Postcolonial Constructions of HIV/AIDS: Meaning, Culture, and Structure

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As a field of inquiry, postcolonial health communication seeks to apprehend processes implicated in the construction of “primitive” versus “modern” with respect to issues of health. In the case of HIV/AIDS, the sociocultural representations of the disease have a profound impact on how the disease is configured medically and symbolically in dominant cultural imagination. Postcolonial constructions of disease are mobilized around the political and economic interests of the dominant power structures in global spaces. In this article, a thematic analysis of the constructions of HIV/AIDS in India in the mainstream U.S. news media was conducted. A corpus of news articles from the Lexis-Nexis database was created with the keywords “HIV,” “AIDS,” and “India.” Three themes emerged from the study: (a) India as a site of biomedical control; (b) the economic logics of HIV/AIDS; and (c) AIDS, development, and the “Third World.”

In a seminal piece on a critical cultural approach to health communication, Lupton (1994) noted the importance of understanding the cultural constructions of health. Works of scholars such as Airhihenbuwa (1995) and Dutta (2008a) have reiterated the necessity to foreground local cultural contexts and local meanings surrounding the constructions of HIV/AIDS. This emphasis on culture and its constructions of meanings of health is the cornerstone of much health communication scholarship that explores the communicative processes through which health meanings are constituted and negotiated. The cultural symbols circulating around a disease both constitute and reflect the politics of the material space around the disease.

Locating the symbolic representations of health in the backdrop of the politics of power and control in global spaces, postcolonial approaches to health communication interrogate the neoimperial and neocolonial agendas in global representations of health and illness, and the ways in which these representations circulate to reproduce the political economic interests of transnational hegemony (Dutta, 2008a). Postcolonial communication theory engages with the discursive constructions of dichotomies of the “modern” and the “primitive” that justify neocolonialism in the contemporary global landscape. For instance, Karnik’s (2001) interrogation of global HIV/AIDS discourse lays emphasis on the hidden political and economic agendas that often play out in the way in which HIV/AIDS is talked about in the global mainstream. In this article, we attend to these political and economic agendas as we study how mainstream U.S. newspapers construct meanings about HIV/AIDS in India.

HIV/AIDS IN INDIA

Globally, the HIV/AIDS pandemic continues to be a problem of unprecedented dimensions, and the disease occupies the center stage in much global discourse of health. The UNAIDS estimation of the prevalence of HIV in India was in the range of 0.9 to 1.5% of general population. Although this is a fairly low rate of prevalence relatively, a high base population means that this number translates into a huge number of infected people. The latest version of India’s National AIDS Control Program (NACP-III) that seeks to “halt and reverse the epidemic in India over the next five years” (NACP Goals, 2010), has initiated centralized “Prevention, Treatment, and Care” campaigns across the country, with a major priority on prevention and surveillance of high-risk populations like men who have sex with men (MSM).
and injecting drug users (IDUs) (NACP Priorities, 2010). Treatment strategies include free antiretroviral treatment provision to those who need it, and pediatric care efforts. The care strategy includes the establishment of community health centers across the country. In addition, large-scale advertising and media campaigns provide information and awareness among populations (NACP Care, 2010). These campaigns are apt exemplars of the contributions of media constructions and depictions of HIV/AIDS in the understanding of the epidemic in terms of its social and cultural contexts, as well as the ways in which these contexts get taken up in discursive spaces.

MASS MEDIA CONSTRUCTIONS OF HIV/AIDS

It is evident that one of the predominant sites for the construction and dissimilation of “cultural” meanings and interpretations of HIV/AIDS is the mass media (Airhihenbuwa & Obregon, 2000). Airhihenbuwa and Obregon (2000) note that the media play a dominant role in the construction of HIV/AIDS as a cultural phenomenon, situating HIV/AIDS in the realm of the meaning making processes of the culture. Mass-media-driven health campaigns regard culture as something that exists only in Africa, Asia, and Latin America (Airhihenbuwa & Obregon, 2000, p. 10). Simultaneously, such campaigns regard beliefs about illnesses as functionally equivalent to a cultural understanding of disease, thereby pathologizing “culture” as being antithetical to biomedical, scientific understanding of disease. These processes attach signification to HIV/AIDS and constitute HIV/AIDS within the terrains of the politics and economics of globalization. Such a media-centric view of the construction of the “conceptual baggage” (Karnik, 2001, p. 323) of HIV/AIDS gives credence to critical understandings of the disease that valence the “dynamic flow” of symbolic information beyond medical information (e.g., Karnik, 2001).

Noting the role of meanings in the realm of HIV/AIDS, Treichler (1999, p. 11) eloquently speaks of the “two epidemics”: one of a “transmissible lethal disease,” and one of “meanings or signification.” The former epidemic is the biomedical one, as apprehended by the number of people afflicted by HIV/AIDS worldwide, their symptoms, prognosis of the virus, the number of individuals diagnosed as being HIV+, the rate at which those people go on to contract “full-blown AIDS,” and so on. The latter epidemic, what Treichler calls “symbolic,” is the meanings that get associated with HIV/AIDS, the myths around it, the “layperson’s understanding of contraction and prevention,” etc. How HIV/AIDS is talked about is intrinsically linked to the ways in which communication practices and policies emerge around the disease and its prevention, management, and treatment. For instance, global discourses of HIV/AIDS risk, prevention, and management shape the ways in which specific policies of migration are developed and implemented around HIV testing of potential immigrants (Farmer, 1993). Furthermore, in the global landscape, the meanings of HIV/AIDS are intrinsically intertwined with global geospatial hierarchies in HIV/AIDS politics. For instance, First-World countries’ immigration authorities use HIV/AIDS strategically to control their migration policies and police their borders (King, 2002). As Karnik (2001) suggests, such epidemics of meaning “travel faster than the disease itself” (p. 323), and the routes taken are instructive in gaining a richer understanding of the disease. Similarly, the local frames of HIV/AIDS are context specific and are intrinsically linked to the global frames around the disease, co-constructively shaping specific media relations strategies, fundraising, grass-roots campaigning, etc. at the local level (Bardhan, 2002).

In his study on the historical development of HIV/AIDS discourses in the Indian media, Karnik (2001) notes how the hegemonic discourses of science and media that shaped narrative tropes for HIV/AIDS were based on a priori assumptions and notions about “India, culture and disease” (Karnik, 2001, p. 325). Using the culture specificity of a term such as “homosexual” as an example, Karnik crafts a postcolonial critique on the culturally insensitive transferring of terms and concepts within health communication research, and for HIV/AIDS in general. Karnik’s study showed that the term “homosexual” had little meaning to researchers in India in 1986, who often noted that “the category did not exist” (p. 327). He seems to believe that the hegemonic transfer of information from the West to the East informed Indian discourses on HIV/AIDS in the 1980s. Further, Karnik conducted a content analysis of some media depictions of “AIDS in India” from three United States-based broadcast media. Using news clips from the New York Times and Newsday and a radio clip from National Public Radio, Karnik exposes the common thread among them: that of “exotic theories of epidemiology” (p. 335). Noting the role that mass media play in constructing global and local frames of disease, as seen in the work of Bardhan (2002) and Airhihenbuwa and Obregon (2000), this essay uses the specific case of news coverage of HIV/AIDS in India by U.S. news media.

POSTCOLONIAL THEORY AND HIV/AIDS

Postcolonial studies, as a field of inquiry, seeks to understand the processes underlying colonization, and the representations that circulate in the dominant discursive spaces that justify colonial processes (Spivak, 1999). It is with this emphasis on deconstructing the dominant narratives that circulate in mainstream discursive spaces that postcolonial theory demonstrates its commitment to emancipatory politics by seeking to revisit and redress these processes of colonization (Dutta, 2008a). Connecting the histories and
geographies of colonialism with the project of modernity and modern knowledge structures, postcolonial scholarship attempts to “redo such epistemic structures by writing against them, over them, and from below them by inviting reconnections to obliterated presents that never made their way into the history of knowledge” (Shome & Hegde, 2002, p. 250).

Postcolonial health communication theory attends to the constituting role of culture, suggesting that the sociocultural representations of health risk have a profound impact on how disease is perceived medically and the policies that are constituted around the disease. In the case of the HIV/AIDS pandemic, the meanings of the disease intersect with the articulation of health policies, the implementation of such policies, and the development of interventions attached to those meanings (Airhihenbuwa & Obregon, 2000). With reference to theorizing and scholarship in health communication, a postcolonial approach draws attention to the unequal terrain of disciplinary knowledge in health communication that has been dominated by primarily United States-based and, to some extent, Europe-based perspectives (Basu & Dutta, 2009; Dutta, 2008a; Dutta-Bergman, 2004a). Further, the deconstructive move in the postcolonial approach creates openings for disciplinary transformations through the interrogation of the taken-for-granted assumptions in West-centric productions of knowledge (Dutta, 2008). Interrogating the constructions of “other” spaces in mainstream U.S. media creates an opportunity for theoretically understanding the postcolonial nature of media constructions, and for discursively entering into the politics of these constructions with the goals of transformation.

The promise of postcolonial studies lies in its critical interrogation of colonial histories and geographies that are produced in Anglo-European knowledge structures to exercise colonial control. For example, public health knowledge systems and infrastructures were developed by the British Empire in its erstwhile colonies to maintain control over these colonies as sources of labor (Arnold, 2008; King, 2002). Such interrogation locates discourse in the realm of the neocolonial politics of globalization processes, the formations of the new world order, and the possibilities of transformative politics in the context of globalization processes (Arnold, 1988, 1993; Spivak, 1993). Providing credence to Karnik’s argument, De Souza (2007) conducted a framing analysis on the constructions of HIV/AIDS in the Indian press. Positing the Goffmanian ideal of frames as “interpretive contexts that help interpret a message” (p. 257), de Souza identified three “frames” that mediated media depiction of HIV/AIDS. They are “problem severity, cause, and solution and beliefs about risk groups” (p. 260). In identifying the seriousness of the problem, she found the metaphor of war and the rhetoric of quantification to be salient to understanding cultural meanings of HIV/AIDS. The “cause-and-solution” frame found that a decline in cultural values was often cited as a cause and the diffusion of medical provisions like condoms and antiretroviral therapy to be solutions. In analyzing frames of risk groups, she observed that young children and married women were the focal points of such frames.

While de Souza’s article does not make any overt postcolonial claims, her findings—the “frames” that HIV/AIDS is constructed within—can be seen as hegemonic transportation of categories that Karnik (2001) writes about, inasmuch as frames of “AIDS as war” and “AIDS as a disease of ‘high-risk’ groups” are characteristic of Western biomedical understanding of HIV/AIDS (Karnik, 2001). This article builds on earlier scholarship on media representations of HIV/AIDS in India to interrogate the constructions of the disease in U.S. mainstream media. Our premise for this article that if Indian epistemologies of HIV/AIDS are hegemonic imports, then attention must be paid to the construction of HIV/AIDS and India at the source of hegemonic epistemologies, or Western biomedical models, as reflected in mainstream U.S. news coverage. If, as Karnik (2001) suggests, Western ideologies of health are the dominant modes of understanding HIV/AIDS in India, then it is prudent to understand what specific meanings of the HIV/AIDS epidemic in India are constructed through such ideologies.

**METHOD**

A thematic analysis of 264 news articles from all U.S. newspapers on the Lexis-Nexis database was conducted for a period of 1 year—i.e., 1 January 2008 to 31 December 2008. The initial article corpus was created by conducting a Lexis-Nexis search, using the terms “HIV,” “AIDS,” and “India.” One thousand articles were found to match the criteria. However, this corpus contained several redundancies. For instance, those articles that pertained to AIDS-related drug releases and medical news related to AIDS and India were excluded from the corpus, since the purpose of the study was to understand how HIV/AIDS was constructed in the context of India (and vice versa). Letters to the editor, book reviews, earnings reports, corrections, and duplicate copies of the same story were also excluded. The final

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1 This essay on postcolonialism particularly builds on the work of Spivak. Other key figures in postcolonial theory such as Bhabha, Chaturvedi, Chatterjee, and Mohanty provide us with additional entry points for engaging with public relations theory. However, given the emphasis of this project on drawing out the main works of Spivak, we are not engaging with these very important theorists in this essay.

2 By the term “other,” here we refer to the recurring leitmotif of much postcolonial scholarship and theorizing. Processes of colonization and imperialism have always relied on a bifurcated view of the world; of “us” versus “them,” the “modern” versus the “primitive,” the civilized versus the uncivilized. Culture, civilization, modernity, and even humanity are attributed to the “Western” mainstream while the colonized worlds are “othered;” in that their existence is conceptualized as the negation or the antithesis of what the colonizer comes to represent. For a more detailed explanation on the concept, see Said (1978), and Fanon (2007).
We employed a theoretical sampling framework for developing our themes (Lindlof & Taylor, 2002). The constant comparison method, as offered by Corbin and Strauss (2008), was the theoretical sampling method used, with both authors coding the corpus separately, sharing their notes, and then discussing the themes on the backdrop of postcolonial theory. The development of themes was guided by Owen’s (1984) method of theme identification in interpersonal communication. The criteria of recurrence, repetition, and forcefulness (Owen, 1984) were used to identify themes in the corpus. A close reading of the corpus was conducted using the aforementioned criteria. This involved reading through each article, one paragraph at a time, and marking repetitions, recurrences, and forcefulness of ideas in each paragraph. Thus, the unit of analysis in our case was individual paragraphs in the corpus of articles. Examples and quotations that helped demonstrate the theme were also collected from each article. This process of close reading and theme recognition is akin to what Corbin and Strauss (2008) refer to as “open coding.”

In the next stage of analysis, also called “axial coding” within the constant comparison technique, we proceeded to locate individual articulations and examples into broader themes of congruence. Individual articulations were constantly compared to each other, and the interrelationships among these articulations were identified. It can thus be seen that although the process of identifying themes was highly inductive and derived from the data, it was guided by the overarching theoretical framework of postcolonial theory. In other words, our reading of the texts was informed by the theoretical and political commitments of postcolonial theory, even as it sought to decipher the emergent themes that were constituted in the texts. The analysis evolved from a close reading of the text to determining interpretive areas of congruence and categories, situated within the broader ontological and epistemological assumptions of postcolonial theory. In other words, the in-depth interpretive reading of the corpus continually went back and forth with the guiding insights of postcolonialism.

The emerging themes were situated in conversation with the existing postcolonial literature, and the two authors continually conversed about the emergent themes, resolving differences on the basis of insights from the postcolonial literature. In moving away from the data to a generalized abstraction, the method used could be regarded as an “emic” methodology (Corbin & Strauss, 2008). It is also instructive to note that the stages of data collection and analysis are not temporally divergent. Once conceptual saturation was achieved, the themes that emerged from the data were explicated and expounded with the help of the relevant examples and quotations from the corpus, as provided in the following. Each section can be regarded as one “theme” that was developed in the study.

Three themes emerged in our postcolonial deconstruction of the U.S. mediated spaces: (a) India as a site of biomedical control by the United States (and allied organizations); (b) HIV/AIDS and the economic logic of disease; and (c) AIDS, development, and the Third World.

**United States (and Allied Organizations) as the “Parent” Figure: India as a Site of Biomedical “Control”**

The infantilization of the colonized is a recurring thematic in postcolonial theory and literature (see Quayson, 2000; Said, 1978; Serequeberhan, 2007). Infantilization refers to the portrayal of the colonized in childlike terms in order to justify the civilizing missions of the colonizer (Hall, 1997; Said, 1978). In our corpus, we found a significant thematic of the United States being a parental figure as regards the problem of HIV/AIDS in India. We found that the U.S. government, nonprofit organizations based in the United States, and several international organizations like the World Health Organization (WHO), the World Bank, and UNAIDS come together to construct HIV/AIDS in India as needing “monitoring” and “control.” In many cases, we saw that it was only through the agency of such organizations that the problems of HIV/AIDS in the developing world are understood. Consider this example from an article in the *Atlanta Journal-Constitution*:

> Atlanta Mayor Shirley Franklin is scheduled to leave today on a weeklong trip to India to support a program that assists women and helps people with HIV/AIDS. The “I Am Powerful” program, run by the humanitarian organization CARE, assists women learning entrepreneurial skills. “I am pleased to have been involved in CARE’s I Am Powerful campaign to see firsthand women from all over the world who are finding their voice through this public education effort,” the mayor said. (Stigurs, 2008, p. 3B)

In this excerpt, we see an articulation of “finding one’s voice.” In the context of HIV/AIDS, it is only through the efforts of a nonprofit organization such as the one cited in this quotation that women from around the world (especially the Third World) have been able to find their voice. Here, it is only through the efforts of Western civil society that Indian women can understand how powerful they are. A postcolonial critique of such a conception would question the ideological move being made here: the fact that it is the “white man’s burden” (to cite Rudyard

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3The role played by international agencies in protecting and pushing agendas that serve to continually secure the interests of advanced capitalist economies (as exemplified by the G-8 countries) cannot be explicated in detail in this effort, but for a detailed analysis, see Harvey (2005) and Zoller (2008).
Kipling’s notorious refrain) to bring the colonial other within the frame of legible discourse. In doing so, mainstream media discourse decontextualizes women’s circumstances and the structural constraints they have to negotiate, and simultaneously denies agency to them by narrowly constructing agency within the framework of entrepreneurial skills.

The articulation of assistance is framed on the basis of negation of the everyday forms of subaltern agency through which women at the margins negotiate dominant structures. Worth noting here is the co-optation of the postcolonial understanding of “voice” in marginalized contexts within the framework of commercialization and entrepreneurship. Even as “voice” comes to be represented as participation in entrepreneurial skills, conspicuously absent from this articulation are the very voices that are finding themselves. The subaltern woman has been “inscribed over” (Spivak, 1999) and rendered invisible, even as she is being taught to find her voice. As the parent figure, or the fountainhead of scientific and economic progress, the Anglo-Western mainstream takes it upon itself the task of managing the global HIV/AIDS epidemic, one of the prime instruments for which is the surveillance and control of countries afflicted by the epidemic. We see this rhetoric of control being exercised in this excerpt from a report on the House appropriators’ debate on the United States’ role in fighting HIV/AIDS, vis-à-vis other countries:

House appropriators today urged the Bush administration to . . . inquire about the roles being played in the HIV/AIDS effort by other leading countries and about how much the administration is pressuring those nations to contribute . . .

Ranking member [House appropriator] Frank Wolf (R-Va.) acknowledged the vast amounts of money the United States contributes to the global HIV/AIDS initiative, but insisted that the administration must pressure China and India—two countries with increasing resources—to contribute to the effort as well. U.S. Global AIDS Coordinator Mark Dybul said that the administration has aggressively pursued this end. He admitted, however, that they had not met with the success in this effort that they had hoped for. Hill [Kent Hill, assistant administrator for global health at USAID] agreed with Wolf that “they should be able to put more into this,” but he added that both countries have large health-related issues to deal with internally that they would almost certainly prioritize over becoming major players in the global fight against HIV/AIDS. When both witnesses [USAID officer Hill and the US Global AIDS coordinator Dybul] refused to give China and India letter grades on their performances in this realm, Wolf instead accused them of ducking the issue. (Markay, 2008, n.p.)

First, this articulation claims the United States as being at the forefront of the “global fight” against HIV/AIDS, a notion which needs to be critically interrogated in the backdrop of the role of the United States in fostering HIV/AIDS in the Third World through its support of neoliberal frames and policies globally (Farmer, 1993; Sastry & Dutta, 2010). The rhetoric of aid needs to be juxtaposed in the backdrop of the materiality of inequality that is perpetuated through neoliberal policies of the United States across the globe (Dutta, 2008). Second, what is interesting about this articulation is that it is only through the yardstick of the United States that other countries can be “evaluated” in terms of their HIV-eradication programs. The “letter grades” given by the United States are established in opposition to the internal priorities within the nation states.

Finally, a conceptualization that allows the United States to give “letter grades” to India and China, besides placing the United States on an evaluative pedestal with regard to the other countries, once again seems to suggest the fact that these countries become sites of Western biomedical control. China and India are construed as truant children that need to be “pursued aggressively” to be better controlled, so that they can contribute greater amounts to the global war against HIV/AIDS. Interestingly, these countries’ “internal health-related issues” are seen as divergent from the global fight against HIV/AIDS. This view, which regards the “global fight against HIV/AIDS” as different from individual nation-states’ health-related programs, also leaves us with the question as to whether the “global fight” refers to top-down intervention programs that flow from the West to the East that involve global movements of capital and labor and, most importantly, treat the diseased Indian body as a passive object to be intervened on. For instance, consider this excerpt from the corpus:

With a giganticized [sic] checkbook, Gayle took on a giganticized [sic] project, setting in motion a $200 million prevention program in India, a nation then thought to be on the verge of an Africa-scale epidemic among sex workers and their clients. (Roig-Franzia, 2008, p. C01)

In this excerpt we see that it is through a large checkbook that an “Africa-scale” pandemic was averted in India through the efforts of the mentioned epidemiologist, Helene Gayle. The construction of the term “a country then thought” to be on the verge of an Africa-scale pandemic valorizes the

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4David Harvey defines neoliberalism as “a theory of political economic practices that proposes that well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade. (Harvey, 2005, p. 2). Applied to global health policy, neoliberalism refers to the configuration of dominant global actors including transnational corporations, nation states, global organizations such as the United Nations (UN) and the World Bank, and local elites that work to “privilege the private market and undermine the language of public investment and protection we associate with public health promotion” (Zoller, 2008, p. 390). As pointed out by Farmer (1993), structural adjustment programs under neoliberalism have fostered the spread of HIV/AIDS through the displacement of people, contributions to unemployment and migration, and putting subaltern communities at greater risks of contracting the disease.
efforts of this individual in controlling the possible epidemic. Without the agency control of this one individual, sex workers in India would have purportedly descended to Africa-scale pandemic status. The excerpt provides no agency to the sex workers in determining their own health outcomes, which is an interesting move, given the fact that literature on HIV/AIDS efforts among Indian sex worker communities has shown that some of the most effective efforts have been the ones in which the members of the communities themselves have played an active role in their own education and prevention (Basu & Dutta, 2009). The native body is accorded no subjectivity or agency; it becomes a body that needs constant control from the Western scientific enterprise.

Structures of knowledge production, regulation, and the health care industry in the Anglo-Western mainstream come together to rap the knuckles of the errant Third World that otherwise could not be controlled. One such instance is in the case of pharmaceutical drugs. India happens to be one of the highest suppliers of anti-HIV/AIDS medicines to the United States for its international campaigns. Here is an excerpt that deals with the issue of counterfeit drugs entering the United States:

Not just for humanitarian reasons but also for greater self-protection, we should help poorer countries combat fakes. U.S. drug companies purchase 40 percent of their advanced pharmaceutical ingredients from India and China. That rate is expected to double within the next 15 years. While these countries can produce good advanced ingredients and finished products, lax regulation and poor rule of law means that myriad counterfeit actors remain. Until these problems are controlled, it is better for companies to import the active ingredients than for patients to buy finished products, because companies have greater knowledge to weed out bad products. (Bate, 2008, p. A15)

Here, U.S. pharmaceutical companies are constructed as being at the vanguard of the global fight against HIV/AIDS. These companies are construed as knowing how to weed out bad drugs because of the fact there is an adherence to the “rule of law” in the countries from where these companies originate. The preceding excerpt states that it is not merely the “humanitarian reasons” that needs to be kept in mind when exercising such control of products from poorer countries, but also greater self-protection. “Poorer countries” have to be controlled by the West because of their inability to regulate and their lack of adherence to laws. India and China, due to the poor rule of law within their borders, are rendered unfit to self-regulate the quality of the drugs they produce and have to be “parented” by the developed West. There is a moment of irony here. There is a reference to the “self” that needs protection, which in this scenario could refer to both the health of the people that unfortunately consume these fake drugs and the health of the U.S. pharmaceutical industry, which, through the policies of regulatory agencies, finds itself at the center of this global fight by taking upon itself the mantle of responsibility of the quality of drugs produced in other countries. Whether it is to ensure the quality of drugs coming out of India or the education of Indian women in methods of self-employment, India is rendered as a site that needs controlling by the Western mainstream. The increasing global importance of India as a site of labor and market, as well as a source of cheap raw material, seemingly warrants it becoming a site that the West must control. In the next section, we go on to establish how the global war against AIDS cannot be seen outside the economic and commercial logics that it engenders.

HIV/AIDS and the Economic Logic of Disease

The economic opportunities provided by a global epidemic like HIV/AIDS create ever-expanding markets for the global pharmaceutical and healthcare industry (Patton, 1990). Global-scale pandemics such as HIV/AIDS create and sustain the markets for large United States-based multinational pharmaceutical corporations (Farmer, 1993). In our corpus, we found this enunciation occurring quite regularly. A typical example is provided here:

Drugmaker Merck & Co. aims to become a leader in generic biotechnology drugs and sales in emerging markets . . . Merck is launching a division called Merck BioVentures to make new and follow-on, or generic, biotech drugs, management told analysts gathered at its headquarters . . . Meanwhile, Merck said, it is on track to reach its goal of $2 billion in sales from emerging markets including Brazil, China and India, countries where Frazier said Merck’s vaccines and diabetes and HIV drugs match up with major health problems. The company is working to boost global sales of existing products even after they get generic competition, is focusing more on the needs of patients and doctors, and is expanding capacity to manufacture vaccines. (Grand Rapids Press, 2008, p. B5)

Particularly interesting in this quote is the congruence of the health of the global pharmaceutical giants (e.g., Merck) with the incidence of “major health problems” in China and India. The phrase “matching up” and this particular rhetorical construction are most problematic here: One cannot seemingly differentiate whether Merck’s pharmaceutical products function to serve the health problems of these countries, or whether the health issues in these economies work as an index of the health of Merck by helping it reach its goal of generating $2 billion in sales from the emerging markets. The formulation of HIV/AIDS as an economic opportunity raises ethical questions about the relationships among the state, transnational corporations, and health/illness.

Attention must also be paid to the construction of China and India as “markets.” We propose that as regards communication from global pharmaceutical companies, the sales/marketing jargon of the “emerging market” must be
disassembled and deconstructed through a postcolonial lens, thereby revealing a conception that privileges a neoimperial, mercantilist view of the Third World as being a “new market” for U.S. health interventions. The health care industry is perhaps the most blatant expression of this mercantilist view, as exemplified in this excerpt:

What’s spurring so much activity in the healthcare industry? The banker explained that healthcare isn’t as affected by economic downturns as other industries are. “Healthcare has held up,” he said. He explained that the increasing demand for high-quality healthcare treatments in emerging economies such as India and China also plays an important role. (Rosa, 2008, n.p.)

The seeming durability of the health care industry, as just stated, is hinged on neoliberal ideologies of health, which look to market-oriented solutions for providing health services (Lee & Zwi, 1996; Zoller, 2008). Traditional views of health as a fundamental right and a public investment are upturned by this logic, which points to the inelasticity of demand in health care as a reason for more private investment in these sectors (Zoller, 2008). The fact that health care is not influenced by economic downturns is not regarded as an argument against keeping it outside the scope of the market, but as an incentive to invest more heavily in it.

The juxtaposition of HIV/AIDS with mercantile logic seems impenetrable. Neoliberal health interventions in the form of “development” and “capacity building” for developing and underdeveloped countries allow for greater market penetration of the global pharmaceutical and medical industry in these countries. In the following excerpt, we see the relationship of HIV/AIDS reduction in developing countries and the health of “global economies.” Consider this snippet from our corpus:

From a global standpoint, although the predominant majority of the HIV/AIDS-related cases come from Sub-Saharan Africa, the occurrence of the virus is rapidly increasing elsewhere—most notably in India, South Asia, and Eastern Europe. For the United States, this would mean decreased likelihood of HIV/AIDS transmission from external sources. Reducing the occurrence of HIV/AIDS in Sub-Saharan Africa would also benefit the global economy in several ways. First and foremost, increased access to AIDS treatment and prevention would directly result in a larger and more productive labor force. This improvement in national economies would immediately improve the regional Sub-Saharan African market, and eventually create more global market opportunities for industries in the United States. (Hirshman, Liu, & Sequiera, 2008, n.p.)

From a postcolonial theoretical standpoint, the preceding statement is a good representation of the politics of control that exist in the relationship of the United States to the developing world. We are reminded of Edward Said’s (1978) prophetic statement about the Orient having no existence outside the colonial imagination. The fact that these countries become sources of “market opportunities” for transnational and multinational corporations is testimony that these sites do not exist outside the dominant U.S. imagination in any form other than a potential marketplace that can be exploited for the betterment of the “global economy” (a euphemism for multinational corporations).

What is interesting is that any articulation of health care relationships between the United States and the developing world outside that of the mercantilism of the “global economy” is silenced and quashed within dominant mass media. A good example is the debate that has raged in the dominant media over PEPFAR, or President’s Emergency Plan for AIDS Relief, an initiative that was introduced in 2003 as the “largest commitment by any nation to combat a single disease in history” (PEPFAR, 2009). Consider this excerpt from an op-ed piece on the ramifications of this plan:

The bill also leaves the door open for the use of U.S. tax dollars to finance programs in China, and Russia and India as well, which is by definition troubling. These are three of the fastest-growing countries in the world, and nations that are perfectly able to pay for their own HIV/AIDS programs. If Russia wants to set up such programs, perhaps it should consider using some of its oil-revenue windfall. As for China, it should slash its exploding military expenditures before getting HIV money from hard-pressed American taxpayers. (“Problems with PEPFAR,” 2008, p. A26)

The spending of tax dollars toward HIV/AIDS efforts in developing countries is constructed as an unthinkable act, but a view of the same developing countries as markets to fan multinational profits is portrayed as being acceptable. Worth noting here is the shift in framing of health from the realm of public service to the realm of economics within neoliberal discourse. Even as India and China are portrayed as emerging markets, the expenditure of U.S. taxpayer dollars to support public health infrastructures for addressing HIV/AIDS in these spaces is questioned.

The relationship of nationalist identity and the direction of transnational cash flows is also fascinating in this construction. Although the rhetoric of the “global economy” glosses over circumstances of individual developing countries when they are viewed as “markets” for health products and services sold by transnational corporations, spending U.S. tax dollars toward global aid efforts leads to a rhetoric that emphasizes a demonic, geopolitically aggressive national identity of these countries, thus portraying them as unfit for aid. The one-dimensional “global economy” disappears and the oil-richness and military belligerence of China are highlighted. Russia’s identity becomes intertwined with the oil that it produces.

On one hand, national demarcations become salient within the domains of development, aid, and service; on the other hand, these national demarcations dissipate into a homogeneous market in the domain of transnational
corporations. Such heuristic and bifurcated conceptions of the world are central to the economics of HIV/AIDS. In the context of India, we now look at how the U.S. print media construct and reify India as the proverbial “Third World,” using the HIV/AIDS metaphor.

**AIDS, Development and the “Third World”**

One of the foundational elements of postcolonial theory lies in Said’s (1978) deconstruction of the imagination of the Orient as a primitive and backward “other,” set in contrast with the developed West. It is this imaginary that offers the ontological and epistemological base of Western knowledge structures that seek to “know” the Orient. Continuing to narrate the postcolonial thread in its depiction of the Third World, mainstream U.S. press constructs India as a premodern, nonenlightened, nonrational, far-off location, a site characterized by immorality, rampant promiscuity, ravaging poverty, and nosy, unplanned industrialization. Consider this excerpt:

> [A] community of scientists, physicians and fundraisers who tend to slide back and forth from government gigs to charities to academia . . . Once, they talked about a cure. They schemed about vaccines or therapies to vanquish the virus invading African villagers, Indian shopkeepers, Mexican prostitutes, Haitian beggars and American city dwellers. They got worked up about “microbicides,” gels they hoped could protect against transmission. In their parlance, these were “technologies.” But the virus is still spreading and the technologies, well, they haven’t turned out as hoped. And still there is no cure. So, a cadre of public health powerhouse are now more likely—finally, some would say—to talk about changing the way people behave, especially persuading them to have sex with fewer partners. (Roig-Franzia, 2008, p. C01)

The Eurocentrism of such articulations betrays how the “Third World” exists in the U.S. imagination. Afflicting the “villagers, shopkeepers, prostitutes, and beggars” of the Third World, HIV/AIDS here is merely a signifier of the material and economic fissures between “us” and “them.” The conflation of urbanization (American city dwellers) with several other forms of bedraggled humanity (beggars and prostitutes) with respect to HIV/AIDS indicates just how primitive the rest of the world is made out to be vis-à-vis the Anglo-Western mainstream. The backwardness of the Third World becomes the site of articulation and the target of Eurocentric epistemological devices. Furthermore, the political economy of Eurocentric knowledge structures, depicted in the form of vaccines and therapies, is substantiated on the basis of the depiction of the primitive Third World.

Furthermore, the corpus suggests that the coverage of HIV/AIDS has been used within dominant U.S. media to represent an all-too-easy, highly schematic argument for the moral degradation of countries like India. For instance, consider this excerpt from the Los Angeles Times. The title, “AIDS in a Culture of Callousness and Shame,” represents the best starting point for our critique of such articulations.

> India, with its enormous population, its grinding poverty juxtaposed with rapidly growing wealth and its distinctive attitudes toward sex, has become an epicenter of the disease. Some factors that have increased the spread of the disease in India echo the situation in much of the developing world. Trafficking in poor women and girls remains widespread, despite laws and treaties. Relatives abandon HIV-positive children after their parents’ deaths. New highways and booming markets have expanded the trucking industry: Drivers frequent prostitutes along their routes—and bring the disease home to their wives. In many areas of India, impoverished women who have no other means of survival turn to prostitution. (Solomon, 2008, p. 8)

Caught in the double bind of “callousness and shame,” the Indian subject is framed as being torn between uncivil sexual mores (trafficking, prostitution), poverty, population growth, and shame. Such discursive constructions: India as the site where the exotic meets the immoral, the land where debauchery meets despair have been dominant in the colonial imagination. The “other” is constituted through the depiction of immorality juxtaposed in the midst of poverty and enormous population growth. This primitiveness of India as a marker of the Third World exists at the core of the political economy of knowledge claims about HIV/AIDS in India. Take, for instance, the depiction of immoral truck drivers who visit prostitutes and then bring the disease home to their wives. The role of truck drivers in the HIV/AIDS epidemic in India has been the subject of academic inquiry (for instance, Singh & Malaviya, 1994); however, the preceding excerpt glosses over the issue, does not delve into the complex structural problems such as the large-scale poverty faced by truck drivers, the unorganized trucking industry, and the oppressive nature of their work, and, in doing so, constructs a straw person whose deprived sexual mores (“frequent[ing] prostitutes along their routes”) can be
called to attention in the spread of HIV/AIDS. Similarly, the agency of poor women is constructed within the rubrics of prostitution, once again depicting the exotic appeal of postcolonial discourse when poverty is situated alongside the markers of desire.

The “wretchedness” of India is represented not only by its primitive sexual mores, but also by the lack of “modern medicine” to treat diseases like HIV/AIDS. The arguments of development and modernization are also cast when talking about disease in India. As a country with insufficient public health interventions to control its HIV “explosion,” India then becomes an entity contingent on the benevolence of the developed West. Consider this excerpt:

In India, with more than a billion inhabitants, approximately 2.4 million are living with HIV. Though the disease emerged later in India than in many other countries, by the 1990s the rate of infection skyrocketed and it affects all segments of society. In a nation with rampant poverty, malnutrition and illiteracy, and neither the research nor the medical facilities to handle an AIDS epidemic, the threat of a HIV/AIDS explosion is real. (Frederickson, 2008)

Particular attention must be paid to the phrase “neither the research nor the medical facilities.” This articulation frames India squarely entrapped in its own premordernity and underdevelopment. Without the support of modern research and medicine, then, India becomes the site for American altruism, as exemplified in this excerpt:

There are countless organizations you can join or help by simply bringing out your credit card. You can buy a wristband or T-shirt for almost any imaginable cause—Livestrong for cancer; One for poverty, AIDS and hunger; Red for AIDS; the list goes on. Some would argue that bringing out your checkbook indicates you don’t really care, but most people are unable to go to China or India or Darfur without taking drastic measures, so they give the best they can. (Grifferty, 2008, p. 3)

Taken together, these excerpts represent the connections between the construction of the Third World as an underdeveloped site and the global “AIDS-and-related-causes” industry that has sprung up in the wake of the epidemic. The interaction with the “other” is mediated through an economic relationship that is framed under the guise of altruism. Going to these far-off places like China, India, and Darfur (the constellation of these three together also makes for an interesting rhetorical strategy, given that these three locations are geographically disparate and well as politically ubiquitous, and yet it is the fact of them being the “Other,” “far-off” from the Western mainstream, that clumps them together) is established as impossible, but there are also other ways to alleviate anxiety about the plight of the underserved in the Third World by merely making a donation.

Mainstream news coverage of HIV/AIDS in India with the United States has also failed to grasp the complexities of the economics of HIV/AIDS vis-à-vis India. India’s importance toward the global HIV/AIDS fight is in its role as a site for the production of low-cost pharmaceuticals and a testing ground for new HIV/AIDS drugs. However, it is not the role of “stakeholder” that is highlighted in the news coverage, which seems to be more implicated in perpetrating stereotypical conceptions about the primitiveness of India. Such stereotypes are present mainly in donation appeals for HIV/AIDS causes and reports of supposed “charity workers” contributing to the cause of betterment of HIV-affected populations across the world. One such instance is the “Rickshaw Run,” an exotic excursion in rural India that doubles up as charity work. Consider this excerpt:

[Three young American men] have entered the Rickshaw Run and hope to guide their donated autorickshaw, India’s version of the taxi cab, about 150 miles a day from Kathmandu, Nepal to Pondicherry, a small town on the southern coast of India . . . Money will go to Mercy Corps India, which provides health and economic support to those below India’s poverty line ($13 a day), which is about 300 million people. They also provide schooling, aid for those with AIDS/HIV, and work to improve sanitation measures . . . It will be three determined guys (only one of whom has even been to India before) and their autorickshaw against deadly roads, chickens, oxen, herds of goats, monkeys, water buffalo, elephants, cows, pigs, bald eagles and masses and masses of people everywhere. It’s also the beginning of monsoon season and oh yes, temperatures reaching into the 120s. (Bender, 2008, pp. 5–6)

In mentioning “water buffalo and bald eagles,” this excerpt sounds like something Rudyard Kipling would write, and, in effect, is underpinned by a sort of white man’s (neocolonial) burden similar to the one that Kipling envisaged. The colonial images continue to be perpetuated through the depiction of India as a backward space, painted in the form of deadly roads, chickens, oxen, and other animals amid masses of people. Three college students against the zoological and topographical vagaries of India makes for good press, to be sure, but it falls markedly short of being a sophisticated commentary or an exemplar case of activism as regards the situation of HIV/AIDS in India. Hardly has the tag of being the land of fakirs and rope tricks been shed, than India once again finds itself as being constructed stereotypically within the dominant Western imagination: this time as a land of illicit, nonhuman sexual mores, and premodern, prescientific technology. This “exoticization” of the Orient ties in with the economic logic of neoliberal HIV/AIDS interventions. Mercy Corps, the nonprofit institute that organizes the “Rickshaw Run,” urges potential participants to “be the change” by donating generously to crises worldwide and buying its products. In an interesting postcolonial moment, though, the Mercy Corps website offers to contribute $2 to Mercy Corps projects in Nicaragua for every purchase of single-origin coffee from the “remote mountains of Nicaragua.” The “remoteness” of Nicaragua
is used to elicit more Anglo-Western altruism in the realm of HIV/AIDS relief. Even as nonprofit institutes like Mercy Corps call for greater attention to HIV/AIDS issues in Asia and Africa, they work to re-exoticize the Orient by introducing a logic of market-based consumption of the Orient’s products. In our discussion section, we discuss this important link between the postcolonial “othering” of Asia and Africa in the case of HIV/AIDS, and the introduction of neoliberal health interventions on the back of such “othering.”

DISCUSSION

What are the domains of signification within which postcolonial spaces get constructed in global discourses of disease, and what political economic purposes do these domains of signification serve? In this article, we sought to apprehend the political and economic agendas that are played out through discursive constructions of HIV/AIDS in India in mainstream U.S. print news media, and how these political–economic agendas constitute themselves in relationship to the apparatus of neoliberal hegemony. We offer two arguments here: First, we attend to the politics of signification within the discursive spaces of the United States vis-à-vis India and its representation within such spaces in the backdrop of HIV/AIDS. The representation of a disease marks out the relationships of power within the discursive space, and draws attention to the politics and economics underlying the circulation of the mediated images of the “other.” The postcolonial deconstruction of HIV/AIDS in India as constituted in the U.S. media is directed at exploring this very relationship between the local and the global within the terrains of power and control by transnational hegemony. Second, we attend to the clustering of India and other developed/developing countries within the mainstream U.S. media, and the implications of this discursive strategy.

Our thematic analysis of U.S. media representations of HIV/AIDS in India draws attention to India as the Third World, a space for intervention by the United States, marked out as a site of control exercised by the biomedical apparatus. Essential to this marking is the portrayal of India in childlike depictions, in need of parental interventions by the United States. The United States and India enter into the symbolic terrain with a particular predetermined relationship, where India gets marked out as the “other” to be worked on by the industry of interventionists, pharmaceutical companies, and public health agencies located in the United States. The material control of the relational spaces under the logic of intervention is deeply tied to the exhumation of agency from the postcolonial location, played out through the infantile representations of the “other.” It is within this realm of representations that the United States emerges as the benevolent savior in the “global war” against HIV, established in the backdrop of the incompetence of the local actors situated elsewhere. For instance, in the depictions of the economic contributions to the global HIV/AIDS initiative, the media depictions script the United States as the evaluator, locating the other as the subject to be scripted. The economic logic emerges as the logic that controls the flow of power in the discursive space, specifically in terms of who gets to evaluate and who gets to be evaluated. In the significations of the HIV/AIDS epidemic, the discursive space is constituted in the language of war, and the United States consistently emerges as the compassionate champion of this global war.

Worth noting in the themes is a clustering of India with other developing/underdeveloped regions in the word. Although the search guiding this project was directed toward analyzing those pieces in the U.S. media corpus that focused on India, worth noting here is the clustering of India into a homogeneous space along with Africa, Caribbean, China, Russia, and other nation-states grouped within the cluster of underdeveloped or developing states. In mainstream U.S. news media, the ubiquity of these nation-states and the diversity in their social, political, and cultural contexts are obliterated. It is their position as the “other” of the West that enables these nations to be clumped together. We refer to this as the emergence of the postcolonial homogene as the subject of intervention by the neocolonial configuration. The portrayal of a homogeneous other is central to the neoliberal rationality of market economics, promising large amorphous markets for transnational corporations (TNCs). It is on this homogeneous site of the Third World that the discursive space of neoliberal modernity operates through its surveillance, interventions, and evaluations. India becomes narrated as a unified entity, as a relic of the Third World that is the site of the intervention carried out by the knowledge structures located in the Euro-West-centric mainstream. The analysis offered here adds to critical health communication scholarship by specifically demonstrating the ways in which homogenization serves the agendas of control and surveillance played out through health communication interventions (Airhihenbuwa, 1995; Dutta-Bergman, 2005). Furthermore, it takes a specific case to elucidate the linkages between economics and health, as health gets situated in the backdrop of the economic rationality of profit ceiling in the neoliberal project.

In this article, we found that the neocolonial logics of global HIV/AIDS campaigns are enmeshed with logics of the economics of disease. Underlying the stories of benevolence are the master narratives of profits, economic gains, and exploitation of postcolonial spaces. The rhetoric of “hard-pressed [American] taxpayers” paying for HIV/AIDS campaigns in Asia and Africa, as we saw in one of the already-discussed excerpts, is a good example of the intermeshing of neocolonial and neoliberal logics. Essential to this rhetoric is the shifting of the frame from one of public service to one of market economics: on one hand, utilizing
the depictions of a backward other to justify market-based interventions, and on the other hand, questioning the usage of taxpayer resources toward the addressing of HIV/AIDS in the global South. The benevolence that is implicit in the articulation of market logic is disrupted when framed in the context of taxpayer support for public spending. Unlike the traditional development discourse that utilized the portrayal of the backward other to create spaces for state-sponsored interventions (Dutta, 2008a), contemporary U.S. media discourse about HIV/AIDS in India explicitly articulates an economic frame that lays out the profits to be made by United States-based corporations in the backdrop of HIV/AIDS in India and creates a space for commodities marketed by United States-based TNCs. HIV/AIDS is represented as a profitable domain, and not as a public health crisis that is a product of the fundamental inequities in global distribution of resources and structural adjustment programs of neoliberalism (Farmer, 1993). Constructions of United States-based nationalism are noted within an environment of modernization. This economics of neoliberal hegemony becomes evident in U.S. media representations of HIV/AIDS in India, where India emerges as a site for profiteering, a site of collaborations among large multinational corporations, academic entities, and research centers. India becomes a site for economic exchanges, serving as a market for global pharmaceutical corporations that can now profit in the context of HIV/AIDS. The health care industry gets constituted in the economic terrains of HIV/AIDS in postcolonial spaces, and postcolonial spaces get continually lumped together within a homogeneous category of profitability.

Also present in the economic terrains of HIV/AIDS is the paradox between nationalist identity and protectionism on one hand and free-market globalization discourse on the other hand. Global aid efforts are juxtaposed in the backdrop of a discourse of globalization that foregrounds a global economy that is built upon the markets and labor of the Third World. Such discourses of globalization, we argue, do not weaken Modernist notions of the nation-state, but in fact reify national borders by foregrounding the role of the nation states in carrying out the agendas of nationally based TNCs. Countries receiving aid for HIV/AIDS programs are thus symbolically inscribed as participants in this brand of globalization in which their role is to provide labor and markets to other global economies such as the United States. The role of U.S. aid in addressing HIV/AIDS is seen in terms of its capacity in creating opportunities for United States-based TNCs. Interrogating the paradoxes in mainstream discourses of health draws attention to such ideological assumptions of neoliberalism that are routinely circulated in the media. From the standpoint of praxis, such critical interrogations equip health communication scholars with the necessary tools to deconstruct hegemonic discourses of health, and therefore participate with local communities in envisioning alternative possibilities.

In our study, we see several such examples of symbolic inscription vis-à-vis India, as a receiver of HIV/AIDS aid programs. For instance, the notion of India as a “premodern” site is often invoked. At the core of the postcolonial logic is the portrayal of the Third World as spaces in need of domination and control, narrated in the form of absences, shortcomings, and underdevelopment (Dutta, 2008a, 2008b). The construction of the other as primitive is the key rhetorical move in colonizing processes (Dutta, 2008a; Said, 1978). The neocolonial global configuration reinvents the colonial logic in its depictions of the Third World as a premodern, nonrational, distant place, marked by its lack of industrialization, technology, and modernity. Modernity becomes the key marker that saturates the discursive space, continuously participating in the production and reification of dichotomies that constitute the West in sharp contrast to the primitiveness of the Third World. India gets represented in the discursive spaces of U.S. mainstream media as a culture of callousness and shame, storied in the realms of poverty, malnutrition, and illiteracy, and often embodying the neocolonial interpretations of desire constituted in the context of the “distant other” that emerges in the postcolonial imagination as a subject for intervention. It is this representation that paves the way for the (Western) modernist enterprise of health, justifying the need for modern, scientific aid, embodied by the United States. In a Said-ian sense, the construction of the “Other” complements the construction of the self: In this case, it is the “premodernity” of the Third World on which the modernity of the West is constructed.

In this article we saw that it is in the backdrop of the primitiveness of India that discourses of altruism are constructed vis-à-vis medical aid to India. Altruism—whether in the form of charity events like the “Rickshaw Run”
mentioned earlier, or the introduction of technomodernist medical interventions in India, like microbicides and other such technologies—becomes an appendage for U.S. modernity, as articulations are made of the benevolence of United States-based interventions. In other words, the backwardness of India is situated in sharp contrast to the technological advances and modernity in the United States. It is in this realm of the primitiveness of India that an entire discourse of altruism operates within the neoliberal framework, noting the primitiveness as a justification for political economic interventions directed at carrying out the agendas of neoliberal hegemony (see Dutta, 2008, for a discussion of the postcolonial logic played out in global health interventions). Ultimately, our critical interrogation of the coverage of HIV/AIDS in India in U.S. mainstream media draws attention to the politics of power and control that is embodied in the symbols of representation of disease that circulate in global discursive spaces. The ways in which the local situated elsewhere enters into the discursive arenas of the global speak to the economic agendas that are served by discourse; the interpenetration of the primitiveness of the local and the agendas of colonization demonstrate the continued importance of a rhetoric of “othering” in contemporary neoliberal discourse. Disease becomes a marker for this othering, and operates as a site for economic exploitation and control. The political economy of U.S. media coverage attends to the discursive constructions of the primitive that are quintessential to the reproduction of the neocolonial apparatus, continuing to marginalize the other even as the other gets utilized in the discursive space as an economic resource to be exploited by transnational hegemony.

Our project has several limitations, with the duration of time for which news articles were chosen in the corpus (1 year) being one of them. Second, the implications of significant policy decisions (like PEPFAR) need to be studied in terms of the meanings and depictions they engender. Our forthcoming work looks at the construction of meanings and implications of biosurveillance with one particular policy implication: the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), further interrogating the discourses of biosecurity that are mobilized in the backdrop of HIV/AIDS. As mentioned earlier in this article, PEPFAR has been heralded as the largest commitment by any nation to combat a single disease in history and is involved in bilateral AIDS relief programs with 87 countries (PEPFAR, 2009).

Future scholarship on discursive constructions of HIV/AIDS needs to interrogate the intersections of the symbolic and the material in practices of HIV/AIDS policymaking, implementation, intervention development, and evaluation, exploring the ways in which symbolic markers of HIV/AIDS are mobilized to serve the economic agendas of the neoliberal project. Deconstructing the global landscape of neoliberal HIV/AIDS discourse also creates the openings for culture-centered projects of transformative politics in the realm of HIV/AIDS that open up avenues for listening to subaltern voices at the grass roots, and seeks to bring about change through bottom-up narratives that introduce alternative rationalities of HIV/AIDS and offer fundamental challenges to the structures of neoliberalism underlying the risks of HIV/AIDS in subaltern contexts (Basu & Dutta, 2009).

REFERENCES


