

# BODIES NATURES ORIGINS

## Simians and the Biopolitics of the African "AIDS Belt"

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### IN A SHORT, PRESCIENT DISCUSSION

towards the end of the first volume of *The History of Sexuality*, Michel Foucault considers the appearance of biopolitics within the domains of Western modernity.<sup>1</sup> He begins by suggesting that the conditions of possibility for the biopolitical are located at precisely the moment when life enters into history.<sup>2</sup> Biopolitics finds its articulation at the point where biological existence is reflected in the domains of the political.<sup>3</sup> This is a moment marked by a concern on the part of the state and civil apparatuses with taking charge of the conditions of life and with distancing the contingencies of death. Situated directly within the grids of modern institutional and social technologies, biopolitics might be read in terms of the intertwining of the exigencies of discourse with what traditionally constitutes the "natural" – germs, viruses, anatomies, the biological environment. As Foucault insists, biopolitics is defined and shaped by an intensified focus on the "species body", the body that provides the basis of biological processes affecting, among other things, mortality, health and reproduction.<sup>4</sup> What is critical here is that as the biological is placed into language and history, it is not only inscribed into particular "orders of power and knowledge, a sphere of political techniques," but through this inscription the bodies of individuals and populations come to be prime subjects of medical, scientific, pedagogical and bureaucratic concern.<sup>5</sup> As the biological interferes with the political, as it is written through regimes of power/knowledge, it at once opens access and is inserted into the tight spaces of the body. Mapping life into history, biology into politics, nature into discourse, biopolitics in effect constitutes and invests the body as the site of modern power relations.

To a large extent, the medical sciences have provided the terms and definitions by which modern forms of life are to be administered. Indeed, in the contexts of the late twentieth century, where conditions of life and death, notions of health and disease, categories of race, sex, and gender, and distinctions of the normal and the pathological are increasingly determined on the surfaces of cells and through genes, medical scientific

discourses configure biopolitical regimes as apparatuses of power and knowledge that are now inextricable to and constitutive of social and biological existence. Within these apparatuses, the body has become a critical site where a multiplicity of discourses of nature find their anchor, are configured and worked out. It has become impossible, I would argue, to speak of the politics of nature without speaking of the politics of the body.<sup>6</sup>

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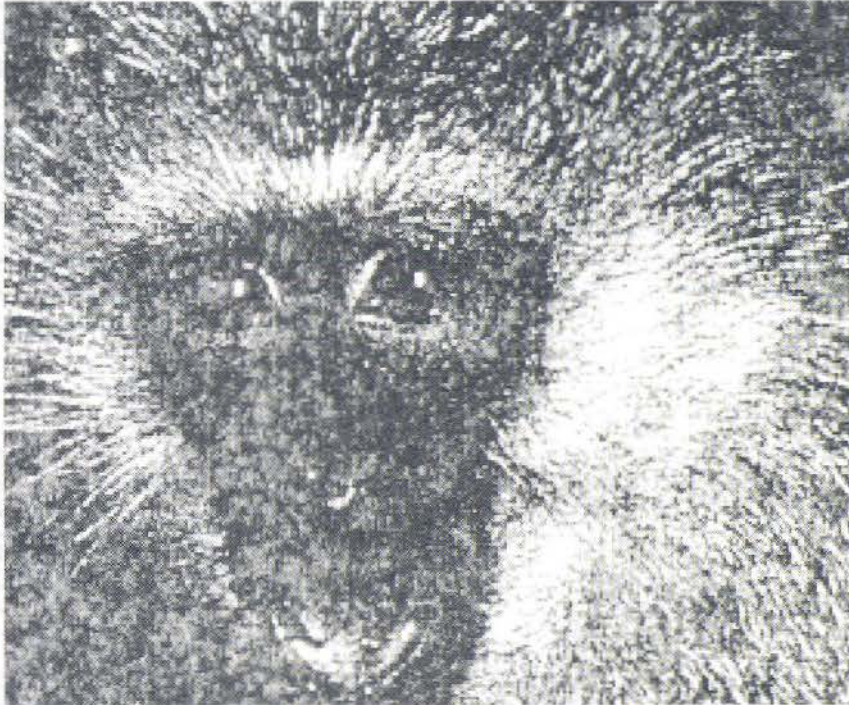
For us, the human body defines, by natural right, the space of origin and of the distribution of disease: a space whose lines, volumes, surfaces and routes are laid down, in accordance with a now familiar geometry, by the anatomical atlas.<sup>7</sup>

My thinking of biopolitics as a concept that insists on the linkages of the politics of nature with the politics of the body comes from a serious concern I have with how questions of disease, illness, and epidemic, and the subjects who are said to embody these, get dealt with in the midst of the emergency of AIDS. I am particularly concerned with how specific biomedical discourses of nature (which take and produce entities like a virus or a disease as "natural objects") come to be infused into the institutional, cultural and embodied terrains of the AIDS crises. Perhaps most importantly, I am worried about how these discourses are implicated in shaping the conditions and social meanings of life and death for a range of individuals and political constituencies in North America and indeed across the globe.

The concerns I have here with the politics of nature, and the questions I ask, are in no way merely academic: lives are at stake in what gets to count as "nature" in the semantic and material frameworks of biomedical science. One point should be made very clear. As much as HIV/AIDS might be said to be always already in discourse, it also exceeds matrixes of intelligibility. Discourse alone does not break down immune systems. As an anchor of discourse and power, the body is also a limit: the brute facts are, people *still* die.

While my work is focused on certain material arrangements of AIDS discourse – some of its formations, articulations and investments in social and scientific apparatuses – it is the (still) inextricable attachment of death to AIDS that at once makes this work possible and impossible. Possible because death is a condition of language; it is, as Alexander Duttman evinces, the "always already" of all history and of all discourse.<sup>8</sup> And impossible because death cracks apart the smooth surfaces of signification. It appears meaningless, and thus puts into question the very ability to speak or write of AIDS – at least to do so with any transparent claim to know.

Yet as much as AIDS calls into question the possibilities of language and its elusive power to represent and explain social and medical "realities", and as much as the biological complexities of HIV alone make impossible neat epistemological narratives, the will to know AIDS – its cause, origin, epidemiology and possible prophylactics – *outside*



the conditions of history has been a critical desire and demand of the constituencies of medicine and science. Indeed, the very structures of knowledge that AIDS has in part rendered impossible (like a knowledge of origins) are precisely those which the logics of medicine and science continually attempt to recuperate.

There are particular (and perhaps obvious) reasons here for directing attention at medical and scientific mappings of AIDS. As Paula Treichler and others have so convincingly argued, the violence with which the epidemic has punctuated social lives and histories is, in its immediacy, traced through the seams of language, "and in particular through discourses of medicine and science."<sup>9</sup> Biomedical discourses not only code how a disease is spoken of, but increasingly, they configure how a disease will be lived. Any glance at the crises of AIDS cannot help but notice that biomedical language shapes "the unequal experience of sickness and death for millions."<sup>10</sup> Indeed, we might agree with Foucault who suggests that with an epidemic "medical space can coincide with social space, or rather traverse it and wholly penetrate it."<sup>11</sup>

Epidemic conditions get defined when a proliferation of medical techniques and practices can quite freely intervene in and constitute social existence. Not only have rhetorics of "contagion" come to be voluminous. But at the same time, individual and collective bodies are increasingly subjected to various forms of administration in terms of their health, safety, sero-status, or level of risk. The medical space of the body, which has been especially connected to the bodies of gay

men and Africans (but also women, and particularly women of colour) is now synonymous to specific social geographies – sites where HIV finds its anchor and where the very "nature" of AIDS is investigated.

Even as the very limits of medical science are put into relief by the AIDS epidemics, medical scientific representations and knowledges that tie nature to bodies have gained particular hegemony in the West, and continue to establish normative and often deeply pathologized corporeal boundaries based on the "differences" of race, gender, nation, sexuality and species. Although certainly not uniform in the meanings they avail, medical scientific practices not only take "nature" as a privileged object of concern, but also project it as a place where particular "truths", "origins", "foundations", and "bases" can be discovered. The nature of an array of bodies, spreading from the human to the nonhuman, the micro – to the macroscopic, the terrestrial to the extraterrestrial can now be coded and decoded under the governing auspices of scientificity and truth. "We reach the end of the twentieth century," writes Cindy Patton, "not so much as 'technological man,' robbed of our emotionality and cultural depth, but as cyborgs for whom science is our culture, our mode of constructing identity."<sup>12</sup> Discourses of medical science are privileged to classify and order the compositions of the epidemic – its etiology, epidemiology, pathology, cultural borders, risk groups – and to translate its "nature" into bodies. Unlike other discourses, medical science becomes empowered because it is repeatedly positioned as that which ac-

cesses the truth and the rationalities of life, and thus also the truths of death. It evokes and is driven by the possibility that "in fathoming the secrets of nature, [it] will fathom the ultimate secrets (and hence gain control of)... mortality."<sup>13</sup>

With AIDS, medical scientific practices have been drawn together into a figure that Cindy Patton has termed "AIDS science." A tension-filled, intensely competitive, and also always socially contested amalgam of microbiology, biochemistry, virology, immunology and epidemiology, "AIDS science" has been instituted as *the* apparatus of knowledge that establishes the nature, and thus the meanings of HIV and AIDS.<sup>14</sup> One group of discourses in particular, organized through the burgeoning and influential discipline of virology, and whose object of concern is the study of retroviruses, has set in place a series of protocols – codes of practice – which in many ways govern approaches to research and the construction of "medical facts" of AIDS.

In an article, which appeared in 1988, and significantly named "The Origins of the AIDS Virus", two leading American retroviral researchers, Max Essex and Phyllis J. Kanki, outline some key questions asked of AIDS by North American virology:

**The sudden appearance and rapid spread of a previously unknown infectious disease such as AIDS raises a series of compelling questions. What is the causative agent, what is its structure and how does it function and – in the case of a previously unknown agent – where did it come from?**<sup>15</sup>

Essex and Kanki's questions represent a prevailing epistemological structure of North American medical scientific investigation into the problem of AIDS. At the base of this structure lies the isolation of a virus and its designation as cause. In narratives of medical scientific discovery, the reduction of the appearance of AIDS to a single agent holds particular teleological promise condensed around the possibility of finding a 'magic bullet' to direct at HIV. By mapping the structure and function of HIV, part of this promise, or rather, hope and desire of medical science, is invested in the potential of defining the origins of AIDS. Why this concern with origins? Perhaps because beholden in the origin is the facticity of life, and the death that threatens it; because beholden in the origin is the truth and nature of AIDS: the specificity of its cause, the key to its genetic code, the site and the body from where it has been born and transmitted, the grounds of its containment and cure.

If the promise of this conceptual order is the discovery of the truth of AIDS in the origin of HIV, then it is critical to begin to think about the genealogy of what is decided as “the origins of AIDS”. As much as it is possible to speak of AIDS as an “epidemic of signification,”<sup>16</sup> one place where this epidemic has found its most generative articulation is precisely in the struggles over what counts as an origin. Indeed, to speak of the conditions of “living with AIDS” is to almost always confront the exigencies of the question of origins. AIDS not only calls into question the very fabrics of social existences around the globe,<sup>17</sup> but (perhaps in doing so) it has also incited an intense will to know that insistently asks about how or why, from whom or from where, and for what reason has AIDS entered into the interstices of life.

### Origins

“The ‘return to origins’”, writes the historian Michel de Certeau, “always states the contrary of what it believes, at least in the sense that it presupposes a distancing in respect to a past (...by which one makes a ‘past’ the ‘object’ of study), and a will to recover what, in one fashion or another, seems lost in a received language.”<sup>18</sup> Certainly this framing of the contradictions of the West’s concern to simultaneously distance and recover origins, and to constitute them as objects of study, resonates deeply with how social understandings of the crisis of AIDS are configured. To ask about the “origins of AIDS” is not simply to think of “why AIDS” at this particular juncture. But, as I have already said, it is to elicit a search for a cause. The cause is that which the origin holds in its density, waiting to be discovered. To find the cause of AIDS is to begin to situate its essence, to map its truth. As the structures of medical scientific investigation insist, if “we” can reveal the cause of the “AIDS virus”, “we” can locate its origins and ostensibly contain its contagion. But the very act of revelation is more like a production: the search for origins constructs a *space*, a *body*, and an *identity*. Concerns to discover or to return to origins produce particular structures of intelligibility which persistently rely on and create practices that work to differentiate and contain certain bodies from others. This is a necessary dynamic for turning bodies into identities. Indeed, the performative tropes of the search for maintenance of origins might be under-

stood as the always negotiated and symbolically overburdened reproduction of a self from the raw material of another.<sup>19</sup>

Examples of this production of origins abound. Over the almost fifteen years of the epidemic, particular social subjects – gay men, Haitians, Central and West Africans, prostitutes, IV drug-users – (the still standardized if not deeply contested “risk groups”)<sup>20</sup> have been constructed as distinguishable bodies from where human immunodeficiency viruses and plethora of other diseases are said to originate. The bodies that are constructed through these designated spaces of origins mark a particular convergence of the biological into the political, a biopolitics of origins with serious effects. In what follows I want to consider now narratives of origins are put together in the frameworks of biomedical discourse, and how this discourse naturalizes the bodies and spaces of origins it produces. I then turn to a particular example of the epistemologic and signifying spaces they organize in order to indicate how a specific set of origin stories constitute both subjects and objects of AIDS.

Narratives of origins have gained powerful semantic and material force, spreading beyond the bounds of their own specificity and becoming in themselves contagious, insofar as they claim to define for entire populations the contours of the pandemic. The insistent reconstructions of origins by dominant popular and scientific discourses provoked by AIDS in North America are an example of such globalizing gestures. In particular, the sense of rupture that AIDS has elicited in the already unstable formations of white Euro-American heterosexuality – the rupture of a disease and an epidemic of “others” into the workings of its business as usual – has effectively called up a distinct set of originary sites that serve to explain the intrusion of a viral entity into the social body which has thought itself to be immune. As de Certeau suggests, such motions of returning to origins configure particular “objects of study” which act as points of destination and distinction. These reconstructions of origins allow various social constituencies, but especially those organized in institutions of science and medicine, to know AIDS and to define its borders.

“The desire to locate the origin of disease,” notes Sander Gilman, “is the desire to be assured that we are not at fault, that we have been invaded from without, polluted by some external agent.”<sup>21</sup> As the logics of epidemic gain currency globally, the assignment

of “disease” to a particular location, a foundational place, or some originary subject, has been taken up with a striking sense of urgency. Perhaps because they are defined by a concern to find meaning in the face of an epidemic which often defies or exceeds meaning, narratives of origins continue to be called upon and incited as regulatory fictions with which to mark out “somewhere” to return and “somewhere” to distance and contain.

This desire for origins overdetermines scientific questions and assumptions. It shapes what will be asked of a given disease and what will be the possible outcome of these questions. The kinds of hypotheses of origins that a particular scientific knowledge relies upon will be reflected in what its prescribes as research, practice, conduct and ways of understanding.<sup>22</sup> Origins provide the ground, critical referent point for the composition of medical scientific practices and programmes.

As foundations for powerful apparatuses of knowledge, and always already marked as naturalistic sites, those discourses that narrate origins organize particular discursive spaces, “narrative fields”, that are intersected by a range of histories and practices, and constructed as the “body of nature.”<sup>23</sup> These narrated spaces constitute natural objects of knowledge, a field of different and already inscribed bodies, which can become the focus of Western biomedical and popular attention. Origins act then as powerful and productive spaces of signification and as ordering devices upon which are based critical scientific conceptualizations of AIDS.

As an example of both the bodily and natural productions narratives of origins create, I want to take a short, rather impressionistic tour through a specific set of origin stories that have been organized within a field of discourses concerned with what one influential biomedical researcher has called the “*interspecies communicability of viruses*.”<sup>24</sup> This formation of transmission discourse (what I will call here narratives of the interspecies origins of AIDS) was most prominent and powerful in the mid-to-late 1980s. Yet even now, these narratives remain an essential explanatory ground of much medical scientific knowledge production.

Based on the assumption that a particular virus can be transmitted between species, narratives of interspecies transmission have gained circulation in the contexts of the epidemic as a result of biomedicine’s configuration of the human immunodeficiency virus (HIV) as a retrovirus, a type of RNA virus

that uses an enzyme called reverse transcriptase to genetically reproduce itself in human immune cells, including T4 cells (T-helper cells) and macrophages. Reverse transcriptase is said to allow HIV to translate its genetic information into a form that can be integrated into the host cell's genetic code. As a retrovirus, HIV thus takes the host cell's genetic material and recodes it into a viral form that is capable of reproducing itself using the host cell's mechanisms of cellular mutation. Because it changes the host cell's genome, including those proteins which would allow the immune system to detect the virus, HIV becomes a very difficult entity for the immune system to respond to or detect. At the same time, HIV attacks and depletes the very immune system cells it enters, which in turn undermines the body's mechanisms of immune recognition, protection and balance.<sup>25</sup>

Explanations of HIV infection have become part of very effective virological stories of AIDS, none of which are innocent. As Lee Edelman has recently suggested, such scientific explanations "have no 'warrant' in nature," but are instead "metaphoric designations that determine the way we understand the operations of the body."<sup>26</sup> The kinds of designations medical science makes available not only shape understandings of the body, they effect practices *upon* the body, including therapeutics. To consider the configurations of medical discourse is not to elide the very "literal" effects of this "thing" called AIDS on peoples lives. Rather, it focuses concern on the epistemological or conceptual grids into which HIV is placed and the effects of the meanings such a placement accrues.

Both HIV and AIDS have, from almost the outset, been inserted into frameworks of North American virological conceptions of retroviruses. Initially immersed in oncological research into virally-induced human cancers, retrovirus research has been shaped by an historical combination of germ theory, which imagines disease to be the result of an invasion of a self by pathogenic microbial bodies defined as "other", and a late twentieth century genetic logic which codes and decodes matters of life through the genetic structures and proteins of cells and viruses. No less immune from the contagions of language and history than other scientific practices, retroviral discourse has configured HIV as the site of truth and origins of AIDS. In its configurations of HIV, North American virology initially attached the virus to pre-existing understandings of human retroviruses.<sup>27</sup> An important part of these understandings had

been outlined in the definitions of the first human retrovirus, HTLV-1 (Human T-Cell Lymphotropic Virus), discovered in 1980 by U.S. researchers at the National Cancer Institute. HTLV-1 initially offered a guide from which to look into the morphology, function and phylogeny of HIV.<sup>28</sup> Although this guide was displaced as the make-up of HIV came to be classified as highly distinct from other HTLV's, HTLV research did provide a discourse of origins that was easily mapped onto HIV. As evident below, this discourse tied together simians, Africa and Africans in its trajectories.

**The ancestral origin of HTLV is obscure, but we think it is very likely that this virus entered a wide range of Old World primates from an undetermined source.... Because of the widespread infection of Africans and because of the presence of Old World primates in Africa, we think Black Africans had the greatest opportunity for early infection. It seems likely that the origin of HTLV in the Caribbean, the US, and South America was from entry of infected Africans to the Americas.**<sup>29</sup>

The schemata of the origins of HTLV that was drawn by some U.S. researchers in the early 1980s established an epistemological framework that (for many) could be easily translated into narratives of the origins of HIV. In these medical scientific equations, simians occupied a critical position as the "natural host" of HIV disease. Throughout the 1980s, and into the 1990s, one species, African Green Monkeys, were constituted by the AIDS science establishment as the bodily sites from where the "AIDS virus" was transmitted to humans. A prevailing theory of transmission maintains that the virus traversed the species border at a recent point in history, perhaps thirty or forty years ago, by way of the cross-species exchange of blood or semen.<sup>30</sup> To this I will shortly return.

Making the body of the monkey a "natural host" is a critical semantic manoeuvre. It consolidates a point and place at which to aim science's silver bullet. Simians are the bearers of a death that threatens not just Africa, but the borders of the West. As a "natural host" of the "AIDS virus", the monkey is a foundation and a reservoir from where viral pathogens can not only be transmitted to other nonhuman and human primate species, but necessarily analyzed and extracted by Western biomedical science. Like all modern bodies, the bodies of simians that enter into Western accounts of the origins of AIDS

might be described as "the inscribed surfaces of events."<sup>31</sup> The simian is a multiply-in-flected site of signification. The green monkey is a critical object of scientific and social knowledge that emerges at the intersection of imprinted scientific histories of powers, discourses and natures. It is from these scientific practices and discourses that concepts of race, sex, gender and nation have been worked into and pried from simians.<sup>32</sup> Already deeply invested, the body of an African primate that enters the contexts of the global AIDS pandemic is turned into a particularly potent communication device: the monkey is produced both as the "raw material" of origins and as a body of signification, the natural and symbolic viral reservoir from where flows already encoded signs of disease.

Resulting from the scientific discourses that constituted and were constituted by the "discovery" of HIV a series of narrative moves immediately began to surface in the mid-1980s, seeking to trace points of viral transference between human and nonhuman primates. What becomes readily apparent as we move into the early 1990s is that an entire apparatus of knowledge has been established around "disease monkeys", and by extension, around the natural, geographical, cultural and social spaces of Africa in which these nonhuman primates are situated.<sup>33</sup> These moves exemplify the convocative power of constructs of difference involved in the reification and isolation of a unitary instance of origins.

## Interspecies Transmissions

**T**he suggestion that there exists a single logic underlying AIDS is always potentially productive of a series of hazards. These might be called the hazards of knowledge and power when they converge around an originary point or naturalistic entity. Narratives of interspecies origins create these kinds of hazards, but in not so easily discernible ways. One reason for this is that these narratives emerge from a discourse of "nature" that makes the meanings they produce seem without history. While it could be said that origin stories in general tend to function to naturalize the subjects they narrate, narratives of interspecies origins not only naturalize but appear to be embedded in a place already designated as the body of nature. In this way, the logic of discourses of origin is the logic of teleology.

Discourses of interspecies transmission attempt to tell not the social but the natural history of disease. In doing so, they create a space within which a series of different signs of disease are chained together: viruses that leap species boundaries; Old World African primates who are the nature to what is human; and a geographical and symbolic place called "Africa" that biomedical science, in its desire to have a stable "natural" site of return, sees at once as the Garden of Eden and as the "heart of darkness" of colonial lore.

Tracing the natural history of disease is a constitutive part of contemporary virological and epidemiological practice. The concern with a disease's natural history is quite simple and specific: it involves the delineation of its origins and its immediate relations to other disease entities. In the case of AIDS, where the causative agent is a virus, the focus of concern is with the natural history of viral entities (HIV) traced through the bodies they occupy and from where they apparently emerge. Following a number of lines of pursuit, including tracking the sero-status of various human and nonhuman populations, the familial relations of HIV and different viruses (the phylogeny of human and nonhuman retroviruses), and epidemiological patterns, the *modus operandi* of natural history is the revelation of the unmediated essence, the nature of the disease object. Suggesting it to be a totalized "description of the visible", Foucault has noted that natural history has been deeply implicated in projects of systematizing and classifying the world it sees.

By virtue of structure, the great proliferation of beings occupying the surface of the globe is able to enter both into the sequence of descriptive language and into the field of a mathesis that would also be a general science of order.<sup>34</sup>

While the form of natural history Foucault describes concerns the systematization of the surfaces of the world, with the problem of disease, natural histories of medical science travel between surfaces and depths of global bodies. As Bryan Turner suggests, in medical science the surfaces and the depths of human bodies come to be cultural objects of classification.<sup>35</sup> Subjected to classificatory operations, disease and the body are ordered and inserted into the grids of a number of different apparatuses of knowledge: not only medicine, but compulsory education, the state, and academia have each come to discipline bodies marked as sick and unhealthy.

Natural histories rely upon the concept that the contingencies of a disease, and its origins, can be represented transparently by objective scientific disciplines and languages. Indeed, as Evelyn Fox Keller suggests, if there is one thing specific to modern scientific discourse, "it is precisely the assumption that the universe scientists study is directly accessible, that the 'nature' they name as object of inquiry is unmediated by language and can therefore be veridically represented." Not only does this claim to transparency of language effectively support forceful claims of truth, but "language assumed transparent, becomes impervious."<sup>36</sup> Removed from the social conditions of discourse and power – the possible contexts of its appearance to science – a disease narrated through modern formations of natural history have represented "the origins of AIDS" as a naturally-encoded biological problem of the interaction of pathogens and hosts – a problem of an infectious agent that warrants scientific isolation and codification.<sup>37</sup>

The natural history text of AIDS arranges itself and the narratives it provides through a set of interconnected assumptions regarding questions of

- 1 origins,
- 2 etiology,
- 3 the biological and genetic make-up of the so-called "AIDS virus",
- 4 its pathogenesis,
- 5 its modes of transmission,
- 6 its epidemiology.

The interpretive arrangements of natural history define what will count for AIDS science and the knowledges it might avail. And what counts most for natural history is the discovery and presentation of the origin of AIDS.<sup>38</sup>

What makes notions of the interspecies communicability of viruses particularly treacherous as explanations for the emergence of AIDS is both their authorization by biomedicine and their ability to make natural and pathological the often raced, sexed, gender and nationalized subjects of knowledge they produce. They indicate a distinct and always dangerous moment which reveals the mythologized boundaries of science/social, nature/culture, human/animal to be intensely permeable and consistently blurred. While the focus of increasing critique and contestation, any look at these "boundary-breaking", cross-species envisionings of the origins of AIDS, suggest that they have designated what subjects of knowledge get to be explored and defined as objects of concern for North American scientists and publics alike.

An account given by two British medical doctors, John Green and David Miller, in one of the earliest "AIDS" books, *AIDS: A Story of Disease*, neatly typifies the structure and spaces organized by narratives of the interspecies origins of AIDS:

Overall, the best suggestion as to the origins of HTLV-111 [HIV] is this. HTLV-111 was originally a monkey virus, either STLV-111 [Simian T-Cell Leukaemia Virus-111], now Simian Immunodeficiency Virus, or SIV), or a very similar virus. Some monkeys seem rather resistant to possible ill-effects for many years. This virus spread to people in some way. Studies of another monkey virus, monkey pox, have shown a number of intriguing facts. Monkeys are often hunted for food in Africa. It may be that a hunting accident of some sort, or an accident in the preparation for cooking, brought people into contact with infected blood. Once caught, monkeys are sometimes used as toys by African children.<sup>39</sup>

Written in 1986, this fantastic explanation raises serious questions about the implications and logics of the confluence of humans, monkeys, infected blood and retroviruses into a turbulent space of African origins.

Discourses of the interspecies intercommunicability of viruses rely upon dialectics of species evolution and perhaps eugenics, as they move through the great chain of being, from the figure of the monkey to that of the human. By mapping origins onto a single "natural host" one evolutionary (or genetic) step removed from specific humans, such narratives provide as their trajectory the transmission of a nonpathogenic virus found in African green monkeys to humans. Indeed, these narratives are intimately involved in redefining what is animal and what is a human.

If these stories of origins initially produce the green monkey as an object of knowledge, in the moves to explain transmission they project the virus-ridden simian body as a representation of an entire geographical and cultural space called "Africa". This historically repeated metaphorical extension is exemplified well in a map offered in the prestigious science journal, the *Review of Infectious Disease*. Drawn in an attempt to discuss the African contours of the epidemiology of the "AIDS virus", the map outlines the geographical distribution of *Cercopithecus aethiops* (African green monkeys or Vervets). The map is clearly intended to trace green monkeys over the regions of central Africa, the supposed prime area of HIV infection on

the continent. As the accompanying text explains, "this opportunistic and ecologically adaptable primate species is spread widely, if discontinuously, through areas of HIV seropositivity."<sup>40</sup> While the map attempts to draw a correlation between simian distribution and HIV, the discontinuities of Vervet populations across central Africa are never shown. This absence forms the grounds of an anatomy lesson that re-creates the discursive boundaries between "nature" and "culture", between Africa and the West, while at the same time linking together the human and the animal to construct the sick body of the Other.

A particularly potent expression of this transposition of animal onto human appears in the same article from where the above Vervet map is found. In a medical anthropological investigation into the relation of cultural practices in central Africa to HIV transmission in African populations, Daniel B. Hrdy, an anthropologist and AIDS researcher at the University of California, Davis, remarks that as a site of viral infection, and as its point of transmission, the African green monkey provides an important natural object through which to make sense of the epidemiology of "African AIDS" for a very simple reason: it provides a model of African sexuality.<sup>41</sup>

This conflation is a prosaic trope in the erotics of Western science's search for origins in the non-Western body of nature. It is a critical part of nearly all comparative biomedical politics, including the politics of interspecies transmission.

In his investigation, Hrdy notes that the existence of the simian immunodeficiency virus in wild vervets "may be relevant to the situation in humans" because "there is a striking analogy between *promiscuity* as a risk factor in humans and the 'promiscuous' behaviour of [wild green monkeys]."<sup>42</sup> By way of a discourse of cross-species transmission, the codes of an already racialized and diseased monkey are collapsed together with specific sexualized codes marking the "nature" of the "African". Imprinted on the simian, race and sexuality are linked together and communicated "between species" through a chain of transmission which explicates a history that has constantly animalized the black body.<sup>43</sup> Reading primate sexual behaviour through a well-entrenched anthropological gaze, Hrdy traces the "promiscuous" vervet body onto the figure of an African woman, a slippage deeply implicated in colonizing medical practices which take black sexuality as both pathological and naturalistic.<sup>44</sup>

Typically, female vervets, unlike baboons, are sexually receptive for long periods (many weeks) and during that time mate with multiple male partners, sometimes engaging in dozens of copulations on a single day – activity that may lead to traumatic lesions of the vaginal or perineal area. Although vervets do not exhibit the large and fragile "sexual swellings" common to other ceropithecine monkeys (like baboons), vervet perineal skin is slightly edematous during breeding season.<sup>45</sup>

Drawing on medical understandings of heterosexual routes of transmission related directly to pathologized female anatomy, the corollary of this description is obvious: Hrdy reads the female vervet as an African prostitute. This correlation is locked into place by Hrdy's concluding remarks, where he suggests that

Exposure to multiple sexual partners may be a factor in the spread of [SIV]agm through vervet populations.<sup>46</sup>

The analogy that Hrdy drafts in his comparative modeling of sexuality hooks into a variety of colonial histories of sex and disease wherein images of animality, primitivism, blackness and femininity become located in the body of the prostitute.

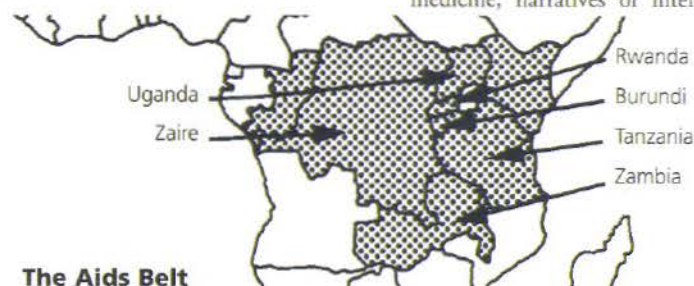
### Returns – "The AIDS Belt"

More than reflecting the realities of the situation of AIDS in Africa, Western medical scientific descriptions of the origins and transmission of HIV are powerful semantic productions of a Euro-American heterosexual self. As the mythic embodiment of racial and sexual difference, as well as the pathologies of disease, the African prostitute represents the Other against which a Euro-American body can be defined and normalized.<sup>47</sup> Narratives of origins provide a point of reference for a society to both contain and refuse the very existence of AIDS. As such, these narratives instantiate a kind of border patrol predicated as much on effects of knowledge as on the effects of ignorance – a will to know that in fact does not want to know.<sup>48</sup>

Discourses of transmission naturalize normative raced, sexed, and gendered arrangements in the space of monkey origins. This could not be more evident than with the powerful construct of what Western observers now call the "AIDS Belt". The figure of the "AIDS Belt" might be read as the telos of simian origin stories. For here, the image of the monkey reservoir slides directly into a metaphor for the African continent – an insidious slippage that creates a fully naturalistic site composed of the inter-minglings of bodies all marked as "dangerous". The "AIDS Belt" ties together a series of projections that reflect the desire to distance, recover and to isolate an object of study for an observant white Euro-American biomedical eye. It establishes a place from where to explore and to order the bodies of others.

To begin with, the "AIDS Belt" makes almost completely irrelevant all geographical, cultural, religious, social, linguistic and political diversities of Africa. Africa is constituted as internally boundless, and as space from where there can be distinguished a whole range of borders between the uninfected/infected, healthy/diseased, polluted/cleansed, culture/nature, unshaded/shaded, white/black, us/them, between self and other. A homogenized Africa becomes a crucial marker of the organization of difference in the throes of a global AIDS crisis.

The spatialization of AIDS and its "subjects" thus produces Africa as a particularly delimited object of study: it becomes a place where the natural history of the epidemic can be seen to run its course. This biopolitics of origins constructs particular bodies and natures through the crises of AIDS that are to be ordered and known. The human and the animal bodies that populate this boundless yet scientifically managed space are all marked with the signs of disease and death. It is as if HIV/AIDS were simply a disease of Africaness.<sup>49</sup> By way of a strategic act of displacement, which reveals the deeply entrenched connections of colonialism and medicine, narratives of interspecies origins



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constitute Africa as that originary "somewhere" to which Western scientists and observers can return to and constitute as a natural AIDS laboratory – a place where African bodies and lives can be explored and the virus discovered. And at the same time, a place where certain Western bodies can be re-constituted as clean and immune.

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### Notes

1 Michel Foucault, *The History of Sexuality*, Volume 1, (New York: Vintage Books, 1978).

2 *ibid.*, 143.

3 *ibid.*, 142.

4 *ibid.*, 139.

5 *ibid.*, 142.

6 As Andrew Ross has recently suggested, following Foucault and feminist historians of science such as Evelyn Fox Keller and Donna Haraway, any discussion of the politics of nature must include the politics of the body: "health care rights; reproductive rights; sexual politics; ethics of biotechnologies; the politics of the immune system; the politics of skin colour; militarism safety; diet; state surveillance; penal repression; concerns of worker and nutrition" see Andrew Ross *Strange Weather: Culture, Science and Technology in the Age of Limits*, (New York: Routledge, 1991) 191.

7 Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, (New York: Vintage Books, 1963) 3.

8 Alexander Duttman, "What Will Have Been Said About AIDS: Some Remarks on Disorder" *Public 7* (1993):103-4.

9 Paula A. Treichler, "AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification", in Crimp, D. *Aids: Cultural Analysis/Cultural Activism*, (MA: MIT Press, 1988) 32.

10 Donna Haraway, "Biopolitics of Postmodern Bodies: Constitutions of Self in Immune System Discourse", in her *Simians, Cyborgs, and Women: The Reinvention of Nature*, (New York: Routledge, 1992) 204.

11 Foucault, *Birth of the Clinic*, 31.

12 Cindy Patton, *Inventing AIDS*, (New York: Routledge, 1990) 53.

13 Evelyn Fox Keller, *Secrets of Life, Secrets of Death: Essays on Language, Gender, and Science*, (New York: Routledge, 1992) 39.

14 See Stephen Epstein's discussion of the contestations of medical scientific knowledge by U.S. AIDS activist organizations. Stephen Epstein, "Democratic Science? AIDS Activism and

the Contested Construction of Scientific Knowledge", *Socialist Review*, 21 2(1991): 35-64.

15 Max Essex and Phyllis J. Kanki, "The Origins of the AIDS Virus", *Scientific American*, 259 4(October 1988):65.

16 See Treichler, "AIDS, Homophobia and Biomedical Discourse", 1988.

17 Linda Singer, *Erotic Welfare: Sexual Theory and Politics in the Age of Epidemic*, (New York: Routledge, 1993) 30.

18 Michel de Certeau, Michel, Trans. Tom Conley; *The Writing of History*, (New York: Columbia University Press, 1988) 136.

19 See, for instance, Ann Gage, *Undoing the Social: Toward a Deconstructive Sociology*, (Toronto: University of Toronto Press, 1992).

20 As of 1989 Haitians were formerly removed from the U.S. Center for Disease Control "4-H" (Haitians, Homosexuals, Haemophiliacs, Heroin Addicts) list of "risk groups". But the chains of signification have already been set in place and continue to circulate around Haiti as a site of disease. See Paul Farmer, *AIDS and Accusation: Haiti and the Geography of Blame*, (Berkeley: University of California Press, 1992).

21 Sander Gilman, "AIDS and Syphilis: The Iconography of Disease" in D. Crimp, ed. *Aids: Cultural Analysis/Cultural Activism*, (MA: MIT Press, 1988) 100.

22 Keller, *Secrets of Life*, 1992, 27-31.

23 See Donna Haraway, *Primate Visions: Gender, Race and Nature in the World of Modern Science*, (New York: Routledge, 1989).

24 Robert Gallo, *Virus Hunting: AIDS Cancer, and the Human Retrovirus – A Story of Scientific Discovery*, (New York: Basic Books, 1990) 73-75.

25 See, for instance, *AIDS 91: Summary: A Practical Synopsis of the VII International Conference*, (Philadelphia: Philadelphia Sciences Group, June 16-21, 1991); Robert Gallo, "AIDS in 1988", *Scientific American*, 259 4(October 1988):41-48.

26 Lee Edelman, "The Plague of Discourse: Politics, Literary Theory, and AIDS", *South Atlantic Quarterly*, 88, 1(Winter 1991):315.

27 Grmek offers an insightful critique of the positioning of HIV into the "family" of HTLV. For AIDS researchers, there have been very high stakes (in terms of funding, epistemological commitments and prestige) in precisely how HIV is encoded. see Mirko D. Grmek, *History of AIDS: Emergence and Origin of a Modern Epidemic*, (Princeton: Princeton University Press, 1990).

28 In retroviral phylogeny, HTLV-I is positioned as a distant relative of HIV in the family of retroviruses. This long and complex history of naming and classifying retroviruses, with its particular inflections of "family", cannot be considered in this paper. For discussion of retroviral phylogeny, see M.B. Gardner and P.A. Luciw, "Simian Immunodeficiency Viruses and their relationship to the Human Immunodeficiency Viruses", *AIDS* 2(suppl.1,1988):S3-S10; G. Myers, et al., "The Emergence Simian Immunodeficiency Viruses? Human Immunodeficiency Viruses" *AIDS Research and Human Retroviruses*, 8 3(1992):373-85.

29 Robert Gallo, et al., "Origin of Human T-Cell Leukemia-Lymphoma Virus", *The Lancet*, (October 22, 1983), 963.

30 See, for instance, P.M. Sharp and W. Li, "Understanding the Origins of AIDS", *Nature*, 336(24 Nov. 1988):315-16.

31 Foucault, *History*, 148.

32 See Haraway, 1989.

33 It is not coincidental that there has recently been an explosion of stories centering on the emergence of new viruses in the heart of Africa. Discourses of origins constructed around AIDS have, in many ways, made possible for present discussions of "emerging viruses" pouring out of Central Africa and invading innocent American lives. The film "Outbreak" is but a popular rendering of a dangerous proliferation of viral discourse. See, for instance, Robin Marantz Henig, *A Dancing Matrix: How Science Confronts Emerging Viruses*, (New York: Vintage, 1993).

34 Michel Foucault, *The Order of Things: An Archaeology of the Human Sciences*, (New York: Vintage, 1970) 136.

35 Bryan S. Turner, *The Body and Society: Explorations in Social Theory*, (London: Blackwell, 1984) 208.

36 Keller, *Secrets of Life*, 28.

37 Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*, (Stanford: Stanford University Press, 1992) 5.

38 *ibid.*, 33.

39 J. Green and D. Miller, *AIDS: The Story of a Disease*, (London: Grafton Press, 1986) 66. HTLV-111, the Human T-Cell Leukaemia/Lymphotropic Virus, was the name given to the virus isolated by Robert Gallo and his co-researchers at the National Cancer institute in 1984. As I have suggested, by naming it as such, Gallo placed the virus into a specific family of retroviruses – the HTLV group – of which his laboratory had first identified.

40 Daniel B. Hrdy, "Cultural Practices Contributing to the Transmission of the Human Immunodeficiency Virus in Africa", *Reviews of Infectious Diseases*, 9 6(November-December 1987):1116.

41 *ibid.*, 1116.

42 *ibid.*, 1116, (EMPHASIS MINE).

43 Sander Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*, (Ithaca: Cornell University Press, 1985); John Comaroff and Jean Comaroff, "Medicine, Colonialism, and the Black Body", in Comaroff and Comaroff, *Ethnography and the Historical Imagination*, (Boulder: Westview Press, 1992).

44 Gilman *Difference and Pathology*, 88-89.

45 Hrdy, 1116.

46 *ibid.*, 1116.

47 Simon Watney, "Missionary Positions: AIDS, 'Africa' and race", *Critical Quarterly*, vol. 31 3(Autumn 1989): 47; also see, M. Cerrillo, M. and E. Hammonds, "AIDS in Africa: the Western Imagination and the Dark Continent" *Radical America* 21 2-3(March-April 1987):17-23.

48 Eve Kosofsky Sedgwick, *Epistemology of the Closet*, (Berkeley: University of California Press, 1990) 5.

49 Watney, *Missionary Positions*.