Over thirty-two years ago, on June 5, 1981, the Centers for Disease Control issued a report of a mysterious illness of unknown origin striking five male “active homosexuals” in Los Angeles. We now know this illness as HIV & AIDS, the second leading infectious cause of adult death in the world and the leading cause of death among women of reproductive age worldwide. At the close of 2010, it was estimated that HIV & AIDS have killed more people than all the wars of the twentieth century combined. This upper-division medical anthropology course begins with two basic facts:

1. HIV is not only the biological entity categorized as a retrovirus. It is a tricky cultural, social, and political actor shaping how humans live and relate in the world today.

2. HIV & AIDS are biosocial phenomena; that is, they are irreducibly biological AND social. It is impossible to unmoor HIV & AIDS – how they are thought, experienced, and addressed – from mutually constitutive entanglements of knowledge and power, biology and culture(s), medicine and politics. In other words, HIV & AIDS are lively actors within contemporary worlds. They are shaped by historical, social, and cultural contexts and they are actors, shaping histories, societies, and bodily being.

Our goal in the course will be to develop a Critical Anthropology of HIV & AIDS that asks what is at stake, and for whom, in how the problems of HIV & AIDS are thought and addressed. To begin this work together we must first become cultural chroniclers of the epidemic who recognize that multiple, often competing and conflicting, discourses shape how we understand and experience HIV & AIDS. Our task will be to examine the multiple knowledge-making practices through facts HIV & AIDS are established and claims about their reality are made. To do so we will critically engage material from an array of disciplines, including the social sciences, life sciences, and humanities as well as mass media reports, activist graphics, and community-based documentaries. The course opens with medical and media reports during the first five years of the epidemic that grappled with the emergence of a puzzling illness. Scholarly writings will situate these accounts within their historical and social context by examining the “grids of intelligibility”
(Foucault) through which this mysterious illness came to be known and framed. For instance, we will investigate how blame, fear and stigma authorized early responses to the nascent crisis, and ask what effects this legacy has today. As well, we will explore multiple meanings of HIV & AIDS, conflicting paradigms of health and disease, contradictory science and medicine practices, and struggles over HIV & AIDS representations and interventions.

Turning to a genealogy of HIV & AIDS activism in the U.S., we will trace a history of the present that is attentive to the biopolitics of science, medical authority, race, gender, and sexuality. Along the way we will ask: who lives and who dies, under what sorts of conditions, and why? Indeed whose deaths count as those worthy of mourning? Whose knowledge about the crisis counts, how does it come to count, and what are the consequences of validating certain forms of knowledge and experience over others? We will investigate how HIV is a global actor and AIDS a transnational phenomenon, influencing how humans live, act, and relate to one another locally and globally. Emphasizing a comparative approach, we will engage texts, which explore how HIV & AIDS are experienced and addressed in three geopolitical sites: the nations of Haiti, Brazil, and South Africa. We will study how the specificities and contingencies of transnational forces, structural violence, political economy, and asymmetric power relations of race, class, gender and sexuality shape the conditions of HIV risk and AIDS vulnerability. In turn we will query how responses to HIV & AIDS engender (new) forms of subjectivity, affect, conduct as well as constitute (new) communities, institutions, and publics. We will ask how HIV and AIDS shape, and are shaped by, emergent modes of biological governance whose actors are assembled from a wide variety of institutions, including nation-states, non-governmental organizations (NGOs), and multinational corporations. As both a conclusion and a beginning, we will close asking what kinds of futures are possible for vulnerable human bodies, relationships deeply cut by asymmetries of power, and practices of care for (an)other in the time of AIDS. Overall, we will take up a situated and engaged relationship with the present. Together we will investigate the politics of life that arise in response what has been called “the modern plague.” Along the way, we will critically engage HIV & AIDS representations and interventions as we develop analytical skills to analyze and evaluate the massive amounts of information about the retrovirus and syndrome currently circulating in the world today. We will tackle such topics as the historical and epidemiological trends of the epidemic; structural factors impacting viral transmission; cultural constructions and representations of HIV, AIDS, “risk groups,” and risk practices. We will also turn our attention to the politics of life today: the biopolitics of race, gender, and sexuality; of political and government interventions; of medicine, healthcare, and AIDS research; of pharmaceuticals, treatment access, and the pharmaceutical industry. We will investigate how HIV & AIDS authorize emergent strategies of prevention, education, and treatment as well as instigate new discourses of human rights, humanitarianism, and citizenship.

Finally we will consider how humans live and die, love and mourn, and care for one
another. Course activities and requirements are organized to provide tools for a critical anthropological analysis of HIV & AIDS. Requirements include active engagement in course discussion, class activities, and small group presentations; reading assigned texts and current news reports of the epidemic; submitting a short editorial letter to a newspaper, magazine, or online news service/site; writing two succinct reading response papers; conducting three interviews and writing up the findings; submitting a concise entry for a glossary of HIV & AIDS key terms; and completing a comprehensive take-home final essay exam.