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HIV/AIDS: An opportunistic infection of globalization?

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In my graduate studies I am interested in the link between the laissez-faire policies of neoliberal globalization and the AIDS pandemic. There appears to be a congruence between the downsized social safety net of the multinational neoliberal state and the incidence of HIV infection. While globalization offers advantages to many people in the world, it also coincides with extremes of uneven wealth distribution. According to critics, capital and labor become more liquid and unaccountable in a globalized era often resulting in existential insecurity (Bauman 1998). Debtor governments are mandated to implement austerity measures that downsize the provision of health care. As a result, the AIDS pandemic is exacerbated and people are sent an implicit message that their lives do not matter.

In their historical coincidence, neoliberalism, globalization, and HIV are discursive fellow travelers. Each arises within an historical context, related to the collapse of communism, deregulation, erosion of social safety nets, and a multinationalism facilitated by communication technologies (Bourdieu 1998; Hardt and Negri 2000). Globalization, neoliberalism, and AIDS each connote an unprecedented surge of economic growth and geographic interconnection. Highjacking free love, free markets, and the strength of weak ties, how does HIV hitch a ride on the richly interconnected globe? Barnett and Whiteside (2002, 4) call AIDS “the first epidemic of globalization.” Baer, Singer, and Susser (1997, 159) describe AIDS as a “disease of the global system.” Where the tentacles of globalism extend their reach, so too does the incidence of HIV seropositivity. On a road map of rural Southern Africa, per capita cases of HIV infection erupt like abscesses along the trucking routes of an ever-widening world system.

In this paper, I will ask some provisional questions for my doctoral research into AIDS, globalization, and neoliberal ideology. In sketching my research interests, I have allowed myself considerable conjectural license. As a communication student, I am interested in meaning and symbolism, especially those that are implicit or inferred. At the dawn of the last century, Georg Simmel (1950) sketched a suggestive portrait of the urban dweller in his essay “The metropolis and mental life.” According to Simmel (1950), the urban citizen has a blasé outlook. I believe that this blasé attitude, lacking in felicitous emotions, has come to characterize the jaded globalized citizen of our time. At the highest levels of public policy, an attitude of free market fundamentalism can imply a blasé lack of concern with social responsibility. A dogmatic faith in the market’s invisible hand may place concern for others on the back burner of policy considerations. Similarly, among those most affected by the AIDS pandemic, a lack of concern for one’s own health may precipitate high-risk sexual behaviour.

While there is already voluminous social scientific research about neoliberal policy and the AIDS crisis (O’Manique 2004; Poku and Whiteside 2004; Barnett and Whiteside 2006), I am interested in how sense is made of these phenomena, among non-specialists, on a symbolic and affective level. In particular, my concern is with attitudes of resignation, nihilism, and demoralization resulting from poverty and injustice (or fostered by a cynical market mentality), which provides a breeding ground for HIV and other opportunistic infections. How do people connect globalization and free market attitudes with opportunistic infections of poverty such as HIV/AIDS? With the hegemony of free market fundamentalism, has sentiment, chivalry, and caring been “drown[ed] in the icy waters

of egotistical calculation” (Marx and Engels 1948, 128)? What do people, according to gender, class, and ethnic identity, consider to be the “take away message” of globalization, neoliberalism, and its associated illnesses?

In *Anti-Dühring*, Friedrich Engels (1947) posited that, after a brief period of socialism, the state would wither away. Like the return of the repressed, this teleological tale has been ironically realized in the twenty-first century, although not like Engels had imagined. After the demise of planned economies in the Soviet bloc, as well as a mood of deregulation in the west, state structures that protect the public welfare are not always at the top of the neoliberal agenda. The neoliberal attitude, reduced to caricature, seems to be “every woman and man for themselves.” Capitalism, triumphant and emboldened after a century-long battle with its ideological nemesis, hoists the flag of free trade in place of numerous other conceivable freedoms, such as freedom from medical bills, unemployment, or debt. For Rosa Luxemburg (2004), humanity had reached a fork in the road: “socialism or barbarism.” Has barbarism won, albeit a kinder, gentler barbarism, softened by the ideologies of globalization and neoliberalism?

Thomas Hobbes (1950) used the phrase “the war of all against all” to describe human relations in a state of nature. Hobbes’s phrase, intended to describe a world without government or states, is an evocative image for the globalized world. While it would be one-sided to characterize globalization solely in such terms, it may be perceived as such by the billions of people living in poverty today (Chakravarty, Kanbur, and Mukherjee 2002). Under capitalism, fierce competition and market freedom are advanced while social responsibility is often downplayed. In the wake of Keynesian “general theory” (1964), which took a page out of the Soviet experiment in planned economies, “dog-eat-dog” free market fundamentalism has returned, but it goes by the euphemistic name of neoliberalism. The lack of empathy in neoliberal policy has not gone unnoticed by its critics. For example, according to a report by Useche and Cabezas (2005) neoliberal policies have been complicit in the uneven incidence of HIV infection. They maintain that, in its emphasis on the bottom line, neoliberal structural adjustment policies have been insensitive to the AIDS pandemic.

As a student of speech, interpersonal, and small group communication, I am interested in how such free market fundamentalism trickles down to the micro level. Might blasé indifference, attributable to neoliberal policy, send a message that human life is insignificant? When lives are accounted for in purely cost/benefits terms, people become objectified. As a result of perceived indifference on the part of governing bodies such as the World Bank and International Monetary Fund, might people be internalizing a message that their lives are not valued, and hence, engaging in high-risk behaviour?

Eric Eisenberg, Lloyd Goodall, and Angela Tretheway (2007, 19) maintain that capitalism today operates under a “new social contract.” Under the old social contract, loyal workers were compensated with job security and an expectation of care from their employers. Under the new social contract, values of loyalty are jettisoned outright, in favour of an ideal worker who is more flexible, mobile, and adaptable to layoffs and downsizing. While the new social contract offers apparent advantages to the globalized employer, I wonder if there is any value added for workers who are bound by it? Under the new social contract there exists only a loose fastening of labor to capital. In turn, a lack of job security may result. In order to medicate against this feeling of insecurity, people may turn to alcohol and drugs. Their judgment having been impaired, people may then engage in unprotected sex, which facilitates the spread of HIV. Baer, Singer, and Susser (1997, 125) describe this vicious cycle as “self-medicating the hidden injuries of oppression.” Anesthetization is a theme that is suggestive of a blasé, insensitive attitude.

Emily Martin (1994) has argued that the discourse of flexibility and dynamic, open systems corresponds to trends in business such as outsourcing and downsizing. In the book *Flexible Bodies*, Martin (1994) suggests how the discourse of flexibility (which is trademarked by a temp agency), may

reflect a ruling ideology that seeks to divest itself of social responsibility. Perhaps the new social contract, broadly considered in the context of globalization, might foster weak ties, superficial affect, and general demoralization for many of its subcontracted peoples. A blasé attitude of cynicism or nihilism, as engendered by contemporary capitalism, might be implicated in the AIDS pandemic. Critiquing “new capitalism,” Richard Sennett (1998; 2006) argues that moral character and a sense of usefulness are casualties of an ideology which emphasizes the bottom line. For Zygmunt Bauman (1998; 2003; 2004), globalization results in broken interpersonal relationships and purposeless existences. I am interested in how such consequences of globalization may engender trauma and, in turn, facilitate the spread of HIV.

John and Jean Comaroff (1999, 284) document the congruence of neoliberal ideology and a resurgence of superstitious beliefs in South Africa. They describe an “occult economy” where the end of apartheid and neoliberal ideology combine to release normative prohibitions. How does suspicion towards biomedicine couple with superstitious folk beliefs about the causality of AIDS? Former South African president Thabo Mbeki notoriously doubted the role of HIV in the etiology of AIDS (Power 2003). South African health minister Manto Tshabala-Msimang has been criticized by Desmond Tutu and certain AIDS activists for dismissing biomedical science about HIV and recommending folk cures (Associated Press 2007). Resorting to folk cures reflects incredulity towards Western biomedicine and is itself a product of the perception of indifference or malevolence on the part of globalism and colonial legacies.

Anomie is a term derived from the ancient concept of *anomos* which implies a lack of rules and temperance (Merton 1996). Folk discourse about the ambiguous causality of AIDS is an indication of anomie under neoliberalism and globalization. Anomie suggests a need without the means to realize it. Due to poverty in Southern Africa, the treatment protocol for HIV infection is often complicated by comorbid health problems, such as malnutrition, tuberculosis, malaria, or parasites (Stillwaggon 2006). On a trip to Namibia in 2005, for example, I spoke with a health care provider who could not start HIV patients on antiretroviral drugs because of comorbid infections and malnutrition. So there is disconnect between biomedical interventions better suited for more affluent patients, versus a litany of folk cures; the hegemony of Western medicine is backgrounded by conditions of poverty. Actually, there is truth to Mbeki’s claim that poverty, not HIV, causes AIDS illness. I view erroneous folk beliefs about AIDS as both a symptom and a function of neoliberal ideology: a sick, mortally challenged populace is easier to control. In *The Shock Doctrine*, Naomi Klein (2007) persuasively argues that capitalism takes advantage of crisis in order to push through neoliberal policies while the populace is in a state of shock.

According to Eileen Stillwaggon (2006) there is an overemphasis in AIDS research on sexual behaviour and a lack of attention to poverty. HIV illness is comorbid with illnesses like malaria, tuberculosis, and parasites that are virtually unknown in the affluent world. A focus on sexual promiscuity might minimize the structural violence that fosters the AIDS pandemic (Farmer 1992; 1999; 2003). Yet, at the risk of blaming the victim, from the perspective of communication, structural conditions are not the sole determinant of social realities. While reality isn’t entirely socially constructed, there is at least a dynamic interplay between agency and constraint (Eisenberg 2007). My training in interpersonal communication suggests that helpful interventions can be made at the micro level of behaviour modification and education. For the communication field, social reality is (at least partly) an emergent property of interpersonal interactions and, with this in mind, I will mention some interpretive tools from my graduate training which might be useful for AIDS interventions.

In my experience, the discipline of communication is actually a blend of approaches originating in speech and public address, philosophy, rhetoric, social psychology, dramaturgical sociology, systems theory, cultural studies, women’s studies, and other fields. They converge upon an interest in conversation and orality as a constitutive process. I think there is a communicative aspect of

the AIDS crisis that goes beyond the explanations of a medical model. Where medicine focuses on the “identified patient” with a viral infection, I plan to study the complex interpersonal networks through which the virus is transmitted. Here, family systems theory (Hoffman 1981) and interactional perspectives (Condit 2006; Bateson 1972; Watzlawick, Beavin, and Jackson 1967; Baxter and Montgomery 1996) might approach communicable disease as located within the relations between people, instead of skin-encased individuals.

Sexual abuse, gender inequality, and transactional sex are major concerns for AIDS activists. According to Stephen Lewis, United Nations Special Envoy for HIV/AIDS, gender inequality constitutes “the fundamental centerpiece of the whole blessed crisis!” (in Epstein 2006). The “sugar daddy” phenomenon is a form of transactional sex which appears to be implicated in the spread of AIDS (Stillwaggon 2006, 148). The myth of “the oldest profession” suggests a commodification of the body that predates capitalism, as such. In terms of the philosopher Martin Buber (1998), social interactions predicated on the “I-It” relation tend to use the other as a means rather than an end. The “I-It” relation, epitomized by mercenary sex, takes the concern out of intimacy and reduces it to a market transaction. This appears to be a lack of caring that the HIV virus takes advantage of. In order to heighten mutual concern, relational dialectics suggests an interpersonal technique called “recalibration” where a sex partner would withhold intimacy in order to leverage equality (Baxter and Montgomery 1996, 65).

Concerns about emotions have helped me augment what I perceive as an overemphasis on discourse in the communication field. Patricia Clough (2007, 2) defines “affectivity” as “a substrate of potential bodily responses, often automatic responses, in excess of consciousness.” The focus on affect can help account for extra-discursive responses to globalization and the AIDS crisis. While the “waning of affect” hypothesis has been questioned on semantic grounds (Massumi, 1995, 88), I am specifically concerned with a lack of empathy. Draconian austerity measures and unprotected sex, alike, are symbolic of such an emotional deficit. As an adaptation to the grim realities of contemporary life, such as postcolonialism, poverty, and anomie, perhaps people have become “cold-blooded,” so to speak? Similarly, free-market fundamentalism, with its implicit discourse of “survival of the fittest,” seems remote from emotions like empathy and pity.

I am interested in the metaphor of poikilothermy or cold-bloodedness as a sort of occupational hazard of globalization. Poikilothermy, a term from reptilian biology, is akin to cool (hooks 2003) posturing that claims to be unconcerned with the health and well-being of oneself and others. Poikilothermy is redolent of the blasé attitude (Simmel 1950) and is suggestive for the “savagely cosmopolitan” pandemic of AIDS (Comaroff 2007, 198). I wonder how this sort of glib nihilism, a hidden subtext of neoliberalism, might underwrite the spread of HIV? Perhaps the self-interested approach of the free market may have provided a friendly medium for the micro-organism of HIV to germinate? Here, I am concerned with the rhetorical and attitudinal corollaries of high-risk sexual behaviour among those most at risk for infection. Jean Comaroff (2007, 201) refers to Africa as an “axis of irrelevance” presumably because of the apparent lack of concern on behalf of neoliberal, laissez-faire policies. Perhaps such lack of empathy on the macro level is internalized on the micro level and the progress of the pandemic is worsened? When at risk populations numbly engage in high-risk behaviour, in imitation of neoliberal apathy, it could be described as trickle down poikilothermy.

But the lack of caring may also foster a quietism or resignation about the AIDS crisis among affluent people. As a student and activist, I’d like to interrogate the blasé attitude among globalization’s losers but also its beneficiaries. To be sure, neoliberalism, global in its reach and remarkable in its transformative power, is not without its appeal and tangible benefits for many. The fantasy of capitalism’s beneficent invisible hand may often be true, although in the case of the AIDS pandemic, such laissez-faire insouciance seems to be in want of more compassion. As the hegemonic worldview, free market fundamentalism can only benefit from the observation, raised by activists, that

it casts a shadow called AIDS. At the very least, this represents a public relations problem for globalization, not to mention a human tragedy of untold proportions.

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