

Summer 2002

Response to Bayer - 2

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Recommended Citation

Hirsch, Harry (2002) "Response to Bayer - 2," *Macalester International*: Vol. 11, Article 20.
Available at: <http://digitalcommons.macalester.edu/macintl/vol11/iss1/20>

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Response

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When talking about the nature of injustice, political theorist Nancy Fraser makes an extremely useful distinction between injustices of distribution and injustices of recognition.¹ AIDS is above all a disease, and a horrific one, and Professor Bayer's essay does a wonderful job of discussing many of the injustices of distribution that have become part of the disease. He helps us look beyond this specific disease to think generally about the nature of health care and the relations between the West and the Third World.

The only criticism I can offer on the specifics of the essay — and I mean this as a very mild criticism — is that the picture that Bayer presents us of AIDS as a now-manageable chronic disease, rather than as an horrific plague, seems a bit too sunny, and perhaps does not pay sufficient attention to the human cost of the new drug therapies. I offer this observation, based not on medical knowledge or systematic data of any kind, but rather on my experience as a gay man who has watched HIV travel through his community for (now) twenty years. I was struck by the fact that Bayer quotes many physicians who administer these new drugs, but no patients. It is true that the new drugs are helping many people live, for a time, longer and more productive lives, and that is a wonderful thing. But it is also true that the new drugs are quite difficult to take as well as expensive, have in some cases horrific side effects — side effects that are for some people as bad as symptoms of the disease — and that for some, the drugs seem to stop working after a period of time. AIDS — even in the United States, even in the year 2001 — still leads to physical degeneration in the prime of life, and a premature and agonizing death for many.

If the events of September 11 have taught us anything, it is that even one premature death is one too many, and that thousands of premature deaths is almost too much to bear. Yet American society has borne many thousands of premature deaths from AIDS, and global society has borne literally millions of premature deaths, for the most part without a whimper. We don't see television images of Mayor Guiliani and President Bush visiting an AIDS ward. We don't hear President Bush, nor did we hear President Clinton, speak of spending millions to protect Americans whose lives have been turned inside out by HIV, as

we now hear President Bush speak of spending millions to feed Afghan citizens during the coming winter.

Based on what I have seen—and again I make no claim to specialized or representative knowledge—I'd trade a case of AIDS (even one being successfully managed by drugs) for the Afghan winter virtually any day of the week.

This brings us to the other kind of injustice, injustices of recognition, and I want to spend a few minutes talking about these kinds of injustices. I offer these remarks not as a criticism of Bayer's very fine paper, but rather as perhaps an amplification or extension. Much of what I have to say on this subject comes from Dennis Altman's new and very fine book, *Global Sex*.²

In addition to thinking of AIDS as a disease, we also need to acknowledge that AIDS is about sex, and should be profoundly changing the way we think about sex, and the place of sex in the political order. It is in thinking about these issues that the concept of injustices of recognition is quite useful. There is still, in 2001, among our elected and appointed public officials, a blinding lack of recognition of the basic facts about how a large number of people have sex. That lack of recognition without question affects what people do and don't do, and what does and does not get treated as an urgent issue. Thus, for example, we now see an alarming rise in the number of new HIV infections among young gay men in some American cities, especially San Francisco, after a long period of decline. As social critic Michael Warner has argued, "now, when new medical advances make it possible to curb the spread of HIV dramatically, the politics of stigma continues to distort prevention efforts, often disastrously."³ We still see no sex education in too many school districts in America, or no useful sex education, and the complete erasure of gay people from school curricula. Congress and the Clinton administration seemed satisfied with preaching abstinence as the primary weapon against the proliferation of HIV; and virtually no one in America noticed, again to quote Warner, that "an abstinence-only-until-marriage philosophy, heavily funded with tax dollars, is an appalling insult to gay men and lesbians among others."⁴

We still see virtually every public official in America oppose clean needle exchange programs, despite the fact that it has repeatedly been

demonstrated that such programs have the capacity to save lives. We see no attention to the issue of AIDS in prisons. We see very little attention given to the manner in which AIDS interacts with race in America. Despite the fact that the rate of AIDS infection among African-Americans is much higher than it is among whites, even in the African-American community, as political scientist Cathy Cohen has documented, AIDS is not treated as urgent; indeed, it is barely discussed at all.⁵

We see very little attention given to the growth of the international sex trade, or to changes in the international drug trade, and the manner in which these factors have contributed to the global spread of AIDS.⁶ There is growing evidence that the "internationalization of trade in both sex and drugs has played a major role in the diffusion of HIV, and its rapid spread into almost every corner of the world."⁷ For example, the U.S.-led war on drugs in Southeast Asia and South America has resulted in the traditional practice of opium smoking being replaced by drug injection, which, of course, greatly facilitates the spread of AIDS.⁸ Further, "it is well established that AIDS has played a role in increasing demand for younger, presumably uninfected prostitutes, usually from rural areas, in many parts of the world" (for example for young Burmese women in Thailand and Nepali girls in India⁹). There are estimates that nearly half of the prostitutes in India are under 18, and that 20 percent are under the age of 15.¹⁰

As Altman argues, "AIDS is both a product and a cause of globalization," inextricably "linking the least developed and the most developed regions of the world."¹¹ In spite of "attempts to close borders to its spread, as in the restrictions on entry of HIV-positive people applied by many countries, the spread of the virus has made a mockery of national sovereignty."¹² As one example, Altman and others cite the greater Mekong region, straddling China, Burma, Thailand, and Laos, about which one scholar has written:

The nexus of HIV transmission across this territory is a metaphor for the globalization of investment, trade, and cultural identity. Although the dominant realist tradition in the study of international relations conceives of national territorial spaces as homogeneous and exclusive, the new global cultural economy has to be seen as a complex, overlapping, disjunctive order....¹³

At times, the “policies urged by international bodies and economic theorists to promote faster development in the Third World, have added to the conditions which make people vulnerable to HIV infection.”¹⁴ There is, for instance, the Thai-Lao Friendship Bridge across the Mekong, which opened to great fanfare among international agencies in 1994. The bridge has been shown to have clearly facilitated the spread of HIV into Laos, which no one had thought about.¹⁵ We like to think of institutions such as the World Bank as agencies that can and should be used to help fight the spread of HIV. Yet, it’s been shown that some of the Bank’s policies in places like Brazil and India have weakened infrastructures that might have been able to help stem the spread of HIV.¹⁶ Thus, it has been documented in Kenya that there was a steep drop in attendance at local clinics, including clinics to treat sexually transmitted diseases, after the World Bank began enforcing nominal charges for such visits.¹⁷

There is more. “Ignorance about basic sexual and reproductive possibilities” is an enormous problem almost everywhere; “it poses a huge obstacle to safer sexual behavior” in many locations.¹⁸ “In Uganda and possibly other African countries, the imperatives of HIV prevention have led to a critical appraisal of the practice of polygamy,” and in late 1999, President Moi of Kenya spoke of raising the minimum age for marriage from 14 to 18—while, at the same time, refusing to promote the use of condoms.¹⁹ In many countries, including Mexico and the Philippines, condom advertising “has been a bitterly contested issue.”²⁰ In Mexico, “the police have used laws prohibiting ‘offenses against public morality’ ” to silence AIDS education programs.²¹ In many places, the worth of women is still “measured by their fertility,” and thus “HIV poses a life-threatening dilemma between risking pregnancy and denying the strongest social expectation of women.”²²

All of these facts, which I have shamelessly cribbed from Dennis Altman and others, make it clear that we will not get very far by thinking about AIDS only as a disease, and only in the context of issues of distribution, important as these issues may be. Governments, NGOs, political leaders, scholars, and individuals have to begin thinking and theorizing about this issue from a point of view that recognizes that (and I know many Americans are *shocked, shocked* to hear this) human beings have sex, sex of all kinds, and, I think it’s safe to predict, are

going to continue to have sex, no matter what, and, similarly, that some people are going to continue to use drugs no matter what. The government's own estimate is that 27 million Americans — a number roughly equivalent to the population of California; one in ten Americans — used illegal drugs just within the last 12 months.²³ I don't think we've even begun to think clearly about what this means. The Nancy Reagan approach to this issue—just say no—isn't getting us very far, and that approach to thinking about sex isn't going to get us very far either. If we cannot recognize and embrace the ways in which real, living people behave, and the basic human truths that motivate their behavior, then no amount of money, and no degree of toughness with pharmaceutical companies, will ultimately save us from the condemnation of future generations, who will be mystified by our lack of candor and our failures to recognize and comprehend.

Notes

1. Nancy Fraser, *Justice Interruptus* and "Heterosexism, Misrecognition, and Capitalism: A Response to Judith Butler," *Social Text* 52–53 (Fall/Winter 1997): 279–89, cited in Dennis Altman, *Global Sex* (Chicago: University of Chicago Press, 2001), p. 175n.
2. *Ibid.*
3. Michael Warner, *The Trouble with Normal: Sex, Politics, and the Ethics of Queer Life* (New York: Free Press, 1999), p. 198.
4. *Ibid.*, p. 205.
5. Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999).
6. Altman, p. 71.
7. *Ibid.*
8. *Ibid.*
9. *Ibid.*
10. *Ibid.*
11. *Ibid.*, p. 70.
12. *Ibid.*, pp. 70–71.
13. Doug Porter, "A Plague on the Borders," as quoted by Altman, *Op. Cit.*, p. 71.
14. *Ibid.*
15. *Ibid.*, p. 72.
16. *Ibid.*
17. *Ibid.*
18. *Ibid.*, p. 75.
19. *Ibid.*, p. 76.
20. *Ibid.*

21. Ibid.

22. Ibid., p. 78.

23. Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (Washington, DC: SAMHSA, August 2000), p. G5, Table G5.