



How to Have Theory in an Epidemic

Cultural Chronicles of AIDS

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For Cary,
the one and only—
my one and only

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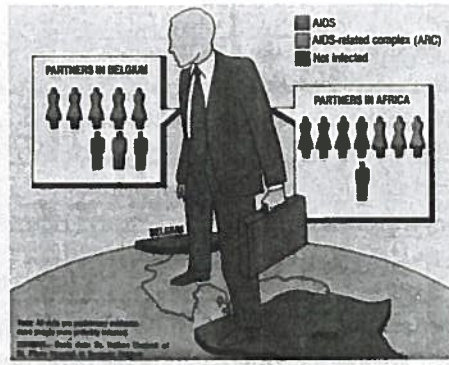
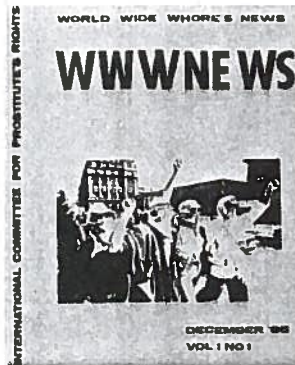
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Driven by the discursive burdens of history, early versions of the epidemic targeted female sex workers as likely “reservoirs of contagion.” Lacking evidence for this premise, *Newsweek* nonetheless ran an ominous, murky photograph of prostitutes “working the streets”; the caption hedged its bets with a string of subjunctives (2.7: 12 August 1985, 28; courtesy of Ethan Hoffmann Archive).



Real-life sex workers, meanwhile, were working both to challenge the premise and to prevent it from coming true. The premier issue of *World Wide Whores News* was produced for a 1985 international conference of sex workers in Amsterdam that called on national governments to recognize the threat of AIDS to sex workers, pass and enforce strict requirements for condom use by clients, provide adequate health coverage, and involve sex workers in developing STD education and intervention campaigns (2.8: December 1985). Rarely has the AIDS literature targeted a heterosexual male as the “Patient Zero” of a disease cluster. An exception is a case identified by the Belgian scientist Nathan Clumeck and graphically illustrated in *U.S. News and World Report* (2.9: 12 January 1987, 65).

shorthand linked the person with AIDS to warmer, wholesome, and sentimental emblems, having him or her appear with a family member (usually the mother), a houseplant, or—most common of all—a pet (dog, cat, bunny) or stuffed animal. Many photographs showed Rock Hudson surrounded by his dogs (manly dogs—in contrast to images of Liberace with his beloved whippets); the reporter George Whitmore’s (1988) personal account of his

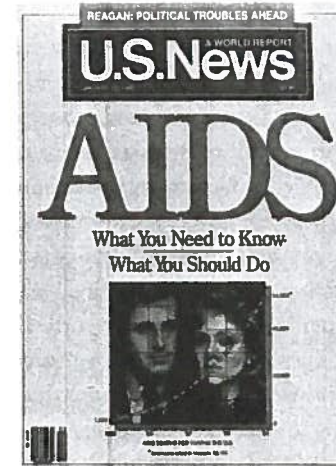
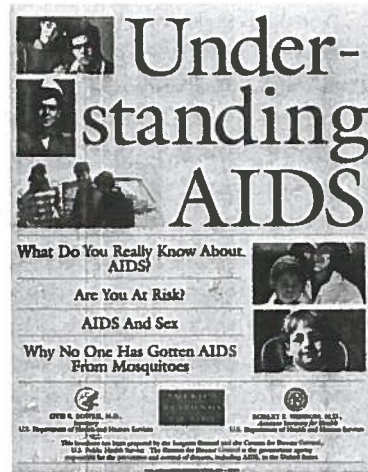
struggle with HIV infection identifies a teddy bear as a recurrent talisman of hope for him (as for many gay men), while a large color photograph shows Whitmore with his cat. Even a “celebrity PWA” like Ryan White was photographed for *Picture Week* (30 September 1985, 36) with a kitten lounging artistically in his hair. Obviously, warm and fuzzy imagery renders the person with AIDS sympathetically and shows up in media representations from *American Medical News* to the tabloids. But such images may also serve to infantilize, desexualize, decriminalize, and prescribe the humanistic embrace of a “beautiful death” (James 1994, xxvii–xxix). (To refuse this linkage—i.e., to disarticulate AIDS from the gentle journey into that good night—the editors of the acidic 1990s PWA publication *Diseased Pariah News* would later commemorate the death of their founding editor by burning mass quantities of teddy bears and photographing the flaming pile for the cover.) But what to do about women with AIDS, already established as interchangeable with teddy bears? Rarely given the stark Everyman role, most women photographed with AIDS were generally more robust than men with AIDS. Teddy bears and stuffed animals did figure in some photographs. Candice Mossop, a Canadian woman with AIDS, was photographed by the newsmagazine *Macleans* (31 August 1986, 34) resting on a sofa in a satin robe surrounded by heaps of teddy bears. For a story on single women dealing with AIDS and safe sex, *People* (14 March 1988, 104) included a photograph of a woman on a bed with her cats; shot from above, the composition could be taken to mean that a pet is the only safe bedroom companion in this dangerous age; at the same time, the text tends to portray AIDS as a nonproblem for postfeminist women or, if a problem, strictly one of individual choice. Still later, a *New York Times* photograph by Sara Krulwich (in L. Altman 1989, 28) shows Della, a woman with AIDS in a New York City hospital, very much at ease in her hospital bed; in this more normalized vision (I think this photograph should have won a prize), the patient smokes a cigarette and talks on the phone, a nurse stands by to take her temperature, and a stuffed animal is propped inconspicuously in the corner.

Oddly, however, the sins attributed to mainstream representations of AIDS in media coverage and popular culture are linked to their virtues. The uniformity of mainstream media coverage (particularly on the three major broadcast networks) made for nearly a decade of safe, clichéd, heterosexist pieties that largely reproduced conventional humanist orthodoxies. But the same centrist uniformity ensured that airtime would mainly be denied to overt extremist hysteria, homophobic quarantine and tattooing schemes, or wild LaRouche-type claims that AIDS was invented

by Queen Elizabeth II and the Trilateral Commission. In the years to come, the media would often assert that women were as vulnerable to HIV as men—and just as categorically assert that they were not. (By the mid-1990s, when women began to account for more new infections and AIDS cases than men, authorities asserted that women had long been known to be more vulnerable to HIV.) As I noted in chapter 1 above, John Langone's (1985) article in *Discover* was the most forceful and influential of these efforts; arguing that the virus could penetrate the "vulnerable rectum" but not the "rugged vagina," Langone concluded that "AIDS remains the fatal price of anal intercourse" (p. 52). Other experts played their own version of is she or isn't she, with some espousing Langone's view, others disputing it, others admitting that they didn't know.

All these are isolated instances. As Catherine Warren and I note in our chronological review of media coverage of AIDS and women (Treichler and Warren 1998), media attention to AIDS was steadily increasing (by the end of 1983, the general media had published seventy-seven articles on the epidemic), but evidence of AIDS and AIDS-related conditions in women was almost wholly ignored. In 1984, a total of seventy articles on AIDS appeared, most of them (fifty-two) medical in nature, a focus partially brought about by the isolation of a virus (discussed in chap. 1 above) said to be the agent responsible for AIDS. Although a few titles left open the possibility that both sexes might be affected by AIDS, no articles explicitly focused on women or included them by name (*women*) in the statistics. Although "safe sex" was mentioned and advocated for the first time in 1984, the development of the ELISA test for antibodies to the virus almost immediately deflected attention from sexual behavior and even gender to a view that "anxious heterosexuals" could get regularly tested. In November 1986, the *New York Times* spelled out AIDS's lessons to date. Women were "obliged to take on a new kind of responsibility for their sexuality and to reassess their roles as health professionals, relatives, lovers and friends of people with AIDS." No lesson was offered to men, straight or otherwise. Above all, media coverage represents successive missed opportunities that could have been used to educate, to communicate the epidemic's complications, and to change the terms of the debate from one about dichotomy to one about a continuum of probability.

Nowhere were media recuperation efforts more evident than in the "heterosexual spread of AIDS" stories of 1986 and 1987. "Suddenly," proclaimed the 12 January 1987 issue of *U.S. News and World Report*, "the disease of *them* is the disease of *us*." The magazine's cover graphic represented "us" as a young white urban professional man and woman, a graph



U.S. News and World Report's cover visually reconstructs the disease of Them as the disease of Us and compares the epidemic's death toll to that of Americans in Vietnam (2.10: 12 January 1987). While the war comparison has remained surprisingly rare in the mainstream media, the "equal opportunity" depiction of the epidemic took hold. The Helms amendment reinforced this emphasis by prohibiting any federally funded AIDS education efforts that might "promote or encourage, directly or indirectly, homosexual sexual activities." As ads, posters, and public service announcements blanketed the country over the years, information was provided to virtually everyone but those most devastated and vulnerable: homosexual men. A case in point was Understanding AIDS, the U.S. surgeon general's (1988) last-ditch effort to publicize the epidemic nationwide (2.11). Despite conservative opposition, Helms's constraints, and various glitches, the brochure eventually reached—and was read in—millions of American households. Scrutinizing the publication microscopically for any sign of a gay-friendly subtext, friends of mine finally settled on the guy in the hard hat as the closest they'd get. If gay men infected with HIV today decided to file a class-action lawsuit against Helms and his henchpersons, Understanding AIDS could be evidence, for, as Senator Lowell Weicker had predicted in his 1987 opposition to the Helms amendment, "If the knowledge is not transmitted, these people are going to be dead, dead" (Congressional Record 133 [14 October 1987]: S14209).

of rising AIDS deaths cutting across their faces. A more interesting and potentially more productive link was less obvious than the us/them symbolism. Accompanying the cover image and graph of rising AIDS deaths (correctly predicted in 1987 to total 54,000 by 1991), a note indicated the total number of Americans killed in Vietnam: 58,135. Ultimately, of course, the death toll of the AIDS epidemic would surpass the number of U.S. combat deaths in Vietnam, Korea, and two world wars combined. As

ethnic groups. Thus, an editorial in the *Kenya Times* ([Nairobi], 26 May 1987) blamed Uganda for lax sexual behavior, noting that "nature has its own law of retribution." See the discussion in Sabatier (1988, 105). In contrast, see Browning (1988), who says that most descriptions of U.S. subcultures involved in AIDS make them sound "as strange as those of Bantu twig gatherers" (p. 70).

21. Schoepf et al. (1988) observed (as USAID, apparently, did not) that condoms "which hurt their wearer or break during normal use may limit the effectiveness of AIDS prevention efforts." See also Schoepf (1991, 1992a, 1992b), Hooper (1990), and Treichler (1996).
22. I have greatly oversimplified Parker's intricate representation of Brazilian sexuality, which, as he emphasizes, is not the mere overlay of a Western ethnographer but permeates language, slang, informal discussion, and ongoing open debate about sexuality as an essential aspect of cultural identity and "Brazilianness." The penetrator/recipient and other distinctions that construct masculinity/femininity between same-sex partners occur elsewhere, including the United States. For an illuminating review of recent research on "same-gender sexual behaviors" in several cultural settings, see Turner et al. (1989) as well as Bolton (1991). For an analysis of sexuality from a different perspective, but one potentially helpful in articulating women's concerns, see the conclusions and recommendations "adopted by the group of experts" at a UNESCO conference in Madrid, 12–21 March 1986 (UNESCO 1986; see also Carrier (1995) and Merson (1993). In chap. 7 below and elsewhere in this book, I return to permutations of gender, including recent work in the fields of cultural anthropology, postcolonial studies, and queer theory.
23. Ratafia and Scott (1987) make clear the size and diversity of the "AIDS market" for the development of clinical products. In the 1990s, this market has become more sophisticated and more selective; as hot button ethical questions about vaccine testing and treatment have become topics of intense public debate, even less scrutiny is given everyday market development.
24. See Kolata (1988a), the "AIDS Monitor" column in the *New Scientist* (18 February 1988), and Perlez (1988b). Perlez, reporting vaccine discussions at a conference in Tanzania on AIDS and Africa, writes: "In Africa, unlike the United States, the virus is most commonly spread through heterosexual contact. Officials believe that, despite warnings to use condoms and avoid multiple partners, further spread of the virus is inevitable. . . . Because of behavioral changes brought about by extensive education about AIDS, the spread of the infection among gay men in the United States has slowed. Thus, there would be few new infections in a study group, whether or not its members took the vaccine, the scientists said. The scientists said they regarded intravenous drug users, a group that continues to have a high incidence of AIDS in the United States, as unreliable for the necessary follow-up that is needed for a study group" (p. B5). According to Perlez, a WHO committee developing ethical guidelines for vaccine testing said that the decision to go ahead should be made by three groups: scientists developing the vaccine, scientists knowledgeable about vaccine development but with no academic or commercial stakes in it, and "government officials and their scientific advisers from the population where the vaccine is to be tried." No representatives of the population to be tested were mentioned. For more recent developments, see chap. 7 below.
25. I know of no comprehensive description and analysis of the names given to AIDS

and HIV internationally and interculturally, but it would be of great interest. Of equal interest and even greater policy significance would be the debates in various nations over the official naming and defining of AIDS and HIV and the circumstances and implications of differing positions. Feldman (1995) discusses a number of reasons why French and U.S. AIDS physicians have developed different practices of naming, defining, referring to, and charting the dimensions and course of HIV infection. Not the least of these reasons are the national health care systems in the two countries and their vastly different arrangements for covering the costs of care.

4 *Seduced and Terrorized*

This chapter began as a presentation at SIDART, a conference on art and culture held in conjunction with the Fifth International Conference on AIDS in Montreal (June 1989), and was revised and updated twice for publication (Treichler 1992b). Although I would probably write this whole essay differently today, I have left my original argument more or less intact and added commentary on the 1990s.

1. The green snake phenomenon was described to me by Leland C. Clark Jr., professor emeritus of pediatrics and director of neurophysiology, University of Cincinnati College of Medicine.
2. Selected readings of television and media coverage of the AIDS epidemic include Alcorn (1989), D. Altman (1986), Crimp (1988a, 1988c), Grover (1988c, 1989a, 1989b), Herzlich and Pierret (1989), Kinsella (1989), Landers (1988), Hughey, Norton, and Sullivan (1986), Norton and Hughey (1990), Norton et al. (1990), Packer and Kauffman (1990), Shiels (1987), Sturken (1997), Tagg (1988), Treichler (1988a, 1988b), and Watney (1987c). See also Gitlin (1986) and Friedman et al. (1986). Several papers on television were presented at "AIDS: Communication Challenges," a day-long conference held in conjunction with the annual meeting of the International Communication Association, San Francisco, 27 May 1989.
3. The value of such control becomes especially clear when it is absent—as it was, e.g., on a November 1986 segment of "Wall Street Week" during which a guest expert was asked by a visiting panelist to recommend stocks that might go up as a result of the AIDS epidemic or on a 1989 segment of the conservative Washington talk show "Tony Brown's Journal" (21 May 1989) during which several AIDS conspiracy theorists presented their views to a largely black audience with virtually no challenge or contradiction. Eva Lee Snead, e.g., listed as "Dr." and author of *Win! against Herpes and AIDS*, argued that "AIDS is a figment of the media," that the "HTLV virus" was deliberately used to contaminate Zairean gamma globulin, and that the World Health Organization was behind it. She was supported by a young black man in the audience who feverishly documented places in the *Congressional Record* where this could all be verified. He also supplied the motive, about which Dr. Snead was murky: to obtain the natural resources of central Africa by killing off the black population there and in the United States. At this point, the largely black audience burst into applause. In the entire half hour, reservations were expressed only twice: a representative from WHO forcefully but briefly took issue with Dr. Snead's theory, and a young black woman in the audience said, "I do AIDS education, and what you're saying in this room would set me back ten years; I'd like to know what credentials, what business you have saying what you're saying?" Both were ignored.

The program ended with a Lyndon LaRouche follower (white) rising from the audience to commend the entire event and attempt to fill the audience in on the role of the Trilateral Commission. Important theoretical questions can be asked about why conspiracy theories are so appealing and in precisely what ways (and on what grounds) they are to be distinguished from scientific theories.

4. "The AIDS Quarterly," to which Greyson refers, greatly improved in its later installments and broadened to become "The Health Quarterly." At the time of Greyson's comments, the single independent feature aired by PBS was *The A.I.D.S. Show* (Adair and Epstein 1986). Since then, additional independent videos have been aired.
5. Many of the alternative films and videos to which I refer here are compiled on *Video against AIDS*, a set of three tapes curated by John Greyson and Bill Horrigan (1990). Likewise, many are described more fully in Carlomusto (1992), Saalfeld (1992), Grover (1989a), Boffin and Gupta (1990), and Juhasz (1995). Interesting AIDS videos for health professionals have been produced by Norman Baxley (e.g., 1991, 1994).
6. As actor Tom Hulce said in his presentation at SIDART (June 1989), what shocked audiences at Larry Kramer's play *The Normal Heart* was not "the medical details about AIDS—the seizures, the lesions, etc.—they're used to medical stuff. What shocked them was seeing two men kissing." Concern about job discrimination in Hollywood was addressed on "Saturday Night Live" in 1986; linking AIDS panic to McCarthy-era blacklisting, a sketch showed a gay male actor worried about being "pinklisted" and trying to establish his heterosexual credentials by swaggering into a bar, flirting with the waitress, and talking about the Dallas Cowboys. Ironically, Aidan Quinn told "TV Guide" that, since his performance in *An Early Frost*, he has received more scripts calling for him to play "more normal, human guys" instead of the narrowly typecast rebel hunks he played before. For a more detailed discussion of *An Early Frost*, *Our Sons*, and other made-for-television movies, see chap. 6 below.
7. *Fabian's Story*, widely criticized as unethical, nonrepresentative, and exploitative, shows a black male prostitute who continues to have unsafe sex even after his diagnosis: Martha Gever (1988) pointed out that, in contrast, a positive film about a man with AIDS, *Chuck Solomon: Coming of Age*, by Mark Huestis and Wendy Dallas (1986), was turned down by PBS (although shown by Channel Four in Britain). The figure of "Patient Zero," the Canadian flight attendant represented as a kind of Typhoid Mary character by Shilts (1987), is discussed in Crimp (1988c). Buxton (1991) uses the "Midnight Caller" episode as a detailed case study of production processes in broadcast television, showing that considerable negotiation among different groups brought about significant changes in the script (see also Gerard 1988). See also chaps. 6 and 9 below.
8. In the chapter on AIDS in his memoirs, former Surgeon General C. Everett Koop (1991) details his ferocious battles with the Reagan White House over AIDS policy; describing pressure to tone down his hard-hitting AIDS report (U.S. Surgeon General 1986) before releasing it, Koop says that, in the end, they wanted him to delete the word *condom*. Koop refused (although he makes clear that, as a Christian and a conservative, he was not especially thrilled to be dubbed "the king of condoms"). In my essay "How to Use a Condom" (Treichler 1996), I discuss condoms and television at length.
9. On Reagan's surgery, see Bob Huff's amazing 1987 video *The Asshole Is a Tense*

Hole. The evolution of explicit usage is discussed by Colby (1989), Kinsella (1989), and Packer and Kauffman (1990). Generally, *penis* and *anal intercourse* have been considered to be the most sensitive words, and, even now, some stations do not permit them. Interestingly, in the first years of AIDS coverage, the only phrase prohibited by the relatively liberal National Public Radio was "full-blown AIDS," which they perceived to be sexually suggestive. Michael Callen commented that "one distressing presumption that runs through this asshole coverage is that anal intercourse and male homosexuality are synonymous. When will someone point out that heterosexuals can *and do* engage in anal intercourse?" (1988, 218).

10. As Schoepf et al. (1988) point out, discussing their experiences working with women in Zaire, the country's deepening poverty presents added difficulties for condom use: for many women, only the provision of new income-generating activities would provide real alternatives to multiple-partner sex. Elsewhere, Schoepf describes an experimental condom education program based on cooperation with traditional tribal elders (1992a).
11. Screenings of activists' and artists' videos at the Montreal conference were very popular; after the conference, with little additional publicity, many orders for *Video against AIDS* (see n. 5 above) came in to Video Data Bank and V/Tape from community health organizations and health educators—precisely the viewers conventionally believed to require "straight" materials.
12. Analyzing the Gulf War and its televised spectacle, Elaine Scarry observes that Americans' intense obsession with the war's daily chronicle on CNN was widely interpreted to signify a level of interest and involvement wholly appropriate to the citizens of a participatory democracy in the information age. Yet, argues Scarry, the mesmerizing images of the Gulf were really offered U.S. citizens *in place of* genuine participation in deliberations about U.S. involvement. It may have looked like deliberation, it may even have felt like deliberation, but what it really represented, in Scarry's view, was "a mimesis of deliberation." This is, of course, a serious concern.

5 AIDS, HIV, and the Cultural Construction of Reality

1. In addition to the conference program, sources for examples of discourse at the conference include texts of lectures, press kits, press releases, published newspaper and journal articles, and the author's notes from press conferences and press briefings. For Morisset's introduction, see *Abstracts* (1989).
2. In the 1970s, the sociologist Pauline Bart designed a T-shirt with the statement "Everything is data" on the front, "But data isn't everything" on the back. In other words, everything is potentially material for an analysis based on cultural construction, but this enterprise by no means exhausts the world or one's ways of being in it. To hold on to a point of perfect equipoise between what we say to the world and what it says back to us is perhaps the major intellectual challenge of working in the domain of cultural investigation.
3. Kroeber and Kluckhohn (1952) trace the two ideologically contradictory meanings that the term *Kulture* acquired in Germany as both in league with and resistant to *Zivilisation*: the first meaning was international and progressive and involved the desire to go forward toward democracy; the second was introverted and romantic and represented a fight for Germany's unique cultural heritage (and the wish to go

- al. (1994), Haraway (1989b, 1991a, 1991b, 1996), Rubin (1994a), Hollibaugh ([1993] 1997), Stoller (1995), Duberman (1997), Califia (1988, 1997), Bright (1997), Kane (1993, 1994), Brouillon (1992), Odets (1996), Gorna (1996), Schneider and Stoller (1995), Huber and Schneider (1992), Roth and Fuller (1998), Roth and Hogan (1998), O'Sullivan and Thomson ([1992] 1996), Hammonds (1997), Hanawa (1996), Treat (1994), Friedman et al. (1992), and Levine and Siegel (1992).
5. Useful feminist discussions of gender and identity include Adams (1989), Haraway (1985), Parmar (1989), Segal (1987), K. King (1992), E. King (1993), Fausto-Sterling (1993), Gray et al. (1994), Duggan and Hunter (1995), Hammonds (1997), and Detloff (1997).
 6. Warning women to guard their "moist, vulnerable mucous membranes" and other "vulnerable entrance ports for the virus," sex therapist Helen Singer Kaplan presented a vivid scenario for viral transmission during penile-vaginal intercourse: "The man's infected pre-ejaculatory secretions, the little drop of clear fluid that sometimes comes out of the tip of the man's penis when he is aroused but before he ejaculates, as well as his seminal fluid, are squirted into the woman's vulnerable wet vagina and can infect her." But the penile proboscis places men in danger, too: "If the woman has the virus, her infected vaginal lubrications pour over the open moist entrance to the man's urethra (the small opening at the tip of the penis where the urine and semen emerge) and he can become infected through that route" (Kaplan 1987, 78, 79).
 7. Lisa Duggan, among others, has observed that sexual injuries are more likely than nonsexual ones to be attributed to "unnatural" practices. Toxic shock syndrome provoked decrees that nature intended the rugged vagina for penises and babies but not for tampons; AIDS likewise is used to argue that nature never intended the vulnerable rectum for sexual pleasure (see also Bersani 1988 and Fausto-Sterling 1993). But a broken ankle does not prove that nature never intended people to use rollerblades. In much of the conservative writing on AIDS, one sees an obsession with "natural" receptacles, orifices, and bodily functions. In *My Program against AIDS* (1987), Lyndon LaRouche writes: "AIDS demonstrates afresh . . . that if society promotes the violation of the principles of our bodies' design, that society shall suffer in some way or another for this obscenity" (p. 6); whether blood transfusions violate "the principles of our bodies' design" is not addressed.
 8. Gould added that "the secretions of a healthy vagina are very inhospitable to the AIDS virus" (1988), presumably alluding to the vagina's pH, whose acidity has virus-killing and sperm-killing properties. Once HIV was isolated in vaginal secretions, it was decreed that the vagina's acidity could be neutralized by the alkaline bath it gets from semen or by other STDs, infections, and various other conditions. (Royce et al. [1997] review all these issues.)
 9. The language of this passage recalls Emily Martin's (1987) charge that medical rhetoric casts women's reproductive systems as factories, with menstruation as a monthly failure in production and menopause the sign of a crumbling, obsolete physical plant (see also Moore and Clark 1995).
 10. At the point in the epidemic that I am discussing here, the CDC's data (through 15 August 1992) already showed women as the fastest-growing segment of new AIDS cases and AIDS as one of the five leading causes of death among women aged fifteen to forty-four. Discussions of data on women at this earlier point include M. A. Gillespie (1991), Hunter (1992), and Coreia (1992). AIDS statistics for women in the

- United States as of October 1997 have worsened. Despite a drop for the first time since the beginning of the epidemic in new AIDS cases and number of AIDS deaths per reporting period, incidence among women did not drop. Reasons are still unclear, although differential access to the latest drug therapies is presumed to be one factor (L. Altman 1997; *AIDS Treatment News* 1995-98).
11. Another example: after several babies in Los Angeles were diagnosed with AIDS in the early 1980s, their mothers—"mothers of pediatric AIDS patients"—were able to be traced and contacted through hospital and blood bank records. (This example shows the ambiguity of this category, however, because these particular babies were premature and received transfusions; they were infected through the blood supply, not through their mothers, who were mainly not HIV-infected themselves.)
 12. The companion Men's Advocacy Network of the National Hemophilia Foundation (MANN) had its first meeting in 1991. The two networks organize joint activities as well. For a comprehensive discussion of women in the hemophilia community, see Mason et al. (1988). My thanks also to John Gagnon and Paul Wilson for sharing their knowledge with me. A detailed description of educational workshops for partners and caretakers of men with hemophilia can be found in Roth and Fuller (1998).
 13. Nancy Solomon (1991) quotes Dr. Charles Schable at the CDC in the late 1980s: "Lesbians don't have much sex" (p. 50). On researchers' understanding of homosexuality in the early 1980s, see Panem (1985).
 14. Discussion of sex workers and AIDS can be found in Alexander (1996), Leonard and Thistlethwaite (1992), Lupton (1994), Gorna (1996), and Gander (1993). See also COYOTE (1985), Leigh (1988), Leigh's video *Safe Sex Slut* (1987), and Delacoste and Alexander (1987). Historical attacks on sex workers during epidemics of sexually transmitted disease are recounted by Brandt (1987).
 15. Patton (1990) argues that, when concern is expressed for "heterosexuals," the community at issue is "straight men." Kane and Mason (1992) indicate that the "intravenous drug users" enrolled in the multicenter NIDA studies are male by definition and that their "sex partners" are presumed to be female. Studying the incidence of HIV infection in women is sometimes justified because it provides an index to infection in the "heterosexual community" as a whole (e.g., Guinan and Hardy 1987). So, while the category *women* is almost always assumed to mean *heterosexual*, the category *heterosexual* is not always assumed to include women. For a general discussion of social variables in epidemiology, see Ross and Mirowsky (1980).
 16. Actually, Fumento's argument is not that individual white middle-class heterosexual people *cannot* acquire or transmit HIV through heterosexual activity; he acknowledges that they can. Rather, he argues that an *epidemic* will never occur exclusively among heterosexuals because of heterosexual transmission. While widely assumed to be talking about individual risk of HIV infection, he is in fact talking about incidence in a large population. For detailed (and fairer) discussion of the parameters affecting transmission and the difficulties of accurately predicting the epidemic's future, see Anderson and May (1988a, 1988b) and U.S. General Accounting Office (1989). In Treichler (1990b) I discuss Fumento's book in more detail.
 17. Addressing the International Working Group on Women and AIDS at the Fifth International AIDS Conference, Montreal, June 1989, Cindy Patton (1989) summarized several cases in which women were misdiagnosed, although she cited one instance in which this mind-set was used to advantage: when a Boston woman was told by a