

# A PANDEMIC OF TERROR AND TERROR OF A PANDEMIC: AMERICAN CULTURAL RESPONSES TO HIV/AIDS AND BIOTERRORISM

*by Barbara Ann Strassberg*

*Abstract.* The cultural construction of American societal responses to the HIV/AIDS pandemic and terrorism is addressed. The use of metaphors of war, survival, extinction, and of those related to God in public narratives is analyzed. Issues of gender, sexuality, money, and power are also discussed within the context of the religion-science dialogue. Suggestions are made about a possibility for a global ethic of survival based on an ethic of care.

*Keywords:* ethics; gender; God; HIV/AIDS; pandemics; power; sexuality; survival; terrorism; war.

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If we want to undertake more effective actions to combat the HIV/AIDS pandemic and world terrorism, we first need to better understand the responses of the West, especially of the American government and society, to these two global phenomena.

The conceptual narrative I present here focuses on the cultural and social contexts within which the religious and scientific narratives about HIV/AIDS have been embedded and on their social and cultural ramifications. This social-scientific narrative offers a potential for bridging the other two, hopefully showing that there is a continuum rather than a dichotomy between stories told by religions and by sciences and that somewhere on that continuum we may find answers to our questions related to various constructions of a threat of human extinction.

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From the perspective of local American culture, the processes of the social and cultural construction of the HIV/AIDS epidemic and terrorism reflect the transformation of the interpretation of human sexuality, gender identities, and gender roles within the context of our culture of violence. I would call this transformation a death spasm of the dominant position of the rugged white Christian heterosexual American male.

From the perspective of the global human community, the American responses to HIV/AIDS and terrorism reflect the shifts of power within the world system and the decline of the hegemony of the United States among the core (first-world) countries. Internationally, the U.S. has lost considerable moral power, political power, and economic power. It maintains military power, but "militarism is often the *last gasp* of power for dying empires. Our obsessive rallying around the flag belies fundamental weaknesses and insecurities" (Elias 1997, 142; emphasis added).

Even though the process of change in our understanding of sexuality and gender and of the power relations based on sexuality and gender started much earlier, we can consider the period right after World War II as the final moment of the unchallenged dominance in the American society of the white Christian heterosexual male. The postwar period can also be viewed as the last time in modern history when the United States enjoyed unchallenged hegemony among other countries. Currently, cultural and sociopolitical changes are forcing our society to take a new, more informed look into our own "soul" and to pay more attention to the dynamics of the interface between sexuality, gender, and power in our society and within the world system as a whole.

A closer look, from the perspective of global cultural and political changes, at the responses to the HIV/AIDS pandemic and world terrorism may help us better understand why we Americans pay relatively little attention to a virus that is spreading and killing millions of people, acting as if it were a weapon of mass destruction aimed at humanity by natural forces. At the same time, however, we do pay a lot of attention and spend a lot of money trying to create the most effective man-made biological weapons of mass destruction and/or to protect ourselves from such weapons in case they are used against us by people we now label as terrorists.

By embedding the responses to HIV/AIDS and terrorism in global cultural and political changes, we might be able to address other important questions as well. Why is it that, as the self-appointed leaders in the human struggle for survival, Americans are much more inclined to notice and care about interactions that are founded on conflict and violence than those that are based on harmony? Why are we so strongly predisposed to get involved in the solution of social problems when such solution means annihilation of the partner of the interaction? Why is it so much more difficult to get involved in solving problems that require making an effort to assure survival of the partner?

Finally, why is it relatively easy for our leaders to allocate disproportionately larger amounts of our resources to the development of the machinery of mass killing to defend us against a man-made attack by deadly viruses than to support research and health care for those who are already infected with a “natural” deadly virus? Answers to these questions may help us start constructing ideological counternarratives, build new channels of influence, elect decision makers more wisely, and initiate a social movement on behalf of people who already now suffer and die all over the world because of viruses we are unable to control.

In May, 2001, United Nations Secretary Kofi Annan stated that “a war chest of 7 billion to 10 billion U.S. dollars is needed annually, over an extended period of time, to wage an effective global campaign against AIDS” (Stine 2002, 451). The United States offered Annan \$200 million in addition to the \$760 million already pledged for 2001. That was the largest gift ever to the AIDS fund. For comparison, it has been estimated that the U.S. spent \$225 billion on the Y2K problem. All nations, globally, spent about \$600 billion on Y2K (Stine 2002, 452). At the end of the 1990s, the U.S. government spent \$1,148 trillion on “wealthfare” (farm subsidies, “creative” bookkeeping, tax breaks, and so on) per year and \$271 billion for military expenses. (One submarine costs \$2.3 billion.) In October of 2002 it was estimated that deploying U.S. forces to the Persian Gulf in order to invade Iraq, defined as a state presenting a bioterrorist threat, would cost \$9–13 billion and that the monthly cost of combat would be \$6–9 billion (Abrams 2002).

It is not only our government that prioritizes allocation of funds in an interesting way. In an average year, cat owners in the U.S. spend \$2.15 billion on cat food and \$295 million on cat litter. Americans spend \$1.8 billion on toothpaste, \$950 million on toothbrushes, and \$625 million on breath fresheners. American women spend over \$30 billion per year on dieting, while one third of Americans are considered obese.

In this essay I look closely at the American cultural responses to the HIV/AIDS pandemic and to bioterrorism. I restrict my analysis to these two phenomena because they both relate in an interesting way to what human beings have already learned about epidemics, pandemics, and global healthcare challenges. I am aware of the differences in the mechanisms by which the HIV/AIDS pandemic started to threaten humanity’s survival and of those that might lead humanity toward biological warfare. These differences, however, do not disqualify the validity of observations pertaining to societal responses to both of these threats. I want to explore how our society transforms the meanings of a lethal viral global disease and a lethal viral (combined with other pathogens) global warfare to make them fit the tapestry of its culture. The theoretical framework for my analysis consists of selected elements of culture-change theory and world-systems theory.

## THEORETICAL FRAMEWORK

*Culture.* For the purpose of my analysis, I define *culture* as a tapestry of intertwined narratives told by the universe through human beings about its own processes of becoming. Among these are narratives of survival and of extinction, meganarratives, and stories about individual human experience. There are narratives that not long ago served as metanarratives and others that explain why the former ones must be abandoned as dysfunctional and replaced with new, emerging narratives. Even though stories do not necessarily have to be told by means of words (our actions also are a means of communication), in this age of electronic communication and information we can justifiably focus on the pragmatic power of language. Most of us are aware of that power, but sometimes we do not pay sufficient attention to the ways in which this power is misused or even abused by those who can manipulate their audiences because their narratives are heard more often and by more people. Often we do not even notice whose story is being told by means of silence, or why.

Because many of us do not regularly perform metaphorical analyses of the language with which we are addressed by the power elites, it is interesting to step back from time to time and take a closer look at metaphors to see when and why they are selected for a given social and cultural context. Among the numerous metaphors used in political discourse, I focus on the metaphors of war, of survival and extinction, and of God's approval of American governmental and societal responses to challenges that we have faced throughout history. Also, using the culture-change theory, I look at the issues that emerge at the intersection of American interpretations of sexuality, gender, and power.

*Society.* Focusing on the social dimension of AIDS and terrorism, I define society in a way that best matches my definition of culture. According to that definition, *society* is a web of conversations that together constitute social life (Rigney 2001, 197). We can apply this definition also to the world human community and view this community as a vast and complex system of conversations carried by all humans through time. These conversations are conducted largely through metaphors, which represent unique voices and viewpoints. Sometimes the voices giving accounts of their diverse social experiences are listened to and heard with respect, sometimes they fall on deaf ears, sometimes they meet with adversarial responses, and sometimes they bring death to the messengers.

The social dimension of my analysis is framed with selected microlevel sociological presuppositions and macrolevel interpretations that stem from world-systems theory. First, I want to emphasize that from a social scientific perspective people do not respond to events but to their own interpretations of those events. This basic truth has significant implications for

human interactions. Interactions between two human subjects, two agents, start from the moment of their mutual categorization according to the “knowledge” they have of each other. And it is not ignorance that matters but rather people “knowing” things that are not true. This “knowledge” triggers a whole range of emotional responses (to people’s own beliefs about reality) from love to hate, with fear as one of the most powerful emotions shaping predispositions toward action. Perception of similarity leads to attraction; perception of difference, expressed by social speciation, often leads to genocidal actions. In today’s postmodern globalizing world, among numerous new developments we observe these three: (1) awareness of connectedness; we know that the boundary that divides can also be viewed as one that links, that human connections are neither linear nor cyclical—they are a web; (2) the moral sentiment of compassion leads to the construction of new bonds even between persons who do not know each other; news about torture evokes disgust, physical revulsion, outrage, declaration that something has to be done, a belief that persons who torture others are the exception; (3) voluntary involvement in efforts to construct a social context within which all people would be empowered and could develop their potential to the fullest. Connectedness, compassion, and social activism open the door for individuals and small groups to become agents of social transformations.

Now we move from the micro to the macro level of analysis. World-systems theory, developed by Immanuel Wallerstein, introduces the perception of the modern world system as “a capitalist system, that is, a system that operates on the primacy of the endless accumulation of capital via the eventual commodification of everything” (1998, 10). Systems have boundaries that shift, rules that evolve, contradictions that have to be dealt with, and built-in mechanisms to return them to equilibrium. They are dynamic, and besides “pulsating” once in a while they also can move so far from equilibrium that they bifurcate and transform into new systems. Wallerstein believes that we are “living in the transition from our existing world-system, the capitalist world-economy, to another world-system or systems. We do not know whether this will be for the better or for the worse. We shall not know until we get there” (1998, 35). Among the manifestations of the changes he mentions (1) the delegitimization of the ideology of inevitable progress (many third-world countries reject the idea of endless accumulation of capital); (2) the democratization of world armaments; nuclear proliferation is unstoppable; and (3) the increase in individual emigration from poorer states to richer ones; almost all migrants are socially defined as nonwhite. Wallerstein invites us to think about “what kind of world do we in fact want; and by what means, or paths, are we most likely to get there” (p. 65). He writes, “If we wish to seize our opportunity, which seems to me a moral and political obligation, we must first recognize the opportunity for what it is, and of what it consists. This

requires reconstructing the framework of knowledge so that we can understand the nature of our structural crisis, and therefore our historical choices for the twenty-first century. Once we understand the choices, we must be ready to engage in the struggle without any guarantee that we shall win it" (pp. 88–89). He believes that equal access to education, to health services, and to a guaranteed decent income throughout life should be the starting point of our activism. The new order that will emerge out of the chaos will be shaped by what everyone does, both those with power in the present system and those without it.

Wallerstein also introduces a distinction between core countries, characterized by advanced industrial production and distribution, strong state structures, strong bourgeoisie, and large working class (the U.S., Canada, Western Europe, Australia, and New Zealand); periphery countries that produce raw materials, have a weak state structure, small bourgeoisie, and many peasants (sub-Saharan central Africa, the Caribbean, and Latin America); and semiperiphery countries, which are intermediate between the other two (former Soviet bloc, North Africa, the Middle East, Asia, and the Pacific rim countries, excluding Australia and New Zealand) (Hall 200, 5; Treichler 1999, 111).

The system exhibits several trends, with globalization among them, that unfold in continuing cycles. These are cycles of revolution, war, and inequality, and they find expression in vertical and horizontal social mobility of countries of all three categories. Among those cycles, the one I am most interested in is the "pulsation" of hegemony. In any given period in history, one state in the core dominates the world-system without overt coercion simply by means of its economic, political, and military power. Once its power peaks, hegemony declines, and the rivalry and competition between core states becomes much more intense.

World-systems theory provides a link to general systems theory and thus also to theories of chaos and complexity (Hall 2000, 3–17). It allows us to interpret social and cultural evolution in terms of gradual transformation embedded in episodic rapid changes and to view the pulsations of the world-system in terms of the self-organizing tendency that characterizes all complex systems.

Jean Baudrillard, for instance, applied the system approach to his discussion of the analogy in the development of viral diseases such as AIDS and of terrorism:

Just as there seems to be no political solution to the problem of terrorism, so there seems to be no biological solution at present to the problems of AIDS and cancer. Indeed, the causes are identical: anomalous symptoms generated at the most fundamental level by the system itself represent a reactive virulence designed to counter, in the first case, a political overmanagement of the social body, and in the second case, a biological overmanagement of the body *tout court*. (Baudrillard 2000, 36)

In other words, with the continuous development of medications to help our immune system defeat diseases, we got to the point when now the immune system itself kills us. In a similar way, we made sure that there were enough weapons for everybody to defend themselves against undefined enemies, and now we are threatened by the very defense system we created.

The high degree to which AIDS, terrorism, crack cocaine or computer viruses mobilize the popular imagination should tell us that they are more than anecdotal occurrences in an irrational world. The fact is that they contain within them the whole logic of our system: these events are merely the spectacular expression of that system . . . a single terrorist act obliges a reconsideration of politics as a whole in the light of terrorism's claims; an outbreak of AIDS, even statistically insignificant one, forces us to view the whole spectrum of disease in the light of immunodeficiency thesis. . . . (p. 39)

And then, Baudrillard challenges us with questions that stem from the belief that all things are ambiguous and reversible. He encourages us to ask, What is AIDS a resistance to? What even worse eventuality is it saving us from? "As for terrorism, does not its secondary, reactive violence shield us from an epidemic of consensus, from an ever-increasing political leukemia and degeneration and from the imperceptible transparency of the State?" (p. 38) If we agree to view things not as either good or evil but as good and evil depending on where we stand, Baudrillard's invitation to take a look at the "positive" functions of AIDS and terrorism for the world-system might help us realize that what seem to us today to be complete chaos and a state of total immunodeficiency of biological, sociopolitical, and technological-information systems are in fact new aspects of the emerging order.

The world-systems theory also helps us explain cultural change. It prompts us, for instance, to interpret changes in indigenous cultures by emphasizing the processes of the incorporation of more and more people into the expanding world-system. Instead of viewing indigenous people as passive victims trying to resist such incorporation, we are encouraged to focus on their role as proactive participants in those processes. At the same time, cultural contact, exchange, and diffusion inject changes into the world culture, because elements of indigenous culture become absorbed and integrated and then influence other components of that culture. Among various cultural changes, the one I focus on is the change in cultural construction of human sexuality, gender identity, and gender roles.

Finally, world-systems theory helps us move the analysis to the level of international relations, which is crucial for our understanding of any phenomenon that occurs on a global scale. I include here some observations made by African scholars that we might take into consideration in our discussion of AIDS. Manthia Diawara writes,

There is a globalized information network that characterizes Africa as a continent sitting on top of infectious diseases, strangled by corruption and tribal vengeance,

and populated by people with mouths and hands open to receive international aid. The globalization of the media . . . also creates a vehicle for rock stars, church groups, and other entrepreneurs in Europe and America to tie their names to images of Afro-pessimism for the purpose of wider and uninterrupted commodification of their name, music, or church. (Diawara 2001, 103)

Diawara also emphasizes that many of the African political leaders to this day are ambassadors of European countries or the United States rather than actual independent leaders of their nation-states.

In the same spirit, Ioan Davies (2001, 131) quotes Ngugi wa Thiong'o, "I have nothing against English, French, Portuguese, or any other language for that matter. . . . But if Kiswahili or any other African language were to become the language for the world, this would symbolize the dawn of a new era in human relations between the nations and people of Africa and those of other continents." In other words, we are invited to listen to the voices of the intellectual elite of the periphery, who are fully aware of our arrogant monolingualism and therefore try to communicate with us in our own languages. Davies reminds us that almost everyone in any African city speaks at least two and often three languages. This multilingualism is important because people "may be functionally literate (able to read street signs, newspaper headlines, and job instructions), culturally literate (able to acquire knowledge about political and cultural norms of a society by reading about them in accepted works of literature and science), and critically literate (able to identify ideological positions of texts and cultural forms that challenge the status quo)" (2001, 132). In individual empirical situations people may have some of these literacies in one language and other literacies in another. Moreover, book literacy may be in one of those languages, two, or none. African intellectuals, who end up as "Other" in both worlds, marginalized between the cultures of their origin and cultures of the West, often try to either "translate" the indigenous cultures in order to educate the West or "translate" elements of Western cultures in order to educate members of their own societies. As a result, they try to name the unnameable, translate the untranslatable, and interpret the uninterpretable.

The Aborigines "belong" [to] a land which cannot be abstracted, transferred, translated (*trans-latio*, lift across, move, transfer); it is not a land *on* which humans live, which they exploit, but a land to which humans and non-humans belong in ways that cannot be mapped conceptually. . . the language of the Aborigines is untranslatable into the language of the court, heterogeneous to the language of common law, of common humanity. . . [it] is insistently local, rooted in the land from which it comes. . . . (Readings 2000, 125)

If that is the case, following some of Lyotard's observations (Lyotard and Thebaud 1985), Readings encourages us to consider in what ways such totalizing concepts as humanity and justice can or should be used in reference to explicitly local circumstances.



CULTURAL CONSTRUCTION OF THE AMERICAN RESPONSES TO  
HIV/AIDS AND BIOTERRORISM

*War.* I agree with Robert Elias that “we are a nation at war with ourselves” (1997, 123) and that in our culture violence is viewed as a legitimate means of solving problems, even if the problem is violence itself. Capital punishment and police brutality are our weapons in the war on crime; in 1990, we declared war on Iraq to reverse their invasion of Kuwait. Armed raids on neighborhoods characterize our war on drugs, and military supplies and training define our war on drugs abroad. Cutting public assistance and pushing people off welfare are examples of our war on poverty, and exploitation of raw materials and of workers in third-world countries mark our war on world poverty. Even women and children in our culture are often defined not as assets but rather as “problems” that are also best “solved” by means of violence. People who are not members of our society are viewed as unruly, immature, disobedient, ignorant, incapable, and underdeveloped. These are the same traits that we attribute to children and often also to women. Violence seems to be the only language we really understand.

Interestingly, during the 1990s, the language of warfare entered even the scientific descriptions of the HIV virus. “The viruses . . . constantly mutate, changing their fingerprints. The AIDS virus, most insidious of all, employs a range of strategies, including hiding out in healthy cells. What makes it fatal is its ability to invade and kill helper T-cells, thereby short-circuiting the entire immune response” (Treichler 1999, 31).

It is much less surprising to find the language of warfare in the narratives about bioterrorism. Many Americans were made to believe that our government “started” a war on terrorism after the September 11, 2001, attack and that the only moral and just thing to do is to annihilate terrorists, who are now defined as the source of evil in the world and the source of all our current economic, social, and political problems (Crenshaw 1998).

*Survival and Extinction.* In order to look more closely at metaphors of survival and extinction, we might turn to religious stories of creation linked to the stories of the “end of the world” and of eternal life and to the scientific stories of evolution linked to the theories of the future of the universe. They tell us about the pulsation of the universe and of all its components; they tell about beginnings and ends, about emergence and disappearance, about an ongoing process of transformation from one form of being into another. In a way, we can view them as narratives of birth, of survival, and of extinction. We learn from them what to do and what not to do if we want to continue our existence in our present form.

Very often ideologues, politicians, and military leaders construct compatible political narratives of survival and extinction. They implant them

in the social soil fertilized by the religious and scientific narratives and make these narratives grow until they are ripe enough to lead people to action. Contrary to religious and scientific narratives, which primarily relate human survival or extinction to what we humans do to ourselves or others, political narratives focus on a threat coming from outside our own social entity. These are some “others,” who, either because of who they are or because of what they do, present a threat to us. The best defense against or prevention of a threat is the annihilation of the threatening agent.

I agree with Paula Treichler (1999) that when people encounter a new phenomenon that is complicated, frightening, and unpredictable, they have a tendency to first frame it within familiar narratives, thus giving it meaning and constructing an illusion of the potential for its control. They also link the new phenomenon with existing issues, social arrangements, and institutional networks.

HIV/AIDS and bioterrorism are relatively new cultural phenomena in the U.S. national narrative, and because of their unique nature they are impossible to comprehend. Thus, right now they are more frightening than many other threats. From the perspective of sciences, we are dealing with living organisms that are invisible, extremely adaptable, resilient, and lethal. Therefore, they have to be immediately embedded in narratives that would give them at least some meaning, and they have to be incorporated into the web of existing conversations (social structures).

The narratives about the threat of extinction by the HIV/AIDS virus became a part of the history of commonly known epidemics that goes at least as far back as 1157 B.C.E., to the death of Egyptian pharaoh Ramses V from smallpox. This virus also killed two thousand Romans a day in the second century C.E., more than two million Aztecs during the 1520 conquest by Cortez, and some six hundred thousand Europeans per year from the sixteenth through the eighteenth century—altogether hundreds of millions of people. Three out of four persons who survived were left deeply scarred and sometimes blind. Malaria killed over 20 million people in India and Africa in the years 1847–1875, and even now it afflicts 300 million people, killing between two and three million each year. In 1918 and 1919, influenza killed nearly 23 million people in the U.S. and Europe. In the years 1981–2002 there were 68 million HIV infections recorded worldwide. At least 27 million people have died (Stine 2002).

When the narratives about the HIV/AIDS pandemic started to be constructed in the Western world, the competition between various centers of power, knowledge, and credibility for the right to define the reality of HIV/AIDS—that is, to construct it as “their own” cultural phenomenon—was quite obvious. There is no argument today that the language of the discourse about the pandemic is English in words, imagery, argumentation, evaluations, and predictions. The awareness of the necessary relation be-

tween AIDS and culture helps us realize that any possible “pedagogy across culture involves more than translating prescriptions for behavior change into different languages; inevitably, we need to know more about the meaning of given practices and conceptions, their place in a community’s social and cultural life, the political economy that frames them, and the contingencies that sustain or discourage them” (Treichler 1999, 153). Many scholars who do cultural research on the AIDS epidemic have at least a rudimentary grasp of virology and immunology, but there are very few scientists who would have at least a rudimentary grasp of social and cultural theory, on one hand, and of social and cultural (including religious) diversity, on the other. As a result, even in medical literature we encounter the process of Western/American cultural construction of HIV/AIDS. The need for cooperation of scholars representing various disciplines, including the social sciences, is unquestionable.

On the other hand, the narratives about the threat of extinction by bioterrorism joined the already existing stories about human manipulation of pathogens in order to make the weapons more lethal. For instance, around two thousand years ago, Scythian archers dipped arrowheads in manure and rotting corpses; in the fourteenth century, Tatars hurled bodies of people who died of plague over the walls of enemy cities; during the French and Indian War, British soldiers gave the Native Americans blankets contaminated with smallpox; in World War I, the Germans spread glanders, a disease of horses; and in World War II, the Japanese dropped fleas infected with plague on Chinese cities, killing thousands of people (Miller, Engleberg, and Broad 2001, 38).

It is not surprising then that, once humans learned how to manipulate the code of life that resides inside all living organisms, they started to transform various pathogens into weapons. These organisms had billions of years to develop their mechanisms of adaptability that today are close to perfection. Even though in political narratives biological weapons are often mentioned together with chemical and nuclear ones, they are not the same, and the biological ones are the most lethal. Chemical agents are relatively easy to contain, neutralize, or wash out; nuclear agents make a lot of noise, which enables individual survivors to immediately respond to the attack, and they also are relatively easy to contain. Biological agents cannot be contained, neutralized, or washed out. They multiply exponentially, adapt quickly, and work silently. In order to live and multiply they need “only” a human host. In addition, compared to chemical and nuclear weapons, biological weapons are the least expensive to produce in large quantities. During the Cold War, the competition between the former Soviet Union and the United States led to the production of extremely effective, lethal pathogens. Japan, China, and many other countries have developed biological weapons with no difficulty.

*“God Bless.”* Throughout the history of humanity, leaders constructing ideological and political narratives have turned to religious and scientific narratives for arguments to support their goals or means, because average citizens have always been more familiar with the languages of religion and science than with the language of politics. Many of our American presidents have tended to frequently make rhetorical invocations of God on behalf of the United States, including our involvement in wars.

The role of religion in violence and war is well known, so I am going to move on to other dimensions of our culture that are closely linked to the responses to HIV/AIDS and bioterrorism. Since their inception, the narratives emerging within American culture about these two phenomena have been interlocked with narratives about sexuality, gender, power, and social class. They have been spread primarily by means of mass media and, to some extent, the film industry.

*Sexuality and Power.* In the early days of the awareness of the epidemic, HIV/AIDS became linked to homosexuality. It was constructed as a gay disease and thus immediately redefined both the disease and male homosexuality. “In the eyes of straight America, death gave gay men a humanity they had long been denied. . . . People facing mortality responded courageously and seized the chance to proclaim their identity. And it forced society’s institutions—from hospitals who barred gay men from seeing their dying lovers to employers that denied them bereavement leave—to recognize gay relationships” (Stine 2002, xxiii). At the same time, “the strength of the gay male construction of the AIDS epidemic forced gay men to confront the epidemic; and to confront it was, necessarily, to claim it. One consequence of this claim was that gay men began, early on, to criticize the academic terminology through which they were being represented. Terms like *promiscuous* were forced to give way . . . to more neutral terms like *sexually active*” (Treichler 1999, 71–72). However, self-identification as gay in connection to HIV/AIDS caused many gay men to start functioning under an identity label that reduced their humanness even more than the gay label itself. If infected, they became one-dimensional patients living a waiting-for-death type of life. The pathology of their existence became their master status (Ogilvie 2002).

Numerous religious and scientific narratives started to pop out, spreading facts and myths about the gay lifestyle. The epidemic of a transmissible lethal disease gave rise to an epidemic of meanings and significations. The new meanings were multiplying widely and very quickly. It is interesting to take a look at a list of ways in which AIDS has been characterized (Treichler 1999, 12–13):

1. An irreversible, untreatable, and invariably fatal infectious disease that threatens to wipe out the whole world.
2. A creation of the media, which has sensationalized a minor health problem for its own profit and pleasure.

3. A creation of the state to legitimize widespread invasion of people's lives and sexual practices.
4. A creation of biomedical scientists and the Center for Disease Control to generate funding for their activities.
5. A gay plague, probably emanating from San Francisco.
6. The crucible in which the field of immunology will be tested.
7. The most extraordinary medical chronicle of our times.
8. A condemnation to celibacy or death.
9. An Andromeda strain with the transmission efficiency of the common cold.
10. An imperialist plot to destroy the Third World.
11. A fascist plot to destroy homosexuals.
12. A CIA plot to destroy subversives.
13. A capitalist plot to create new markets for pharmaceutical products.
14. A Soviet plot to destroy capitalists.
15. The result of experiments on the immunological system of men not likely to reproduce.
16. The result of genetic mutations caused by "mixed marriages."
17. The result of moral decay and a major force destroying the Boy Scouts.
18. A plague stored in King Tut's tomb and unleashed when the Tut exhibit toured the United States in 1976.
19. The perfect emblem of twentieth-century decadence; of fin de siècle decadence; of postmodern decadence.
20. A disease that turns fruits in vegetables.
21. A disease introduced by aliens to weaken us before the takeover.
22. Nature's way of cleaning house.
23. America's Ideal Death Sentence.
24. An infectious agent that has suppressed our immunity from guilt.
25. A spiritual force that is creatively disrupting civilization.
26. A sign that the end of the world is at hand.
27. God's punishment of our weaknesses.
28. God's test of our strengths.
29. The price paid for 1960s.
30. The price paid for anal intercourse.
31. The price paid for genetic inferiority and male aggression.
32. An absolutely unique disease for which there is no precedent.
33. Just another venereal disease.
34. The most urgent and complex public health problem facing the world today.
35. A golden opportunity for science and medicine.
36. Science fiction.
37. Stranger than science fiction.
38. A miserable and expensive way to die.

When we read this list of meanings, we see that there is a continuum between popular and biomedical discourses. Our social constructions of AIDS are not based on objective, scientifically tested reality but on what we are told about this reality. And the stories we hear come from a variety of sources, rarely from scientists only. Journalists, religious activists, and politicians inject their stories into the pool of stories provided by scientists, and the audience try to somehow make sense out of all these pieces of information.

Treichler observes that the AIDS story entered Western culture as a story told by the body of a homosexual male. Thus, it was constructed as a sexually transmitted lethal disease but one that would not become a threat for all people. By being linked to homosexuality it automatically put heterosexual practices on a level of ideological superiority. In the late 1980s, the construction of populations of high risk was expanded but was still limited to homosexuals, hemophiliacs, heroin addicts, and Haitians and their sexual partners. What made such constructions detrimental was their foundational belief that the major risk factor in acquiring AIDS was being a particular person rather than doing particular things. It was easy to keep disseminating the extinction narrative of the risk populations, because there was not much that people not belonging to these populations could do about their condition of being. People's behavior—what they did—could have been modified, but who they were obviously could not be easily changed. By the same token, those who did not belong to any of the four "H" categories did not have to fear being infected by HIV.

Today, when HIV/AIDS is being acknowledged as a worldwide pandemic, the gayness of the gay man gets dissolved, and he becomes homogenized and universalized into just one more person facing death because of HIV. This change of perception occurs in spite of the fact that in core countries the majority of people getting infected still are gay men.

*Gender and Power.* The focus on male homosexuality created some resistance to acknowledging HIV infection in non-male-homosexual bodies. But homophobia quickly found a companion in sexism. For a while people believed that women were inefficient transmitters of HIV and could not get infected or pass the virus to others. Only with the passage of time did women enter the scene as possible victims of AIDS. At first they were seen not as innocent but as the "deserving victims," such as prostitutes and African women, who were getting infected because of their involvement in what was believed to be exceptional sexual practices. "Representations in leading biomedical journals, mainstream media discourse including women's magazines, and alternative and feminist publications suggest that the insights of the women's health movement and of feminist theory did little to illuminate AIDS for women" (Treichler 1999, 7). Gender has been downplayed, ignored, stereotyped, and misrepresented. If women were por-

trayed by media in the context of reports about AIDS, most often they were performing traditional roles of mates or caretakers. Even now, quite often women are still portrayed as “natural,” that is, passively accepting what is happening to them, rather than as free-acting rational agents (Bobel 2002) actively involved in social and political processes (Armstrong 2002). As Paula Rabinowitz observes, “Speaking is always already something done to us or for us by others whose presence as antecedents, as authorities, as interpreters, overpowers ours, even when one inhabits the most privileged of positions—that of the Western, educated, middle-class professional, like myself. How can the stories of others far outside the circulation of narrative, capital, goods, and so forth be heard?” (2000, 42)

With time, however, it became obvious and more readily admitted that women could get infected and could transmit the virus not only “horizontally” to their partners but also “vertically”—to their babies. Those babies, undoubtedly, were viewed as innocent victims:

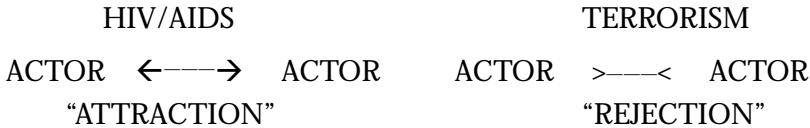
. . . mothers of babies with AIDS acquired a peculiar duality, both as “not women” and as “not normal.” If they acquired the virus “unknowingly” and “innocently,” they were seen as passive victims or invisible transmitters. But if they were found/alleged/believed to have gotten (or stayed) pregnant knowing that they were HIV positive, they acquired instant agency—and sinister agency at that, transformed in a flash from passive receivers to culpable agents invidiously transmitting infected blood to their unborn babies. . . . Many years later, pregnant women who sustained on experimental antiviral treatment to reduce the likelihood of vertical HIV transmission would find their medication withdrawn as soon as they gave birth; their unborn children had been the only real patients. (Treichler 1999, 65)

Moreover, even when data relevant to women were reported, they still had no identities of their own and were often referred to as heterosexuals, prostitutes, mothers of pediatric AIDS victims, or sexual partners.

Interestingly, lesbians remained almost completely outside of the discourse, or, if they were included, they also acquired a dual presence in AIDS statistics. “Faced with the factual evidence of HIV-positive lesbians, investigators had three available alternatives: assign the case to one of the ‘not women’ categories (intravenous drug user, etc.); assume that she was not ‘really’ a lesbian and had been infected by a male partner; or assume that she had engaged in ‘deviant’ sexual activities (not wholesome, not gentle) and was therefore ‘not normal’” (Treichler 1999, 66). From around the mid-1980s, the slow process of recognition began that AIDS was transmitted primarily through male-female sexual intercourse, with almost as many women infected in some locations as men.

Both terrorism and AIDS are relational, and they are outcomes of human interactions. Terrorist actions and the responses to such actions, whether on a world, national, or regional level or even on the level of family relations, all have foundations in a system of negative beliefs, feelings, attitudes, and motivations, reflecting a substantial social distance and a high level of intergroup social and cultural speculation.

The HIV/AIDS pandemic, however, stems from the most positive social interactions, because it spreads by means of an exchange of body fluids between human beings. Sexual contact, a blood transfusion, sharing a needle, or being conceived and delivered by an infected parent—these are among the most intimate interactions (next to organ transplantation) we can imagine. They occur either within the boundaries of a particular narrative of speciation or across such boundaries in spite of such narratives of speciation. The pattern of interaction that leads to HIV/AIDS infection is then a reversal of the pattern that leads to terror:



But once these interactions do occur, the societal responses to them are constructed according to a similar model of strong negative moral judgments and stigmatization. Interestingly, both of these interactions are most commonly viewed as interactions only between males. Even though globally the percentages of men and women who have died of AIDS are close to 50/50, in the United States, 82 percent of people infected are males (*aids101.com*); also, globally, 80 percent of terrorists are male (Morgan 2001, 63).

Applied to terrorism, this model illustrates a conflicting interaction between a male terrorist trying to get the attention of a male political leader. Applied to HIV/AIDS, it illustrates an intimate interaction between two males. Being an HIV/AIDS carrier or a terrorist becomes a stigmatized condition of being from which you never have a chance to “recover.” It is hard to reenter your own family, community, and society after being medically diagnosed as a carrier of HIV, and there is no way to reenter your own society and the world community after being politically diagnosed as a terrorist. But there is a difference here as well. As Brad Ogilvie reminded me, “the hardest part for many HIV/AIDS infected individuals is their *self-stigmatization* linked to their fear, entitlement, and identification as a *dying person*. One way is to know that *re-entering* is not going back, but *moving forward*” (2002).

Moreover, once these two outcomes of male interactions collide, the perceived threat of the extinction of humanity dramatically increases. A terrorist attack always leads to some form of retaliation that causes mass destruction, mass murder, and mass refugee movements. Any “war on terrorism” is a breeding ground for the HIV/AIDS virus and provides very favorable conditions for the spread of other lethal pathogens as well. In the context of world terrorism, and especially bioterrorism, to win the war on AIDS might be close to impossible. The abolition of existing walls of



speciation and the introduction of nonviolent forms of resolution of political conflicts present themselves as key objectives for all who dream about a world of peace and justice.

I end this brief overview of gender in the context of the pandemic and bioterrorism by drawing our attention to an interesting process that followed the September 11 attack. An instant polarization of males occurred—those engaged in the attack as perpetrators and those who became both primary and secondary victims. On one side were terrorists who did not deserve to be named soldiers and warriors. They were labeled “cowards,” as if they had no courage to face their enemy or the victims of their attack. On the other side was an instant construction of “macho male heroes”—firefighters, police officers, and members of rescue teams, among whom we often saw President Bush trying to be viewed as one of them, as one of the righteous rugged white Christian real American men. These two categories of men were dichotomized beyond any normal boundaries of group speciation. The suicide terrorists of September 11 were well educated, not very young, and extremely well prepared for their mission, they carried it on without hesitation, and in the process they sacrificed their lives for the cause that motivated their participation. However, because a description like this would suggest that they were heroes for the social and cultural context that they represented, their gender identity and role, for the purpose of the American cultural narrative, had to be deconstructed and presented in terms that assured only negative connotations. Interestingly, there are many narratives from the times of past wars that tell stories about fighters involved in suicide missions on behalf of their societies, such as Japanese *kamikaze*, that do not refer to those fighters as cowards.

#### SOCIAL ASPECTS OF THE AMERICAN RESPONSES TO THE HIV/AIDS PANDEMIC AND BIOTERRORISM

“When all things are held equal, the most important identifying variable is income. Regardless of race, orientation, or language, those in the lower economic brackets are more likely to become HIV-infected” (Stine 2002, 11). The same is true for terrorists; they can be quite easily recruited from places where people have nothing to live for and everything to die for. These observations help us notice that the images of HIV/AIDS victims and of terrorists from the core countries are dramatically different from those that depict parallel phenomena in the countries of the periphery.

In the developed countries, AIDS is portrayed as a social and medical issue, a challenge to conflicting values, and an unprecedentedly complex cultural phenomenon. In the third-world countries, AIDS is seen as just one among many scientifically understood infectious diseases that, without help from the West and cooperation of the global human community, will devastate whole countries whose citizens struggle against it in vain

(Treichler 1999, 99). The lack of a socially and culturally complex narrative about HIV/AIDS or terrorism in those countries reinforces the stereotypes about the savage, alien, and incomprehensible but also simplistic social life and monochromatic culture in those countries. It also helps maintain the sense of Western superiority, of Western right to intervene and to control.

To this day AIDS in the third-world countries is represented monolithically, even though there are numerous known manifestations of the disease, absence of manifestations, and multiple manifestations unique to different parts of the world. Also, terrorists from those countries are portrayed in a similar simplified fashion. Even if we focus on those who are Muslim fundamentalists, first of all, not all of them are Arabs (Arabs make up 20 percent of all Muslims). There are various factions of them fighting in different countries for different causes, they use different means to accomplish their goals, and they follow different leaders and ideologies.

The representations of AIDS epidemics and of terrorism in less-developed regions of the world usually fulfill Western expectations of what they "should" look like and often reinforce familiar stereotypes about those regions: "wasted, naïve, and passive 'natives' lie on mud floors, under trees, on bare mattresses in stark hospital wards," or patients are "abandoned, passive, waiting for death" (Treichler 1999, 7, 106). The images of hopeless, apocalyptic devastation of the world's poor provided by external reporters are in sharp contrast to the reports about the epidemic in core countries. It is extremely important to juxtapose different accounts and representations and construct complex narratives to address not only the truth but also power and representation. Treichler makes another interesting observation, that articles about global issues of HIV/AIDS, focusing mainly on Africa, can be encountered more often in magazines, such as *National Geographic*, than any other publications. This fact might be interpreted as a way to reinforce the perception of the pandemic as alien and exotic (Treichler 1999, 20). In addition, references to AIDS in "Africa" hardly ever mention that on that continent there are 53 countries, 900 ethnic groups, and 300 language families and that AIDS has not spread equally in all of them. Actually, only a few of them are "epicenters" of the pandemic.

Terrorists from outside the U.S. are viewed in a similar way. Their national cultures and histories are almost never taken into account, the intra-group conflicts and violence are as if of no significance, the global and local causal factors of their involvement in terrorist activities are disregarded, and often they are portrayed as individuals with some kind of emotional or mental problems rather than highly trained, determined, and devoted soldiers fighting for causes they believe in to the same extent as any other soldiers do.

When we analyze HIV/AIDS from a global perspective, the distinction between core, periphery, and semiperiphery countries helps us notice the different patterns in the development of the pandemic. In the core countries, HIV infection initially appeared in the late 1970s and rapidly spread primarily among gay and bisexual men, intravenous drug users in urban coastal centers, and recipients of blood products. Now AIDS is spreading among heterosexual adults and among children, but the infection of the population is estimated to be less than 1 percent.

In the periphery countries, the infection first appeared in Africa in 1959, then in other countries in the late 1970s, but it was not identified as AIDS until 1983; there, heterosexual transmission has been the norm, with equal numbers of infected males and females, and the infection of children is quite common; transmission by gay sexual contact or intravenous drug use has been estimated as very low or absent.

In semiperiphery countries, it was once believed that HIV/AIDS appeared in the early to mid 1980s and that only a few cases had been identified, primarily among persons who traveled or got involved in high-risk behaviors with people from core or periphery countries (Treichler 1999, 111). Today, we know that this belief was unfounded, and the number of persons infected in that region of the world is growing as well.

How do we know what we think we know about AIDS in the third world? The power of numbers, of statistical data, in the construction of what we believe we know cannot be overestimated. Numbers have always played the central part in the Western, scientifically oriented (when it is convenient, of course) mind. But it is necessary to look beyond numbers, because even though they constitute a narrative based on a specific kind of knowledge, they not only leave certain important questions unanswered but also fail to ask them. Analyzing AIDS in third-world countries, we must confront questions of decolonization, urbanization, modernization, poverty, endemic disease, development, civil war, the influence of the churches in discussions of health education, the independent press, and the crisis of healthcare systems. Also, we must finally stop projecting our Western interpretation of sexuality on the whole world. For instance, in some countries there is “no fixed correspondence among the components of sexual desire, actual practice, self-perceived identity, and official definition, but it is culturally complicated as well” (Treichler 1999, 118). In other words, culturally sensitive approaches are necessary, because “English as the international language of AIDS discourse is blind to non-Western worlds of meaning. It is necessary to acknowledge how language works in culture, how stories contradict each other, how narratives perform as well as inform, how information constructs reality. . . . Different accounts of truth produce differing material consequences” (1999, 119–20).

In regard to hard statistical data, the situation of terrorism is even worse. There are no reliable data pertaining to numbers, location, distribution,

geographic mobility, education, or group membership of terrorists. And maybe that is why they can be so easily employed by American narratives of extinction. They are like pathogens, or God—very difficult to identify or localize.

Prevention and education are considered primary resources that can be used to stop the spread of AIDS in less-developed countries. There is little emphasis on the treatment alternatives being explored and tested in the U.S. and other industrialized countries. Are they inappropriate for Africa? If so, why? Prevention by means of education is almost the only means of intervention today, but bringing about individual behavioral changes requires translating the knowledge and findings of Western biomedical science and medicine in ways that are meaningful to those in non-Western cultures.

Because AIDS is cultural and linguistic and not just biological and biomedical, this cannot be done by means of a literal translation but rather by means of interpretation within a specific cultural context and discourse. Hybrid representations linking the Western medical vocabulary and indigenous health-related cultural discourses appear to be the most promising educational tools for the time being.

In order to find out in what ways the biological and medical vocabularies of HIV/AIDS have been injected into our own health-related cultural discourse, we might take a quick look at the mass media. In a historical perspective, neither the liberal nor the feminist media seemed ready to enter the conversation about HIV/AIDS. "Network television could 'do' condoms better than anyone and should be held responsible for colossal failure" (Treichler 1999, 8). What did the media do, then?

Network television, addicted to simplicity and convention, only contributed to further simplification of the representations of AIDS. Even though all individual cases presented were always part of a larger story, that story was hardly ever included. Political, sexual, cultural, social, ethnic, gender, and class identities seemed not to matter in those representations, and people were hardly ever given a chance to speak for themselves. When AIDS stories were mentioned, viewers were quickly assured that the epidemic's spread remained confined to other people, to the growing category of "them," and the viewers, representing the shrinking general population, did not need to be afraid.

During the 1990s, virtually every media outlet got involved in the presentation of the AIDS story, and awareness grew of the threat of the spreading pandemic. In spite of the increasing numbers of people dying of AIDS all over the world, in spite of the awareness that no vaccine or cure for HIV/AIDS had been found, neither the mass media nor the film industry ever managed to construct a terror of the pandemic that would encourage the general population of core countries to become active and join the efforts to prevent the spread of the virus or at least intervene by making

sure that more resources were allocated for the research and health care related to HIV/AIDS.

Is this because even today HIV/AIDS is still not perceived as a “real man’s” disease? How many more have to die before our Western power elites, even today composed mainly of white Christian heterosexual males, understand that this virus has a genocidal potential and might exterminate a substantial chunk of their God’s creation? How much time do they need to understand that AIDS is “a fundamental force of twentieth-century life, and no barrier in the world can make anyone ‘safe’ from its complex material realities. Malnutrition, poverty, and hunger are unacceptable in our own country and in the rest of the world; the need for universal health care is urgent. Ultimately, we cannot distinguish self from not-self” (Treichler 1999, 40), and, as Albert Camus warned us, “‘plague is life,’ and each of us has the plague within us; ‘no one, no one on earth is free from it’” ([1948] 1991, 229, quoted after Treichler 1999, 40).

I agree with Treichler that a politically progressive cultural theory might challenge the unquestioned supremacy of the mainstream Western narratives about the epidemics. The epidemic today is connected to far-reaching transformations of labor patterns, courtship, erotic life, marriage, childbearing and child rearing, family life, household arrangements, patterns of discrimination, health care, cultural production, and the national and international economy. “Cultural knowledge relevant to the AIDS epidemic is being produced at a variety of geographic and cultural sites, but few opportunities exist for international discussion” (Treichler 1999, 234). Maybe, if we link this theory with a politically progressive world-system theory, challenge the unquestioned supremacy of the core over semiperiphery and periphery countries, and engage and intertwine a wider audience in the web of conversations that constitute humanity, we will find a platform for such an international or global discussion.

#### LESSONS FROM A COMPARATIVE ANALYSIS

This brief comparative analysis of the American responses to the HIV/AIDS pandemic and bioterrorism has allowed me to formulate the following “top ten” observations:

1. *From the perspective of Western culture, according to official macronarratives, both AIDS and terrorism come from “outside” of the mainstream of that culture.* In a typical way, that stranger (HIV victim or terrorist) is interpreted as simple and monochromatic and fits well the preconceived notions. Categorical knowing and typification allow people to force such a stranger into existing stereotypes. Xenophobia helps them develop a sense of fear of that stranger or even construct an atmosphere of terror. The well-developed predisposition toward discrimination against anyone and anything that is believed

to come from outside the mainstream Western culture provides legitimization of non- or minimal action on behalf of HIV/AIDS victims and a lot of very expensive actions against bioterrorism.

2. *Constructing the imagery of HIV/AIDS and terrorism as coming from "outside" of the mainstream American culture pushes the occurrences of HIV/AIDS and terrorism outside of the cultures and societies of the "real" man, who is white, Christian, and heterosexual.* In the United States, HIV/AIDS to this day is interpreted as a *non*-white, Christian, heterosexual male disease, with all the consequences of that perception for both our society and the world. Terrorism is interpreted as a form of violence that presents a threat only if it is perpetrated by *non*-white, Christian, heterosexual males. Even though we know that there are terrorist groups whose members are white Christian males, from the perspective of the images constructed by the American government and disseminated in the society, the most dangerous terrorists are usually Middle Eastern, Muslim, and "cowards" (similar to gays, women, and children, they are less than "real" men). Interestingly, contrary to the "natural" HIV virus that threatens humanity today, genetically manipulated viruses have been created and distributed primarily by white, Christian, "real" males. However, they present a threat to humanity only if they are used by nonwhite, Muslim, cowardly terrorists.
3. *HIV/AIDS and terrorism are global phenomena, in many ways linked to processes of globalization that redefine the rules of traditional competition between countries for hegemony in the world.* I interpret globalization as a system of processes that bring a new polarization of humanity (Bauman 1998). Globals are people with resources, independent of space, who move around the world because they want to. Locals are people who are bound to the territory, and if they do move around it is because they have to. They are the ones who pay the price of globalization that enhances mobility among globals. Globals and locals function in all human societies and in a way complexify the older division of human societies into first-, second-, and third-world countries. The highest percentages of people infected with HIV/AIDS are among locals. Also, the pool from which terrorists are recruited is provided by locals.
4. *Today, both AIDS and terrorism are mentioned in the American culture by many sources and with increasing frequency. This leads to an "epidemic of signification" (Treichler 1999, 171).* As a result of that epidemic of signification, the apocalypse metaphors, or metaphors of extinction of the Western world, flourish and are well received by a large public, because they reaffirm the traditional American culture of terror and violence. The extinction is expected to be performed

- by some unidentified non-Western agents who can be defeated only by the white Christian heterosexual male, who in this context has an opportunity to reestablish for himself a platform where one more time he can present himself as a protector or even a savior.
5. *Any macro military action undertaken to fight world terrorism creates conditions favorable for the spread of HIV/AIDS and other lethal diseases unleashed by biological weapons.* Even though death in battle is the most common death related to war, in many contexts the worst killers have been epidemics, not opposing armies. For example, Napoleon's forces in Syria and Egypt were severely decimated by plague and in Russia by typhus. "During the American Civil War, the vast majority of deaths on both sides were due to disease . . . incarceration was a virtual death sentence" (Stine 2002, 2). In most cases the infections were accidental. But there were other cases when intentional contamination of the enemy was practiced.
  6. *Terrorism, war, and AIDS threaten the backbone of societies and thus the entire fabric of the global human community.* They strike regardless of age, sex, social class, and education and cause the deaths of thousands of workers, teachers, nurses, civil servants, and other persons who are young and of production age. They destroy the biological foundation of human societies.
  7. *For ideological and political reasons, AIDS, terrorism, and biological weapons have been wrapped in a shroud of secrecy, especially in the United States.* It was 1987 before the general American public was informed by President Reagan about the AIDS epidemic (known in Africa since 1959), and it was only recently, mainly after the September 11, 2001, attack, that information about testing of biological weapons on the territory of the U.S., with all its consequences for the people involved, about the production, distribution, and testing of such weapons worldwide, and about the U.S. shipments of such weapons to Iraq reached the general American public.
  8. *Both HIV/AIDS and terrorism lead to labeling and stigmatization of all involved, usually because of lack of information or the intentional dissemination of false information.* There are many more rumors about HIV/AIDS and bioterrorism than reliable factual information spreading quickly among large populations. Fear is being casually transmitted, and it gets implanted among already existing social and cultural factors that are causing a sense of insecurity, uncertainty, and unsafety for members of our postmodern societies (Bauman 2000).
  9. *The actions undertaken by the U.S. government or the decisions not to undertake any actions have contributed both directly and indirectly to the threat presented today by AIDS and by bioterrorism.* For instance,

in regard to AIDS, “By the time former president of the U.S. Ronald Reagan delivered his first speech on the AIDS crisis in 1987 over 40,000 men, women, and children had been diagnosed with AIDS and over 28,000 Americans had died of AIDS. It took nine years and over 115,000 AIDS deaths before the U.S. Congress and former president George Bush enacted the nation’s first comprehensive AIDS-care funding package—the Ryan White CARE Act (1990)” (Stine 2002, 420). In regard to bioterrorism, according to the Centers for Disease Control and Prevention, the Senate Banking Committee, and United Nations weapons inspectors, the U.S. sent to Iraq strains of many germs used to make weapons, including anthrax, the bacteria to make botulinum toxin, and the germs that cause gas gangrene, as well as the West Nile virus. The transfers were made in the 1980s, when the U.S. supported Iraq in its war against Iran (Kelly 2002).

10. *The narratives about AIDS and terrorism constructed and disseminated by Western (American) media fail as ideological deterrents of actual occurrences of infections or terrorist attacks and as means of building protection against them.* The main goals of spreading such narratives are to maintain power, to divert the nation’s attention from the “collapse of the empire” from governmental corruption, exploitation, economic depression, and lack of concern for social needs, and to keep people believing that they can be protected and maybe even saved only by the ruling elite. This elite manipulates fear and terrorizes the general public in such a way that the power to make decisions profitable only to them is unchallenged and even finds support of large portions of society.

These ten points might help us in our efforts to provide leadership on behalf of HIV/AIDS victims, to develop and implement preventive measures, to stimulate and finance research, and to widely disseminate scientific and medical information.

#### CONCLUSION

I internalized a quotation many years ago in the context of a fight for freedom, human rights, and social justice: “The greatest human revolution would be the liberation of human beings from the fear of other human beings.” This statement was made by Father Tischner, chief ethicist of the Solidarity Movement in Poland that brought about the collapse of the communist regime.

When we look at the world today, we might want to ask ourselves whether this new post-Cold War world is a place where we can start replacing fear of other human beings with trust. Today, more and more books are appearing with “trust” in their title, but the phenomenon of trust does not



seem to be ready to replace fear in this world. Ogilvie (2002) reminds us about the complexity of fear and trust among persons infected with HIV/AIDS: “Many that I know, people who have been traumatized by religion, abuse, etc., have a ‘globalized’ fear, and erroneously try to place it outside themselves, rather than realizing that they are ‘wired’ to live in fear. If we can allow for the internal journey towards safety, trust and self-worth, fear dissipates. Also, people and organizations fear change, and would rather rationalize this than acknowledge.” Personally, I prefer to talk about resistance to change than about fear of change.

I believe that the world cannot move on without awareness that there is an alternative, an anti-thesis to the thesis offered by the West led by the United States today, and that we are all engaged in the creation of that new order. I am inclined to agree with a proposal of Natan Sznajder: “Compassion is the moral self-organization of society. It is the first moral campaign not organized by the church or the state. . . . Compassion is about pain, about sensing other people’s pain, about understanding pain, about trying to do something about it” (2001, 1, 25). If, for instance, we look into the history of medieval Europe, we immediately see to what extent—in spite of churches and governments, which were quite often actively engaged in constructing narratives encouraging people to torture or kill other people—we as a species have evolved far away from the times of public displays of cruelty. Now we cannot even think about punishing people by publicly tearing them apart or burning them with sulphur, molten lead, or boiling oil. When we hear stories of torture, pain, and suffering, even far away from us and committed on people that we do not know, we still respond with anger or despair. Sznajder invites us to transform sentiments of compassion into organized social activity—to translate our already existing emotional responses into activism to lessen the suffering of strangers.

With the same belief in the new emerging order, Saul Mendlovitz envisions a global polity of a world without war. In his view, we need to encourage the development of *specie identity*, global citizenship, and world government. *Specie identity* is “the notion that each human being has the capacity to identify with the human race as well as the particular group into which one has been socialized” (Mendlovitz 1998, 8). *Global citizenship* means the possibility and even necessity that “more and more individuals throughout the world claim the planet as the territory to which they belong and claim a set of principles that clearly states minimum decency standards for the 6.5 billion humans circa 2010” (p. 9). Finally, *global government* would provide the necessary web of connectedness through which *specie identity* and global citizenship would manifest themselves. Mendlovitz believes that to think, feel, and act as a global citizen is an essential requirement for participation in the movement to abolish war and establish a just world order.

Those of us who believe in the theory of evolution are quite surprised when we listen to politicians and also some scholars predict that democracy and capitalism, as the best systems of all, are soon, and with our assistance, going to be established in all societies of the world. The collapse of the Soviet bloc is often presented as an argument in support of that belief. To me, coming from post-World War II Poland, this sounds scarily familiar and similar to statements made by Communist leaders who wanted people to believe that the system they supported was about to become the dominant system in the world. To all of us trained in the theory of evolution and the Marxian theory of social development, this belief was unacceptable, because it implied the end of evolution, and this is an oxymoron. How can we talk about evolution as an ongoing, unending process of becoming of everything that is, with no known or well-understood beginnings or ends, and then, almost in the same breath, talk about social, economic, and political arrangements that seem to some world leaders to be the “best” arrangements humans could ever imagine?

In my view, such ideologies and actions are doomed because they are “counterrevolutionary.” The fact that Americans are prepared now to pick political leaders for other nations, change their political regimes because our leaders don’t like them, and remake the whole world in our own image is in my view the death spasm of the Western “thesis.”

I agree with my first sociology teacher, Zygmunt Bauman, who emphasized that

the world does not have to be the way it is . . . there is an alternative to what presently seems to be so natural, so obvious, so inevitable. . . . [H]umans do not *have* to be inhuman even if they live in social and historical circumstances which make the cruel treatment of the other seem to be easy and without consequence. It is always possible to choose to be moral. In that choice lies our human dignity. And it is the role of sociology to show that the choice to be moral can always be made since all the structures and thoughts which tell us that the choice is impossible are themselves entirely contingent. (Bauman 2001, 9, 13)

I believe that the alternative, the anti-thesis, to the world as we know it is emerging in front of our eyes. It is much more difficult to notice and identify it, because the world no longer seems to fit the traditional Western either/or conflict model. With the processes of globalization, in spite of all their negative side effects, the world is coming closer and closer together, and various nations and societies are accepting the world system based on cooperation rather than on the hegemony of one country over all others. The European Union and the lack of support for the invasion of Iraq are good examples. The emerging alternative is all-encompassing, and in a way it seems ready to devour the leftovers of all traditional arrangements rather than just oppose and try to defeat and replace the one that seems dominant right now.

The United States became the target of terrorists because it is losing power. The political narrative that assures us that we have been, are, and

will be attacked because we are the best, the greatest, and the most powerful does not hold in the light of any social-scientific theory. The history of humanity shows that most often the stronger attacks the weaker, and if the weaker attacks the stronger it means that the stronger is already weakened. When the U.S. government decided to intervene in Vietnam, no one was consulted. In the first Gulf War, a coalition was built. When the second Gulf War was planned, the U.S. government did not have the support of the UN or its allies and only very weak support of the nation. The economy is in trouble, and political authority is all but nonexistent. What remains is the military might that can still be displayed. But the threat of the use of biological weapons by all nations that have them does not allow anyone to be very optimistic about the outcomes of such a war.

In conclusion, I suggest that today we as humanity need to make an intentional collective effort toward the construction of a global ethic of survival, based on an ethic of care embedded in the theory of accountability. This ethic should be based on moral literacy, moral competence, and social activism. The mythical narratives that used to define one group as "chosen" and all or most others as less than human have already done enough damage to humanity. The spread of HIV/AIDS in the social and cultural context of world bioterrorism makes it imperative to develop rules of conduct explicitly addressing the consequences of both the other's and the self's behavior toward the self, the other, and everybody else who might be affected by a given action. If literacy and competence regarding HIV/AIDS would allow more people to take into account the unintended but foreseeable consequences of their actions of sharing bodily fluids, we would not have to fear the threat of extinction by the virus.

Various scientific disciplines provide us with information necessary to become morally literate and thus morally competent human beings. To make true choices and to be fully accountable for actions, people need to expand their intellectual horizons and build the foundations of their social literacy, cultural literacy (including religious literacy), ecoliteracy, and cosm literacy. Intentional hybridization, an intended, planned, well-defined effort to construct a merger of ethical rules grounded in religions and those grounded in sciences, is not an easy endeavor. However, unintended hybridization, a spontaneous merger of such diverse ethical rules, occurs daily all over the world, all the time at every moment, when human beings are making choices and decisions about their conduct. Very often, however, these decisions are not grounded in all the information that is already available for any given empirical life situation.

So what needs to be done? Here are some concluding suggestions.

1. In the cognitive dimension of human interactions, we need to construct ideological counternarratives that are based on various sources of knowledge obtained from various scientific disciplines and various religious traditions.

2. In the emotional dimension, we need to intentionally stop teaching social speciation and fear of human beings ("stranger danger") and develop predispositions to respect and care about everyone and everything that is within the universe as we know it.

3. In the dimension of action, we need to develop channels of influence, to find economic resources and political support to (a) stop oppression and exploitation by core countries; (b) assure access to education to all, to empower people within their own social and cultural settings; (c) assure health care for all, within their own social and cultural settings; and (d) assure employment and living wages for all who are able to work, thus empowering people to take control over their lives and begin to realize their individual and communal potential in ways that could open new possibilities for them and their children.

4. Above all, elect the decision makers wisely.

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