 Crimp was an editor of *October*, an art and art criticism journal. In 1987 he edited the *October* special issue on AIDS, entitled "AIDS: Cultural Analysis/Cultural Activism." The collection of critical, cultural, and theoretical responses to AIDS was a seminal text in the queer theorization of AIDS. This issue, later published as a book, was one of the first collections of scholarly essays to suggest that the "meaning" of AIDS is hotly contested in the discourses that conceptualize it and respond to it. The writing included in this special issue of
October by Paula Treichler, Cindy Patton, and Simon Watney was also among the earliest work on AIDS from a sophisticated, postmodern theoretical perspective. This writing is generally considered the first queer theoretical work, alongside a few works in literary studies by writers such as Eve Kosofsky Sedgwick and D. A. Miller. Douglas Crimp recalls a symbiotic relationship between the academy and AIDS activists. AIDS became an issue that some academic disciplines began to think about from a radical perspective. Academics began to theorize AIDS, while the movement simultaneously inspired the development of queer theory (Crimp, "The Melancholia of AIDS" 3).

Early AIDS activists, knowingly or not, applied Lacan's notion of unstable identity to interrogate the homophobic assumptions upon which AIDS policy was based. This deployment of a densely theoretical concept to explain the discourse on AIDS is most likely due to academics' involvement in the movement. At this point during the AIDS crisis, queer theory and AIDS activists' critique of identity politics, an idea built from Lacan's critique of the constituent subject, became useful for exposing the homophobic and ineffective policy, and for deconstructing the notion that there is an unsusceptible “us,” namely white bread America, versus a susceptible “them”: gay men and other sex/gender outlaws. AIDS activists attempted this twofold objective first by destabilizing, in a public way, the signification of homosexuality. Newly demonized gay men from this era began to take up the pejorative epithet “queer” and embraced it as the label for a new style of political organization that focused more on building alliances and coalitions to fight AIDS related discrimination than on maintaining identity
boundaries (Dean, "Lacan and Queer Theory" 240). In fact, "queer" was born from AIDS activists' struggle for political legitimacy. Its invention came about because of the need to destabilize the commonly held belief that only “bad” people (i.e., gay men) got AIDS. In these early stages of the AIDS crisis, the critique of identity politics stemmed from the limitations of identity as the basis of political action; gayness, in other words, was not going to get the public aware and concerned about AIDS. As Tim Dean recalls of this period,

Rather than gradually being accepted into mainstream society, gays abruptly were recast as plague-spreading sex deviates, along with junkies and non-white immigrant groups (such as Haitians) that showed a demographically high incidence of AIDS. Public discourse showed less concern for helping those ill with the disease than for protecting the “general population” that they might contaminate. As Simon Watney has shown in his analysis of media discourse about AIDS in Britain and the United States, the idea of a general population implies a notion of disposable populations in much the same way that the category of the normal defines itself in relation to the pathological, on which it necessarily depends. Hence the “general population” can be understood as another term for heteronormative society. Those excluded from the general population – whether by virtue of their sexuality, race, class, or nationality – are by definition queer. In this way, “queer” came to stand less for a particular sexual orientation or a stigmatized erotic identity than for a critical distance from the white, middle-class, heterosexual norm...Queer has no essence, and its radical force evaporates – or is normalized – as soon as queer coalesces into a psychological identity. (Dean, "Lacan and Queer Theory" 240)

The point of queer theory was to create a vast, unapologetic sexual politics aimed at defending basic human rights and self-determination for sexual outsiders, whether gay or not. In praxis, this involved an activism that according to Dean, "ceded mainstream political campaigning in favour of shorter-term, more spectacular guerrilla tactics," such as the media savvy post office demonstration described earlier, in order to publicly resignify AIDS ("Lacan and Queer Theory" 242).
Queer activism also involved grassroots safe(r) sex education for homosexuals, heterosexuals, and queers alike. This activity was done out of general philanthropic concern to prevent the spread of HIV/AIDS. It also had the effect of discrediting the notion that there is a specific kind of person who gets AIDS, namely gay men. Instead, AIDS educators emphasized that there are specific types of activities by which one could acquire HIV. Educating the public at large of these facts--when public schools and public health officials would not--helped debunk the myth that as long as one was straight, one was unsusceptible. Indeed many queer theorists insist that queer activists invented safe(r) sex ("How to Have Promiscuity" 252). Douglas Crimp recalls that this public health movement was made possible by the sexual innovation and solidarity among sex/gender outsiders implicit in the concept of "queer":

> We were able to invent safe sex because we have always known that sex is not, in an epidemic or not, limited to penetrative sex. Our promiscuity taught us many things, not only about the pleasures of sex, but about the great multiplicity of those pleasures. It is that psychic preparation, that experimentation, that conscious work on our own sexualities that has allowed many of us to change our sexual behaviors….it is our promiscuity that will save us. (Melancholia and Moralism 64)

Indeed, queer art critic Christopher Tradowsky affirms Crimp’s radical claim that queer promiscuity did not cause HIV/AIDS and further remarks:

> Because it was necessary and because they recognized that conservative calls for abstinence and (nonserial) monogamy were beyond impractical, gay men invented safe sex, spread the word through grass-roots means, and thereby saved countless lives. Personally, I take this as given and do not doubt its veracity, simply because having come out at eighteen in a midwestern town, far from New York, the propaganda campaigns of ACT UP and Gran Fury, adopted by my local queer community, were precisely the way I learned about safe sex, its possibilities and necessity. Neither do I doubt that safe sex required the conditions of an affirmative sexual dynamism for its invention. (97)
In 1987 Crimp interviewed a trailblazing HIV/AIDS activist and self-described "queer," Amber Hollibaugh. In this interview, Hollibaugh described how teaching medically accurate sex education not only teaches how to protect one's self from HIV infection, but also helps fight discrimination based on negative stereotypes of persons with AIDS:

...[I] do a lot of public speaking on AIDS, and much of mine is about transmission. I find that people have very wild fantasies about how you can come into contact with the virus. What I think this reflects is, first, extreme distrust of the government--"Why should we trust the government on this one when we know they lie to us about other things?" And second, it takes time for people really to learn about transmission. Education is a process; it's not a single brochure, a single PTA meeting with health officials. Our work consists of repeating this information in as many believable forms as possible, and allowing people to work through their resistance, work our their fears, not only of transmission, but of illness generally, of drugs, of sex, of death. Most people are extremely isolated in their attempts to deal with this crisis. No one in our culture has faced an epidemic of this sort. And epidemics have not previously been attached to such forbidden kinds of behavior as gay sexuality and IV drug use. (qtd. in Crimp, "The Second Epidemic" 131).
PSYCHOANALYTIC INTERPRETATION OF AIDS

Despite the work that has been done to resignify AIDS as a disease that indiscriminately affects innocent people, AIDS continues to represent a linguistic crisis whereby there is an illusory, unsusceptible "us" versus a susceptible "them," only now the terms of the assumed susceptible and unsusceptible have slightly changed. While AIDS has come less to mean “a gay disease” in popular nomenclature, it has come to signify more generally as a disease of sinners. Even though the early AIDS activists and queer praxis in general began to destabilize the public association between gay men and AIDS, the notion that there is a kind of person that gets AIDS persists. As a result, discriminatory and ineffective AIDS policy has been reinscribed in the form of PEPFAR. This is perhaps the consequence of the Religious Right's status as one of the most prominent movements in mainstream politics. When one considers the official response to HIV/AIDS in the context of cultural conservatism, one realizes that inscribed within its discourse are a whole host of symbolic and psychic effects that are not immediately apparent.

While queer activism has some political origin in the AIDS crisis and feminism, queer theory’s anti-identitarian ethos was inspired by Lacan's notion of unconscious desire. In its understanding of how the categories of normal and pathological--or "queer"--emerge in a mutually constitutive relation, queer theory draws on how heteronormativity operates transindividually through discourse and institutions much like Lacan’s notion of the symbolic order. Having followed the AIDS crisis for over twenty years, Douglas Crimp, Micheal Warner, and Judith Butler believe that, from the very beginning and continuing through today, the
discourse on AIDS is driven not only by homophobia, but also by a terribly moralistic attitude toward sex. As such, AIDS continues to carry a social stigma that keeps the public and public officials apathetic and ignorant. Even in 2000, Judith Butler explains how sex is signified among the public at large, and even within some gay activist factions, as something that should be discussed at home, behind closed doors, within the traditional family context, and not something that should be considered a public health issue. Butler considers the fact that the direction of the contemporary gay, lesbian, bisexual and transgender (GLBT) movement is currently dominated by national organizations that have focused on issues surrounding same-sex marriage. She suggests that the influence of these organizations eclipses the more important issue of sex education and HIV/AIDS funding:

I am dismayed by the fact that so many national gay organizations have taken the right to marriage to be the most important item for the gay (sic) political agenda. Of course, I am opposed to the homophobic discourses that oppose gay marriage, but I am equally opposed to ceding the national political agenda to the marriage issue. In the first instance, the pro-marriage agenda prescribes long-term monogamous pairs when many people in the lesbian, gay, bi-community have sought to establish other forms of sexual intimacy and alliance. Second, it breaks alliance with single people, with straight people outside of marriage, with single mothers or fathers, and with alternative forms of kinship which have their own dignity and importance. Third, it seems to me to be a move away from a focus on AIDS, and so a move by which we seek to produce a public picture of ourselves as a religious or state-sanctioned set of upstanding couples rather than as a community still afflicted by an epidemic for which adequate research and medical resources are rarely available, especially to those who are poor or without adequate means. Fourth, I object to the notion that having marital status is important for health benefits, since what we are saying with this argument is that those who are outside the traditional couple form are not worthy of health benefits. This seems to me, once again, to demonize individuals who engage in multiple partners or who live in non-traditional alliances. I believe we would not be so quick as a community to engage in this demonization if the spectre of the decoupled individual with multiple partners were not unconsciously or consciously
held to be the 'cause' of AIDS. In other words, we leave the most vulnerable people behind in this current effort to make ourselves over as married couples. (qtd. in Blumenfeld and Breen 22)

As Butler argues, sexual politics as a whole has moved rightward in recent years. Yet this is equally true of politics across the board, and we cannot reasonably expect that sexual politics should be immune to the normativising forces that affect all other areas of contemporary political life. According to Butler, then, it does not follow that those considered to constitute the Other, namely people and practices that threaten middle America's sense of wholeness, should assimilate to the dominant "moral values" system. Instead, Butler prefers an unapologetic queer politics that seeks basic human rights as stipulated under the Geneva Conventions, such as the right to education, the right to healthcare, and the right to live, for all sex/gender outsiders.

Douglas Crimp and Tim Dean also interrogate the normativising "moral values" system in contemporary sexual politics by pointing out that now, our administration is perfectly willing to fund, and thereby signify, those it perceives as “innocent victims” of the AIDS crisis—for example babies born to HIV positive mothers—on condition that they maintain a nonsexual status (Melancholia and Morality 59). It is perhaps more accurate to say that today, AIDS policy more generally disaffects those people whom the Religious Right deems "bad"; this category includes not only homosexuals, but also fornicators, prostitutes, the promiscuous, and so forth, by failing to promote the use of condoms or fund safe(r) sex education to the public in general. This moralism asserts that certain kinds of sex are good and other kinds of sex are bad: marital, monogamous sex is the former and any other kind represents the latter.
Of course, the current AIDS policy of denial and the promotion of ignorance neglects even its own evangelical constituency, as it ignores the very real possibility that even married persons can contract HIV if one's partner is unfaithful. Take for example PEPFAR’s message that sex under the sanctity of marriage is the only kind of safe sex (“Second Annual Report to Congress” 19). This creates the false impression that sex within marriage is not "risky" unless the couple knows that one partner is infected. In fact, women are particularly vulnerable to infection, often by husbands whom they incorrectly presume to be faithful (UNAIDS; Women). Fidelity alone is not an adequate defense against HIV. There are also instances of HIV infection that are the consequence of rape. Clearly rape victims/survivors too should be considered "innocent victims" according to the Religious Right's own reasoning. This lack of foresight in AIDS policy engenders the same "us" verses "them" mentality that gave people a false sense of unsusceptibility, and which inevitably encouraged the spread of this international epidemic. PEPFAR's strategy, then, is clearly counterproductive to its stated purpose.

How could our government and its constituency allow something so detrimental to its own survival, and humanity at large, persist? Queer theorists assert that in order for psychoanalysis to gain conceptual leverage upon political analysis, it is necessary to acknowledge the epistemological limits of a rationalist, political analysis; the socio-political domain cannot continue to be analyzed as if it were free of psychic processes, as if it operated outside the range of their effects (Dean, Beyond Sexuality 97). Contemporary queer theorists think psychoanalytically about sexual politics while keeping AIDS central to that broader project.
UNCONSCIOUS DESIRE

Lacan developed Freud’s notion of subjective division less in terms of different parts of the mind (conscious, preconscious, unconscious; ego, id, super-ego) than of a subject constitutively alienated in the Other, where the Other is understood not as another person or a social differential, but as a constant impersonal zone of alterity created by language. Because subjects are constituted by language, there is no subject without the Other. Hence his theory of subjectivity de-individualizes our understanding of the subject, showing how the subject is far more fluid than a constituent self or biologically determined person. Lacan describes the process of an individual's acclimation into society from birth through language acquisition as an empty subject's struggle to make sense of the Other's cultural system of signs and meaning and to register as something valuable within that system (*Ecrits: A Selection* 49). Lacan describes desire in this way: "produced as it is by an animal at the mercy of language, man's desire is the desire of the Other" (*Ecrits: A Selection* 264). For Lacan, then, desire is not necessarily associated with sex. Rather, he provocatively depyschologizes desire by considering it an effect of language—that is, as unconscious. Lacan interpreter Matthew Sharpe elucidates this concept:

It is on the basis of this fundamental understanding of identity that Lacan maintained throughout his career that desire is the desire of the Other. What is meant by him in this formulation is not the triviality that humans desire others, when they sexually desire (an observation which is not universally true). Again developing Freud's theorization of sexuality, Lacan's contention is rather that what psychoanalysis reveals is that human-beings need to learn how and what to desire. Lacanian theory does not deny that infants are always born into the world with basic biological needs that need constant or periodic satisfaction. Lacan's stress, however, is that, from a very early age, the child's attempts to satisfy these needs become caught up in the dialectics of its exchanges with others. Because its sense of self is only ever garnered from identifying with the images of these others (or itself in the mirror, as a kind of
other), Lacan argues that it demonstrably belongs to humans to desire—directly—as or through another or others. We get a sense of his meaning when we consider such social phenomena as fashion. ("Jacques Lacan")

Given one’s reliance on language for entrance into the symbolic order, it is not surprising that, according to Lacan, we are not even in control of our own desires since those desires are informed by the Other, that is, alterity. For this reason, Lacan writes that “the unconscious is the discourse of the Other” (Ecrits: A Selection 16). In a sense, then, our desire is never properly our own, but is created through fantasies that are caught up in cultural ideologies rather than material sexuality. It is in an illusive version of reality that forever dominates our lives after our entrance into language.

Desire, then, is the desire to fill the emptiness or void at the core of subjectivity in the face of the inassimilable Other. Entrance into language and the symbolic order creates that desire, as opposed to the loss of some original thing creating the desire as Freud thought (“Moses and Monotheism” 122). According to Lacan, the human subject is always split between an illusion of a conscious "I" side, and an unconscious side, a series of drives and desires that are linguistically determined. It seems, then, that what is most basic to every subject is what is most alien. This ($) is the symbol that Lacan uses to figure the subject in its division (Ecrits: A Selection 223). We are what we are, then, on the basis of something that we experience to be missing from us. One seeks to understand and process with the Other in order to situate oneself within its order. Because we experience this life-long task as “something missing” or a lack, we desire to close it, to fill it in, to replace it with something. Lacan calls this lack unconscious desire.
With the fleetingness of the subject established, Lacan articulates this desire as the product of what has happened to the biological needs of an individual as s/he becomes inseparable from, even subordinated to, the vicissitudes of demand for the recognition and love of other people. The important point queer theorists make on this matter is the distinction between “sexual orientation” and desire. What is known as sexual orientation is the way in which subjects in a specific cultural milieu happen to structure or organize their desire; it springs from desire. Desire, strictly speaking, is an impulse that has no object. According to Lacan, the objet a, or the object one chooses in the attempt to satisfy his/her desire, is, “objectively” speaking, nothing (Ecrits: a Selection 223). It only exists as something in relation to the desire that brings it about, and is thus historically contingent upon one’s life experience within the symbolic order. Objet a, therefore, has a temporal movement because it is a discursive moment in which the subject chooses how to fill his/her lack (Ecrits: a Selection 142). Lacan links this object choice to time because the impulse of desire originates in language and thus the unconscious, both of which have temporal structures.

Lacan’s separation of sexuality from desire and biological determinism–a separation that decisively loosened the grip of heteronormativity on our thinking–was conceived by Lacan in terms of the objet a. Many queer theorists elaborate upon Lacan’s idea of unconscious desire to postulate that one’s object-choice, or the sex or gender of one's object of love, is an arbitrary social convention. They also infer that ostensibly erotic impulses actually derive from non-erotic impulses (Dean, Beyond Sexuality 253). These impulses are the affect of language on one's body.
Judith Butler argues against the notion that one can sustain singular sexual orientation throughout one's life, be it straight or gay. She interrogates the notion of a fixed sexual orientation as an effect of language by asking,

To what extent do regulatory practices of gender formation and division constitute identity, the internal coherence of the subject, indeed, the self-identical status of the person? To what extent is "identity" a normative ideal rather than a descriptive feature of experience? And how do the regulatory practices that govern gender also govern culturally intelligible notions of identity? In other words, the "coherence" and "continuity" of "the person" are not logical or analytic features of personhood, but, rather, socially instituted and maintained norms of intelligibility. Inasmuch as "identity" is assured through the stabilizing concepts of sex, gender, and sexuality, the very notion of "the person" is called into question by the cultural emergence of those "incoherent" or "discontinuous" gendered beings who appear to be persons but who fail to conform to the gendered norms of cultural intelligibility by which persons are defined. (*Gender Trouble* 16)

Even our unconscious desires are, in other words, organized by the linguistic system that Lacan terms the symbolic order. In a sense, then, our desire is never properly our own, but is created through fantasies that are caught up in cultural ideologies rather than some innate sexuality. As the cause--not the aim--of desire, objet a de-heteronormativizes desire and deconstructs compartmentalized sexual orientations by revealing their origins in the effects of language, rather than the effects of an authentic drive or biological destiny.

In addition to Lacan's critique of the constituent subject, queer theorists and queer activists have also appropriated Lacan's notion of unconscious desire to interrogate the struggle to present one's self as impenetrable in confrontation with the obtrusive Other that threatens one's illusion of cohesion. In praxis, AIDS activists have translated the concept of "the Other" as
the "bad people," with whom AIDS is fallaciously associated. They underscore the fact that as long as AIDS continues to be stigmatized as such, the public and public officials will neglect addressing it. They have argued all along that all persons with AIDS are innocent and that governmental and medical malfeasance has caused and spread HIV/AIDS. Yet the Religious Right and its constituents repudiate AIDS, and those types of persons whom they continue to associate with AIDS, as something absolutely external to itself. For them, AIDS represents something that they are not in danger of acquiring and that stands “objectively” on its own, thus projecting it into the inassimilable experience of the Other. The heteronormative propaganda machine that engineers the rules and regulations of our current symbolic order attempts to transform society into a monolithic psyche from which gay men and other sex/gender outlaws have been excluded. By persistently representing itself as having a “general population” that remains largely immune to AIDS, the United States pushes AIDS—and the social groups seen as representing AIDS—to the outside of its psychic and social economies, treating them as though they should not exist. It is as if they wish the Other, or that which threatens its homogeneity, would just die off because they do not have any interest in disseminating information that may save their lives. Positioned against both heteronormative assimilation and gay separatism, queer theorists expose the fissures in this line of thinking by pointing out the ways in which it is self-defeating to the religious right constituency and humanity at large. Additionally, they claim that the cultural hegemony that heteronormativity has enjoyed is historically arbitrary.

This is where Lacan’s notion of unconscious desire, which originates from the
transindividual Other, proves strategically useful for deconstructing the heteronormative assumptions about AIDS. Theorists and activists have contextualized and contemporized Lacan's principle of the objet a (knowingly or not) by arguing that the AIDS epidemic has shown that in order for a person to signify as something positive, even worthy of living, one is compelled to behave heteronormatively, despite one's object of desire at any given moment. Indeed Butler suggests that often many people's object-choice actually does not conform to either straight or gay expectations. However, these desires remain unintellegible--closeted even--because we lack a language with which to speak of such:

The cultural matrix through which gender identity has become intelligible requires that certain kinds of "identities" cannot "exist--" that is, those in which gender does not follow from sex and those in which the practices of desire do not "follow" from either sex or gender. "Follow" in this context is a political relation of entailment instituted by the cultural laws that establish and regulate the shape and meaning of sexuality. Indeed, precisely because certain kinds of "gender identities" fail to conform to those norms of cultural intelligibility, they appear only as developmental failures or logical impossibilities from within that domain. Their persistence and proliferation, however, provide crucial opportunities to expose the limits and regulatory aims of that domain of intelligibility and, hence, to open up within the very terms of that matrix of intelligibility rival and subversive matrices of gender disorder. (Gender Trouble 17)

Thus the compulsion to register as something important is stronger than the desire to achieve sexual satisfaction. Further elaboration of this point requires a general acceptance of Freud's radical claim that psychoanalysis “has found that all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious” (Three Essays 145). Tim Dean describes the myriad forms that objet a can take during a person's life-time,

The significance of this logic for our purposes lies in the implication that desire emerges independently of heterosexuality or homosexuality; and hence the
gendering involved in "object-choice" must be a secondary process performed on objects that precede gender...This secondary process, which organizes and thus totalizes objet a into a gendered object-choice, shows how personification functions as a strategy of normalization. We might even say that the psychoanalytic notion of object-choice is itself a heterosexist invention, one that runs counter to psychoanalysis's own logic of unconscious desire. If within Freudian metapsychology the notion of object-choice could be understood as a sort of conceptual compromise formation, then Lacan's reconception of the object dismantles that compromise and undoes along with it the normalizing implications of gendered object-choice. (*Beyond Sexuality* 253)

Dean’s insistence that desire is not reducible to sexual orientation, and his elaboration of the historically, indeed linguistically, contingent relation that sex bears to identity represents another way of pointing to the comparatively incidental place of identity in sexuality.

There is a multitude of ways, then, to express desire, not just through marital monogamy, as objet a makes clear. Queer theorists and queer activists’ appropriation of Lacan’s concept of objet a, then destabilizes the supposed naturalness of heteronormative sexual behavior as just one possible expression of sexual desire among a myriad of other possibilities. Its popularity, or cultural hegemony, is happenstance and not the result of intelligent design. The notion of sexual orientation – including same-sex orientation – can be viewed as normalizing in that it too attempts to totalize uncoordinated, evolving fragments of desire into a coherent unity. Queer theory suggests that while homosexuality is non-normative, it too is never a completed project or even momentarily stable. The impulse to coordinate and synthesize is a function of our symbolic order’s embeddedness within our unconscious, and betrays a critical, psychoanalytic view of sex. Both straight and gay identities thus elide the dimension of the unconscious. From queer theorists
account of power, it follows that one does not resist the forces of normalization by inventing new kinds of social or sexual identity, as some sex radicals in the United States still seem to believe.

Butler, for example, takes issue with "sexual orientation" activism. She asks, "Why is it that gay rights activism has to assume that its primary goal is to defend homosexual relations where 'homosexual relations' are understood as relations between people of the same gender?" (The Judith Butler Reader 346). She then suggests some juridical pitfalls that can result from such identity-based activism. She recognizes the fact that people have been able to come together and revalorize what it means to be "gay," and then organize politically under the identity category of "homosexuality." However, she is suspicious that the results of such organizing reinscribes prejudice against sex/gender outlaws whose sexual and social behavior does not fit well under either "straight" or "gay" as a category:

The law itself is very complicated, since the legal precedents within which such an activist group is functioning would define homosexuality as a sexual relationship between two people of the same gender…[W]hat I would like to see is a system of jurisprudence that understands something of the complexity of gender that is at work in homosexual and heterosexual relations and in bisexuality, since a bisexual would also prove a problem for the law in a discrimination case.

I have always been drawn to the concept of "sexual minorities," a notion that Gayle Rubin introduced many years ago. This term is not identity--based: it isn't that we're struggling for people who are gay or lesbian or transgendered; we're struggling for all kinds of people who for whatever reason are not immediately captured or legitimated by the available norms and who live with the threat of violence or the threat of unemployment or the threat of dispossession of some kind by virtue of their aberrant relation to the norm. What worries me is that many mainstream gay organizations have become very identity--based…The problem is that among that kind of bourgeois politics--and it is an intensely bourgeois politics that has taken over the gay movement--the point is to get good-looking people on television who say, "I'm a lawyer, or I'm a doctor, and I just
happen to be X or Y. And the fact that I'm X or Y should not get in the way of my being accepted into society." Of course that's just to say, "I'm an identity that needs to be included within American pluralism." But there are a lot of folks who aren't going to be able to stand up and say they are X or Y, or who might even say they are X or Y and their assertion would be disputed. *(The Judith Butler Reader 347)*

To demonstrate her point, Butler alludes to the partner of Barry Winchell, a male soldier who had dated a pre-operative male-to-female transsexual, and who was consequently bludgeoned to death by another soldier.

So for instance, this woman who is anatomically male in part—or who may be mixed; she has breast implants, so perhaps she is in transition—could get up and say that she's a woman, but that is going to be a really rough speech act for a lot of people to accept. There will be some who say, "No, you are not." It would be profoundly infelicitous. She may try her best. She may try to go to the Women's Music Festival in Michigan and may be returned to her home. She may go to the doctor's office and hear that she's "wrong." She may try to make certain legal claims under the status of "woman"—or even under, say Title IX—and she may be dismissed. She may try to compete in athletics, and she may be dismissed…What's most painful in the Barry Winchell world in which this woman's speech act would be accepted are in fact denying her, undermining her, violating her by keeping her out of the media and by trying to suppress that aspect of the story in order to make the legal claim that they want to make." *(The Judith Butler Reader 347)*

In other words, heterosexuality is not the only compulsory display of power that informs society.

Cathy J. Cohen similarly critiques identity politics—both heteronormative and homosexual—as restrictive and proscriptive ways of being that alienate those who cannot easily be compartmentalized into such categories. Her work emphasizes the importance of sexuality as implicated in broader structures of power, intersecting with and inseparable from race, gender, and class oppression. She points to the examples of single mothers on welfare and sex workers, who may be heterosexual, but are not heteronormative, and thus not perceived as "normal, moral, or worthy of state support" or legitimacy ("Punks" 26).
Let us not forget that gay marriage was one of the central “moral values” issues of the 2004 election. Also, the Religious Right’s “moral values” opposition to gay marriage is heavily dependent on a certain idea of normative gender relations. Judith Butler explains how “moral values” are entangled within a whole array of gender notions. For example, for a man to appear and feel as though he were “totally” heterosexual, then, it is not enough that he evade his homosexual leanings via the objectification and denigration of the most overt public manifestation of those desires, namely, the homosexual other (The Psychic Life of Power 133). He must also deny the psychic reality that "all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious." He must reduce to nothing homosexuals in order to destroy any likeness between “them” and himself. For if his identity is relative to the Other, that fluid alterity which is not himself, his identity is then contingent; and if he dwells next to other possibilities suggested by the Other who is at his threshold, pushing at his space, his identity is always vulnerable, exposed, and unsure (The Psychic Life of Power 133). Only through a process of suppression, in other words, can the straight individual emerge not as relatively straight, as a straight who borders on queer, but as absolutely straight: as a subject without frontiers, open to nothing and threatened by nothing. In order to feel secure in normative behavior, proponents have a fantasy of oneness that provides the illusion of identity, sometimes even national identity: the concept of the nuclear family for example functions in contemporary American political discourse as the fundamentally right way of being.

How is this theory useful in queer theorists’ critique of AIDS policy? The answer lies in
the fact that desire is not wedded to identity, but, on the contrary, threatens identity’s closely regulated coherence. To dramatize this, consider the fudge made over gay marriage. Opponents of gay marriage thought of this not as a civil rights issue, but as a threat to society as a whole. Consider Lacan's theory of the symbolic order to elucidate this phenomena. One must enter the symbolic order through language acquisition in order to become a speaking subject, in order to say “I” and have “I” designate something which appears to be stable. That "I" must also be a normative heterosexual in order to reap privileges in our society. Division of this unit, according to the religious right’s rationale, is often misunderstood as having only an external source; the family, for example, is perceived as threatened by outside forces such as feminism or homosexuality. Take, for example, the 1990 comment made by the then mouthpiece of the religious right, Jesse Helmes, when offering an amendment to the Hate Crimes Statistics Act, during which he proclaimed that "the homosexual movement threatens the strength and survival of the American family" and that "state sodomy laws should be enforced" (*Congressional Record* S1083). The theme of “moral values,” in this context, can thus be interpreted as a surrogate for fear and anxieties of one's own heteronormative dissolution. Heteronormative performances are compulsive, and do not necessarily have anything to do with desire. Instead they have to do with power—which is precisely Butler's point when she notes that the rules that make the assertion of an “I” intelligible “operate through repetition” (*Gender Trouble* 145). She continues, “Indeed when the subject is said to be constituted, that means simply that the subject is a consequence of certain rule-governed discourses that govern the intelligible invocation of identity” (145). Sexual
desire is not that strong and "natural" as the repetition of its image in our popular culture would have us believe.

One way to encapsulate queer theorists’ complicating theorizing on this topic of self-imposed repression is the notion that the subject is at the heart of the thing it excludes. Queer theorists’ purpose is not only to point out the hypocrisy of homophobia and evangelical sexual morality upon which current AIDS policy lies, but also to point out that it is self-defeating. It is the us versus them, or in psychoanalytic terms, the "I" versus the Other, that allows homophobia and its resulting policies to exist. It is the foreclosure of any appropriate signification of AIDS from our political leadership that leads Tim Dean, for example, to characterize the American response to AIDS as psychotic, in the clinically precise way (Beyond Sexuality 107).

To recap, for Lacan and the queer theorists, we are what we are on the basis of something that we experience to be missing from us—our understanding of the Other—that is the other side of the split out of which our unconscious must emerge. Because we experience this “something missing” as a lack, we desire to close it, to fill it in, to replace it with something meaningful (i.e., heteronormative). And so not only is gender (masculinity and femininity) a performance as feminist theory has already established, but so too is a fixed sexual orientation.

Queer critiques of mainstream AIDS representations work to break down the rhetorical constructions and effects of discrete categories, an obvious example being that of "the general population" and "risk groups." The queer critique of a clearly delineated “self,” verses a unified, homogenously “bad” Other, illustrates a meltdown of the discrete body. The point in all of this is to acknowledge the queerness in all of us, so as to point out that discrimination against
sex/gender outlaws is not only self-defeating but also misanthropic. Within the context of the AIDS epidemic, this critique of a self or body without distinct boundaries exposes every body’s vulnerability to HIV/AIDS. The body, just as the “self,” then, is integrated into social networks as well as biopathological networks. The “self” is not only unstable, but so too the body: its relationship to other bodies is fundamentally fluid.
JOUISSANCE? NOT "I!"

Despite the advances in biotechnology and the efforts to resignify AIDS as something other than atonement for sin, the government still lacks any initiative to educate people on how to save one's life if engaging in sex. The United States' newly revamped cultural conservatism has taken "moral values" as its platform. Since the religious right has become a powerful force within the Republican Party and governance at large, “moral values” within the popular nomenclature has come to mean that religion should not be separated from governance. Major “moral values” legislative issues in recent years include efforts to criminalize abortion, opposition to legalized same-sex marriage, and support for a greater role of religious organizations in delivering welfare programs. Prominent religious right leaders that embody and espouse this ideology include TV personality Pat Robertson, former Attorney General John Ashcroft, U.S. Senators Rick Santorum from Pennsylvania and Sam Brownback from Kansas, activist Gary Bauer, and our own president, Bush. Common among these individuals, Religious Right lobby groups, and their constituents is the belief that promoting such moral values is integral to American sovereignty. They have been especially vociferous and active in taking traditionalist positions on issues involving sexual standards and gender roles.

But why the focus on sexuality? Why is there so much moralizing on sexuality and not other issues, such as poverty and war? Douglas Crimp, Leo Bersani, and Tim Dean explain this phenomena in terms of the most tenuous struggle one must endure in contemporary life: sexual repression. According to these theorists, one must constantly repress non-utilitarian sexual
object-choices, object-choices rendered unintelligible within our sociolinguistic milieu, and same-sex object-choices, in order to signify as a "good" person—or even worthy of living. One must summon a great amount of thought and energy to constantly maintain the appearance of heteronormative identity, which involves the active avoidance of psychic reality.

This is where Lacan’s notion of jouissance becomes useful for queer theorists’ critique of the homophobic assumptions that inspire AIDS policy. The foundation of Lacanian theory is that our humanity rests upon the phylogenetic rise of a creature who speaks. Once a person learns to speak, s/he is irrevocably detached from the rest of the animal kingdom, destined to live as a human in a manner totally different from any other creature. Language, then, structures us as subjects. The most obvious property of language—that speech is addressed to someone—produces the concept of the Other. As language separates us from animals, it also severs us from the instinctual satisfactions we assume animals enjoy. This split-off inaccessible remainder, Lacan termed jouissance. While it is often mistranslated as “pleasure,” jouissance is in fact beyond pleasure. Of the human condition Lacan has said:

The problem involved is that of jouissance, because jouissance presents itself as buried at the center of a field and has the characteristics of inaccessibility, obscurity, and opacity; moreover, the field is surrounded by a barrier which makes access to it difficult for the subject to the point of inaccessibility, because jouissance appears not purely and simply as the satisfaction of a need, but as the satisfaction of a drive – that term to be understood in the context of the complex theory I have developed on this subject in this seminar. As you were told last time, the drive as such is something extremely complex. (Seminar VII 209)

Desire is the desire of the Other, or the Other’s power to assign meanings and values within the symbolic order. By Lacan’s definition, then, desire can never be fulfilled. It is not desire for some
object (which would be need) or desire for love (which can also, potentially be satisfied), but desire to be the center of the system, the center of the symbolic, the center of language itself.

The object of desire, objet a, is not, therefore, an object one has lost as Freud has suggested (The Standard Edition 13). According to Lacan, we would hypothetically be able to find this thing and satisfy our desire. It is rather the constant sense we have, as subjects, that something is lacking or missing from our lives. We are always searching for fulfillment, for knowledge, for possessions, for love, and whenever we achieve these goals, there is always something more we desire; we cannot quite pinpoint it but we know that it is there. The objet a is both the void, the gap, and whatever object momentarily comes to fill that gap in our symbolic reality. What is important to keep in mind here is that the objet a is not the object itself, in its own terms, but the object chosen as a function of masking the lack. Queer theorists explain this lack in terms of the self-restraint one must endure to present oneself as heteronormative against the myriad of other sexual possibilities. One can then appreciate the great lengths of denial and repulsion of homosexuality as a performance.

According to Lacan, our existence as subjects of language entails a self-division and loss of plenitude from which the Other is believed to be exempt. Lacking the power to assign meanings within the symbolic order, the subject imagines the Other as enjoying this opportunity (Ecrits: A Selection 319). Or, to put this another way, correlating with the sense of subjective incompleteness is the feeling that somebody somewhere has it better than me. This is what Lacan means by his phrase “the jouissance of the Other” – the suspicion that somebody else is having
more fun than I am, and perhaps that whole classes of people are better off than me. Since the individual is alienated in language, trying to create the illusion of a stable, heteronormative identity takes much of his/her time and energy.

Thus from a queer perspective, desire is not wedded to identity, but, on the contrary, threatens identity’s closely regulated illusion of coherence. Anyone can have a same-sex or fetish object-choice, for example, that may threaten his/her “sexual orientation.” For those who conform to the heteronormative ideal of sexual behavior, homosexual sex, extramarital sex, or any other types of sinful sex must be repressed. The harmful stereotype that gay men are promiscuous encourages die-hard "heterosexuals" to believe that gay men act out flagrantly in sexual excess, in ways that are forbidden to him/her. Tim Dean interrogates this perception:

This preoccupation with how the Other organizes his or her enjoyment helps explain the obsession with reviled social groups’ sexual behavior, since although jouissance remains irreducible to sex it tends to be construed in erotic terms. The jouissance of different sexual groups – for instance, gays and lesbians – plays a significant role in how certain heterosexual fantasies are organized and can account for the violent reactions some straight people have to the very idea of homosexuality. Parents who believe that their child would be better off dead than gay may be caught in the fantasy of homosexuality as an infinitude of jouissance, a form of sexual excess incompatible with not only decency and normalcy but even life itself.

Indeed, this is how AIDS often has been understood: death brought on by too much jouissance (“Lacan and Queer Theory” 250).

Such principles manifest themselves in social-conservative rhetoric. As Dean recalls, for example, Massachusetts state senator Edward Kirby enunciated that gay men have “brought AIDS on themselves” while watching AIDS activists protest AIDS funding cuts (*Beyond Sexuality* 96). The inaccessibility of one’s own jouissance prompts fury and hatred against
anyone who seems to have access to the enjoyment s/he is denied. Thus, a homophobe's disdain for gay men can be seen as sublimation for unimaginable jouissance. In other words, they are jealous. Organizations of social and cultural life different from one’s own, such as those maintained by sex/gender deviants and even other racial and ethnic groups, can provoke the fantasy that these groups of people are enjoying themselves at his or her expense. For example, in its genital non-reciprocity, or the non-reproductive pleasure of sex out of wedlock (or, for that matter, the drug addict’s use of narcotics), all appear as especially noxious forms of the Other’s jouissance. For example, the heteronormative imagines that a sexually deviant has “stolen” his jouissance, while another homophobe fantasizes that gays and lesbians are overrunning his national borders, and enjoying government entitlements that are rightfully his, such as wedding and all the benefits entailed in marriage.

The heteronormative propaganda machine attempts to transform society into a monolithic psyche from which gay men and other sexual deviants have been excluded. By persistently representing itself as having a “general population” that remains largely immune to incidence of AIDS, the United States pushes AIDS—and the social groups seen as representing AIDS—to the outside of its psychic and social economies, treating them as though they should not exist. It is as if they wish those others would just die off, because they do not have any interest in disseminating information that may save their lives.

ACT-UP and other early AIDS activist groups such as Queer Nation had stressed all along that all persons with AIDS were innocent, regardless of sexual status, and that HIV/AIDS
reached epidemic status due to government ineptitude and medical malfeasance. In fact, our fundamental embeddedness within social and biopathological networks leads Dean to the conclusion that we will no longer ever be alone in sex; sex is never again to be a personal matter, for since the appearance of AIDS, personal boundaries have become flimsy (*Beyond Sexuality* 132). He urges us to consider that “[W]e are all now persons with AIDS,” because HIV/AIDS will always come between persons of all social stripes, keeping vigil. The illness is the palpable manifestation of the human’s inexorable contact with the other, its openness and vulnerability. The public construction of our sexual being means that sex can no longer continue to be discussed only in the private realm. Sex/gender outlaws, who continue to be represented as the “cause” of AIDS, are of course, not the agents of defilement and death; they are scapegoated as such, so that government and medical malfeasance will not be “outed.” Hence the quote with which I began this essay: the initial, unjust, official response to the crisis escalated HIV/AIDS impact upon humanity to the point that now “we are caught in an inescapable network of mutuality,” and vulnerability to HIV/AIDS. In summary, the notion of jouissance has been used to explain why ineffective AIDS policy persists, even in the face of evidence that it is ineffective, thus posing a “threat to justice everywhere.” The notion of boundless unconscious desire that queer theorists borrowed from Lacan deconstructs homophobic prejudice as a paranoid, self-antagonistic attempt to stabilize one’s so-called sexual orientation. And, finally, unless homophobia and the institutionalization of evangelical sexual morality is addressed, there will be no curbing of transmission.
CONCLUSION: IS QUEER THEORY A WORTHWHILE ENTERPRISE IN COMBATING AIDS?

Critical theory, such as queer theory, is designed to bring about social change or at least to create or suggest new ways of being. Since such intellectual work comes from an activist perspective, this work should be evaluated for its effectiveness. If the theory is so esoteric that it has no place in any political or social movement, then it might be considered useless pontification. There is a body of critical work that considers queer theory, and other academic movements, out of touch with the “real world.” Yet I would argue that a queer perspective is more committed to empirical research methods and "reality" than the "blind faith" group who currently holds more clout in the construction of HIV/AIDS prevention policy. Queer’s anti-identitarianism offers the progressive space to think and act beyond the confines of identity, including those organized around sex and gender. Yet other theorists of postmodernism may argue and debate about whether to embrace or reject “queer;” adding that it can overlook very real specificities and inequalities of race, gender, class sexuality, and ethnicity. Tim Dean, Douglas Crimp, and Michael Warner, on the other hand, like many cultural theorists, resist these debates about how one should feel about “these times” and instead try to focus on what to do, how to proceed, and how to start thinking of pro-active HIV/AIDS prevention strategies from their own situated positions. Quite simply, what separates these queer theorists from other discourses about postmodernism is that they are not so much concerned with how good or bad the age has become. Rather, they want to talk about how the world is ontologically and epistemologically structured, what they can do about it, and how they can influence others to act. Many of these undertakings highlight the politics behind discourses of "risk groups," which
isolate people rather than practices, and of the "general public," which turns out to function more like an illusive, exclusive country club. In addition, these critics and activists have foregrounded and reorganized erotic economies and resisted the anti-sex and "pro-family" campaign engineered by mainstream AIDS representations.

The queer notion of transgressed boundaries finds its “real world” relevance in the biopathological realities of HIV/AIDS. The reality of HIV/AIDS has opened up and relegated bodies to an integrated system of, among other things, sexuality. The bringing to consciousness of the presence of AIDS has broken down the traditional demarcations of the body, blurring the boundaries between inside and outside, and shared biopathologies can lead to consciousness about crucial interconnectedness. The Religious Right, mainstream media representation, and much public sentiment have responded by denying interconnectedness of bodies. Desperate to retain the traditional boundaries of the body as individual, they have articulated a rhetoric that has made several attempts to keep AIDS outside the sphere of the "general American public”—read white, heterosexual, middle-class nuclear family. In each situation, the position that denies that boundaries between bodies transgress, even boundaries between bodies from dissimilar social locations tries to fabricate and maintain crucial distinctions between self and other.

What can psychoanalysis, which works on the human subject in his or her particularity, say or do in the face of such epidemic dimensions? I want to underscore the fact that AIDS constitutes a biomedical reality and, thus, cannot be reduced to a mere signifier. However, I feel that queer theory also addresses the fact that subjects are simultaneously material and discursive and that discourse has real effects. Queer theorists do recognize the empirical existence of viruses, transmission routes, and illnesses. But just as importantly, they write as and about
bodies who suffer, get angry, feel pleasure and pain. They have always been implicated in or affected by one another’s theorizations, just as they have always performed their knowledge(s) from embodied locations or with bodily effects, especially in regards to their promotion of safe(r) sex practices. Their experience as persons with AIDS or their relationships with persons with AIDS has produced knowledge about the disease that is radically different from official interpretations and the dominant, mass media manufactured interpretation. The effects of this talk, consciousness raising, and discovery about HIV/AIDS has been disseminated, in partial and provisional bits, to the public as evidenced by the market for condoms, and recent efforts to fast-track FDA approval of life-saving HIV/AIDS drugs. Also, some secular nonprofit organizations, such as Planned Parenthood, demonstrate an inspiration from ACT-UP’s safe(r) sex education philosophies and attempt to provide local communities with medically accurate safe(r) sex information.

Yet there continues to be competition over the meaning of “AIDS” which has precipitated a crisis that is not only medical, but also social, linguistic, and juridical. At the very least, queer theorists, who teach and write about AIDS, try to get their students, other academics, and whomever else who will listen, to influence each other’s respective community, healthcare practitioners, and policy makers to reconsider the discourse concerning AIDS and sex education and to also consider more effective policy. This chatter also challenges people to empathize with persons with AIDS and also realize their own vulnerability to the disease. The AIDS epidemic, among other things, represents a crisis in the body’s symbolization. It also concerns a crisis in
medical knowledge and treatment of the body. The politicizing of this symbolization makes AIDS a political issue as well, and I do not see how this could have been accomplished without critical inquiry into how AIDS registers within our culture, or symbolic order.

Crimp, Warner, Butler, and Dean's close reading of AIDS policy suggests an alternative way to think about AIDS: an approach that makes clear how widespread fantasies about sexual taboo, AIDS, homosexuality, and sexual deviance in general, effects everybody’s experiences of AIDS. Theirs is an important counter-current to our ever increasing conservative climate that enforces strict morals on what is proper and improper sexual conduct. It is also theory that can be retraced to the flesh—theory from the ivory tower that has been intercepted and domesticated for public discourse. If AIDS can be publicly discussed without the framework of "us" vs. "them," and instead as an easily preventable disease that indiscriminately effects innocent people, then more medically accurate sex/AIDS education and policy may become palatable to middle America. Still, the origins of this theory should be remembered to lie in the intellectual and political insurrections of oppressed peoples. The diffusion of their knowledge comprises a network through which a complicated academic enterprise can reach mainstream society and actually effect change.

The effect queer theory has had on AIDS activism is enormous, yet also nonquantifiable. I am concerned that the term “activism”—in its traditional meaning of writing letters to newspapers or politicians; political campaigning; economic activism, such as boycotts or preferentially patronizing preferred businesses; rallies and street marches; strikes; or even
guerrilla tactics—can be undervalued when writing papers and publishing under academic presses can be construed as "activism." For example, if everything one writes is activism, then nothing is activism.

In this case, terms need to be defined. What is theory? What is activism? The word “theory” gets thrown around a lot and I think that sometimes we think we are all talking about the same thing, but perhaps we are not. In the humanities, “theory” tends to mean intellectual work focused on the why and how of a given problem. For example, feminist theory asks: why do men seem to possess a disproportionate amount of power, and how does power work?

"Activism" seems a bit more thorny. "Activism," in its most general definition, means an activity that seeks change. This question over definition reveals the chasm that critics of academic efficacy identify: it seems that activism is not intellectual work because activism involves activity. Activism is doing, not thinking. Yet, allow me to descend into a sports analogy: consider the saying, “don’t think, just hit the ball." One never just hits the ball. First one must think about how to hit the ball, then there comes a time when one has to stop thinking and act. But what one does is informed entirely by what one thought before hitting the ball. Similarly, a person may become engaged in an HIV/AIDS awareness campaign because theory has activated her. S/he recognizes the problem, namely, that instances of HIV infection continue to escalate despite the unprecedented amount of funds summoned to curb the epidemic. Then s/he determines the why and how of this problem: AIDS continues to be signified as something only "bad," sinful people get. This is due to the manifestation in official policy of Christian
fundamentalist ideology, which deems homosexuals and other fornicators disposable. Suppose she comes across some literature or public service announcement that contradicts the official policy's logic and becomes motivated to act, to organize around the issue.

Though people do not seem to be abandoning their identities as “straight” or “gay” wholesale, there is at least a queer attitude in some non-hegemonic AIDS education approaches, even if it is not referred to by that name. This is evidence that intellectual work articulated from the ivory tower can potentially trickle-down to the mainstream culture at large. One of my concerns is that we not join the legions of people in this culture who seek to suppress intellectual work. It may be that theory cannot be opposed to activism, depending on how these terms are defined; it may be that the two are symbiotic, or perhaps cyclical. Moreover, I do not think we want to tell people not to examine the why-and-how-ness of their activities. With HIV infections on the rise, our health care system in disarray, and some calling for complacency, queer theorists remind us of our failure to provide education, health care and treatment without discrimination—and their arguments are intended to prod us into action. Douglas Crimp best describes the activist impulse of his intellectual work by asking, "how can we make what we know knowable to the legions?" *(Melancholia and Moralism* 301).
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