



FORUM

University of Edinburgh
Postgraduate Journal of Culture and the Arts
Issue 31 | Spring 2021

Title	The Location of AIDS: On Boundaries and Posthuman Bodies in Essex Hemphill's "Vital Signs".
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Publication	FORUM: University of Edinburgh Postgraduate Journal of Culture & the Arts
Issue Number	31
Issue Date	Spring 2021
Publication Date	14/03/2021
Editor	Amy Waterson

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The Location of AIDS: On Boundaries and Posthuman Bodies in Essex Hemphill's "Vital Signs"

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We could easily characterise the emergent field of posthumanism as a critique of various forms of boundary. For instance, posthumanism casts its critical eye on the boundary between human and nonhuman and the boundary between what counts as the body and what does not. The biomedical discourse on AIDS—and on immunology in general—is profoundly shaped by the imposition and reinforcement of various boundaries and distinctions. Foremost amongst these are the boundary between the body and infection and the distinction between different types of bodies (black/white, gay/straight). The following essay explores the subversive potential of applying a posthumanist critique of boundaries and distinctions to the discourse on AIDS and its representations, with a particular focus on those found in Essex Hemphill's poem "Vital Signs".

Introduction

The coronavirus global statistics are familiar by now. At the time of writing, there have been approximately 45 million cases worldwide. 1.2 million people have died and 30 million have recovered. Approximately 13.5 million people are currently infected. An arguably less familiar set of statistics is that around 38 million people worldwide are currently infected with HIV and that approximately 690,000 people died from AIDS-related illnesses worldwide in 2019. Despite the similarity in scale of the two viruses, the presence of HIV/AIDS statistics in the media today pales in comparison with that of statistics on coronavirus. The comparison suggests that epidemics and pandemics are as much a matter of signification as physical infection. That is to say, the lived experience of people infected with a virus is shaped just as much by what it signifies and connotes socially as the purely physical impact it has on the body. This sentiment has been variously corroborated by theorists working on the discourse of AIDS and its representations since the 1980s. Much of this work — especially that produced at the 'height' of the epidemic in the US — grappled with problems relating to the construction of AIDS as a 'gay disease' or a disease afflicting only black people. The problem lying at the core of this misrepresentation was that the prevalence of AIDS amongst black and/or gay people had initially been packaged by biomedical discourses — and subsequently social, political and cultural discourses — as evidence of an inherent or causal connection between a person's race or sexuality and their

susceptibility to contracting HIV/AIDS. The reason that discussions like the following one remain necessary is that this narrative persists even today, serving to obscure the fact that the prevalence of HIV/AIDS within the aforementioned groups is and was largely a result of their healthcare and educational needs being neglected by government officials. Douglas Crimp offers evidence in support of this claim by pointing to an announcement made by Ronald Reagan in 1987 in which the former President stated that he has “asked the Department of Health and Human Services to determine as soon as possible the extent to which the AIDS virus [*sic*] has penetrated our society” (“AIDS: Cultural Analysis” 11). This announcement was made *ten years after* the first AIDS cases emerged in the US and following the death of 25,644 people from AIDS-related illnesses. It is important to note that Reagan’s announcement coincided with a more visible outbreak of the disease amongst the white, heterosexual middle class. If AIDS is indeed as much a matter of signification as physical infection then what emerges from this example is that the primary determinants of how political and biomedical discourse shape lived experiences are race, class, gender and sexuality.

The discursive construction of AIDS, especially as a black gay person’s disease — as an “identity-implicating illness,” to borrow from Eve Sedgwick — inevitably led to an escalation in racism and homophobia (2). It also complicated the possibility of artists, writers and filmmakers depicting and representing people with AIDS and issues surrounding AIDS in at least three different ways. Firstly, there arose the question of how one could justly illustrate the various ways in which the disease was disproportionately ravaging black gay communities as a result of government neglect — a neglect rooted in institutionalised racism and homophobia — without perpetuating the construction of AIDS as a black gay person’s disease. Secondly, creatives and activists disagreed about whether people with AIDS should be represented as victims suffering from the disease or as empowered people living in defiance of their HIV seropositivity (having HIV in their bloodstream). The activist group ACT UP (AIDS Coalition to Unleash Power) and the documentary film *Voices from the Front* (1991) are two examples that favoured the latter approach. Both emphasised how people with AIDS had to mobilise themselves and protest the US government’s decade-long political failure to fund adequate pharmaceutical research if they were to ever obtain the drugs they needed. Yet even these forms of representation would not entirely avoid depicting the victimisation, suffering and hopelessness of many people with AIDS during the 1980s. A third issue arose with regard to the abundant use of metaphor in specifically literary

representations of people with AIDS. For instance, as Jean-Paul Rocchi notes, in works like “No More Metaphors” and “No Symbols,” the poet Assotto Saint sought “to bear witness to the life and death of AIDS victims in a very literal, material way.” Saint felt that literary metaphors only contributed further to the overall detachment of the ‘idea of AIDS’ from the reality of AIDS; a detachment which, as we shall see, was initially set in motion by biomedical discourses.

The following essay will consider these three issues as they converge in the context of Essex Hemphill’s poems about AIDS. According to Darius Bost, Hemphill was arguably “the most prominent of the black gay intellectuals of the 1980s and early 1990s” (353). He is notable for producing a body of work which addresses “the psychological, social, and political struggles of urban black communities” and which focuses particularly on the social and political location of black gay men; a group already facing ostracisation on multiple fronts, and whose social and political location only deteriorated further with the arrival of AIDS (Bost 353). Much of Hemphill’s work was produced around the height of the epidemic in the US and AIDS-related issues appear frequently in his work. Like Saint, Hemphill was deeply concerned with the relation between the discourses surrounding AIDS and the lived experiences of people with AIDS. This article is concerned with analysing precisely what Hemphill’s poetry *does* in its dealing with the three aforementioned issues and in demonstrating how it can positively contribute to our understanding of the complex social processes constructing the AIDS narrative. It will prove fruitful to consider Hemphill’s work with reference to the critical lens of posthumanism. Posthumanism (as deployed in the current context) can be broadly thought of as a form of critique of conceptual boundaries and distinctions, typically with the aim of explaining why such boundaries and distinctions are always already permeable, exposing how social and political processes underlie their construction, and suggesting ways in which they might be transgressed or subverted. The field of posthumanism has already sought to apply its critical apparatus to the splits and disagreements within discourses surrounding AIDS and its representations; for instance through critiques of the boundary between the body and infection and the distinction between different types of bodies (black/white; gay/straight), thereby setting a clear precedent for the current discussion. Before turning to a closer analysis of Hemphill’s poetry in the second part of this essay, it will prove useful to explicate the core ideas of posthumanism that pertain to the subsequent reading.

AIDS and Posthumanism

Facts are never produced in a social, cultural or political vacuum and therefore only ever wield a false neutrality, giving rise to what Catherine Waldby calls the biomedical imaginary: “biomedicine’s speculative universe, its ways of proposing relationships and processes, of imagining the world according to its own requirements and interests” (31). Knowledge is, first and foremost, a function of power. As such, what counts more to the value and status of scientific facts than their contents are matters relating to any assertions of them, like who is listening, who is speaking, and, of course, how loudly. In Bruno Latour and Steve Woolgar’s words, “interpretations do not so much *inform* as *perform*” (285). Just like a person, science has a voice. And it says — “science says!” The critical lens of posthumanism offers a closer look at the boundary erected between scientific fact and everyday knowledge which has resulted in this ‘biomedical imaginary.’ The work of Donna Haraway is particularly instructive for thinking about the ways in which scientific and everyday discourses are in fact deeply interwoven. “Scientific discourses are ‘lumpy,’” Haraway says. “They contain and enact condensed contestations for meanings and practices” (204). Her description of the discourses as lumpy is suggestive of scientific terminology being overstuffed with meaning; with both the immediate, surface-level ‘scientific’ meaning and the socio-cultural constructions on which this meaning is contingent. Haraway highlights that while scientific discourses necessarily do involve contestations for meaning at every level, what ultimately *appears* to us as the outcome of such contestations — what we might call the ‘science says’ — is nonetheless univocal; the outcome is a singular, authoritative and neutral conclusion which obscures all evidence that a contestation for meaning ever occurred. Thus, following Haraway, it is crucial that we consider the ways in which these dominant, univocal narratives are shaped not only by (supposedly) value-neutral medical research but also by the power structures in which they are situated. One such ‘lumpy’ discourse that is of particular interest to Haraway is that surrounding the field of immunology. According to the twentieth-century dialectic of Western biopolitics, the generally accepted ‘purpose’ of the immune system is “to guide recognition and misrecognition of self and other” and in doing so to “construct and maintain the boundaries [...] of the normal and the pathological” (Haraway 204). The critique of such boundaries is typical and, arguably, definitive of posthumanism. Indeed, the term ‘posthumanism’ is practically synonymous with Haraway’s concept of the cyborg, or “cybernetic organism” (149). The cyborg is a “hybrid of machine and organism” which heralds “the breakdown of clean distinctions [...] structuring the

Western self” such as those between “natural and artificial, mind and body, self-developing and externally designed” and, of course, organism and machine (149, 174, 152). It is interesting to consider the type of language Haraway uses when talking about the cyborg in relation to representations of AIDS because, as she herself says, the “cyborg myth is about *transgressed boundaries* [...] and dangerous possibilities which progressive people might explore as one part of needed political work” (154, emphasis added). Haraway’s ideas prove particularly helpful in understanding the politics of boundaries in the context of AIDS discourse when considered alongside the contemporaneous work of Latour and Woolgar. In *Laboratory Life: The Construction of Scientific Facts*, Latour and Woolgar work to deconstruct the commonsense distinction that appears to exist between the discourse of everyday life and that of biomedicine. Central to their account is the claim that there exists not a dichotomy but “a continuum between controversies in daily life and those occurring in the laboratory” (281). That is to say, no real boundary stands between those sets of knowledges we refer to as ‘lived experience’ and ‘scientific fact.’ Rather, these two sets are so deeply interdependent that they actually constitute one continuous set. In support of this claim, Latour and Woolgar point out that the “value and status of any text [...] depend on more than its supposedly ‘inherent’ qualities [...] the degree of accuracy (or fiction) of an account depends on what is subsequently made of the story, not on the story itself” (284). By way of example, they point to the continual and repeated process of citing, re-citing, confirming/rejecting which is necessary to produce scientific knowledge; the “slow, practical craftwork by which inscriptions are superimposed and accounts are backed up or dismissed” (236). The crucial point to be gleaned here is that the construction of scientific knowledge is a heavily involved and deeply social process.

We see these classic posthumanist ideas manifesting themselves within discourses on AIDS in a number of important ways. For instance, following Latour and Woolgar, Paula Treichler demonstrates how, towards the beginning of the epidemic, a small but influential network of scientists (including the virologist Robert Gallo) “quickly established a dense citation network, thus gaining early [...] control over nomenclature, publication, invitation to conferences, and history” (*How to Have Theory in an Epidemic* 160). Treichler argues that it was these small but influential citation networks engaging in the slow and practical craftwork of continuous and repeated citation that ultimately established HIV/AIDS as a scientific fact and determined how it is understood and represented within culture. In short, these networks determined what AIDS *is* in both a scientific and cultural sense. Treichler’s

work thereby explicated for the first time the potentially enormous bearing that posthumanist treatises on the social constructedness of science could have on AIDS discourse. For her, the project of using the critical apparatus of posthumanism to contribute to our understanding of representations of AIDS and the diseased body goes hand in hand with that of exposing the social constructedness of science. Citing Brian Turner, she argues that “if Koch’s postulates must be fulfilled to identify a given microbe with a given disease, perhaps it would be helpful, in rewriting the AIDS text, to take ‘Turner’s postulates’ into account: (1) disease is a language; (2) the body is a representation; and (3) medicine is a political practice” (“An Epidemic of Signification” 64). Here, Treichler draws an important connection between scholarship on the social constructedness of science in the context of AIDS and scholarship working to challenge cultural representations of the AIDS body. What has been established thus far, then, is that there is no real distinction between biomedical and everyday language, that the production of ‘objective’ scientific knowledge is a deeply social process and that it is therefore power structures that have primarily shaped the dominant and univocal narratives of medical science.

Essex Hemphill and the Literary Representation of AIDS

Returning to the task at hand, how can these ideas contribute to a more productive and insightful reading of Hemphill’s poetry on AIDS and our general understanding of representations of AIDS? To pick up on one of the three issues with representing AIDS laid out in the introduction, let us begin with the question of the (over)use of metaphor. We find an abundance of metaphor throughout Hemphill’s work. His 1986 poem “Heavy Corners”—an elegy for his friend and lover Joseph Beam—is one well known example of his writing about AIDS where military metaphors play a central role.

Don’t let it be loneliness
that kills us
If we must die
on the front line
let us die men
loved by both sexes.

(“Heavy Corners,” stanza 1)

Military metaphors also creep in amongst the overriding tenderness of the love poem “Vital Signs.”

Now I ponder defences:

[...]

I am nearly defenceless

(“Vital Signs,” canto XXXVI)

Later in this poem the speaker finds himself “*armed* with prescriptions for six different medications” (canto XXXVIII, emphasis added). The posthumanist critique of boundaries may at first appear to reflect negatively on Hemphill’s use of military metaphors to represent AIDS. For instance, Waldby laments using military metaphors to pit AIDS against the body because this implicitly assumes “a rigid, unnegotiable boundary between the body’s inside and outside” (59). Similarly, Allison Fraiberg argues that the “anthropomorphizing” and “militarizing” rhetoric of AIDS discourses represses the blurriness that in fact exists between self and other. Joanne Rendell expresses an almost identical concern in observing how such a model “recirculates and invigorates the common biomedical notion that bodies or selves [are] distinct from other bodies, selves, or entities” (208). Yet a closer look at the above excerpts reveals that Hemphill’s deployment of military metaphors does not in fact lead to the pernicious implications that these critics are wary of. On the contrary, it serves mainly to complicate the interactions between body and disease. Consider how the speaker in “Vital Signs” entirely undermines the act of arming oneself in preparation for war. The idea of ‘arming’ oneself typically evokes donning armour or picking up a weapon but all that the speaker has access to here are some flimsy prescriptions for a largely ineffective medicine. This is not armour. Similarly, in the passage from “Heavy Corners” quoted above, the speaker counters the notion of ‘the front line’ just as he invokes it. The line “If we must die” suggests that there never truly is a front line because the war being fought has already been lost. All that remains is a choice of how to lose and the choice in question is between loneliness and companionship; loneliness and solidarity; loneliness and love. Hemphill is embracing the inevitability of his death and thereby accepting the reality facing many black gay men living with AIDS in the 1980s. But he is also carving out a space *within* this

acknowledged suffering where he can stage an act of defiance; an act which here takes the form of a call for collectivity and community. Hemphill's military metaphors also beckon us to consider precisely who his war is against. For it is not simply against AIDS. The analogy of war also immediately brings to mind these black gay men's resistance to the racist and homophobic institutions failing to offer them adequate medical care. These men's loneliness is as much a result of being ostracised as being left behind by dead friends and lovers, and their defenses are raised as much against institutional racism and homophobia as against the disease itself. It is one thing for a representation to unwittingly multiply and perpetuate the damaging connotations of military metaphors and quite another for it to incorporate militaristic language — connotations and all — and turn it inside out as Hemphill's does. This is also precisely what we see happening in Hemphill's treatment of the construction of AIDS as a black gay person's disease.

According to Waldby, one immediate response to the AIDS epidemic in the 1980s was for discourse to begin implicitly distinguishing between 'normal' bodies and black gay male bodies. This distinction offered a way of recognising that some bodies were susceptible to (and, as a result, could be drastically shaped by) AIDS all the while maintaining that this susceptibility was an exception to the norm. The construction of these exceptional bodies as sites of "fluid permeability" (40) contrasted with the "normative ideal of health which circulates implicitly in AIDS discourse [...] a seamless, individuated body, a body inimical to infectious flow and processes" (Waldby 49). The construction of certain bodies as "leaky," Rendell notes, ultimately "reifies the notion and possibility of a healthy, 'self-same' and 'sealed' body" (209). Thus, the biomedical discourse concerned with the boundaries of the body and the subsequent discourse on the distinction between different types of bodies based on their alleged permeability emerges as absolutely fundamental to the construction of AIDS as a 'gay disease.' As Crimp reminds us, "it was science, after all, that conceptualized AIDS as a gay disease — and wasted precious time scrutinizing our sex lives, theorizing about killer sperm, and giving megadoses of poppers to mice at the CDC" ("AIDS: Cultural Analysis" 6). This point is especially pertinent given that such myths do not readily disappear. In Crimp's words, "no insistence on the facts will render that discursive construction obsolete" ("How to Have Promiscuity" 250). Treichler also points out that myths like the "fragile anus" hypothesis and the "multiple partners" hypothesis showed no sign of abating long after official 'scientific' positions conceded that there was no inherent link between AIDS and homosexuality or blackness ("An Epidemic of Signification" 48).

Citing an article in *Cosmopolitan* by Robert E. Gould, Crimp notes that as late as 1988 mainstream journalism trotted out the fragile anus hypothesis “to explain not only the differences between rates of infection in gays and straights, but also between blacks and whites [...] (blacks are said to resort to anal sex as a primitive form of birth control)” (“How to Have Promiscuity” 254). In “Vital Signs,” the speaker expresses a knowing awareness of the racism and homophobia inherent in the construction of AIDS. AIDS develops as a result of HIV infecting ‘helper’ T cells and subsequently disabling their ability to function effectively as part of the immune system’s defense mechanisms. If AIDS effectively equates to the loss of T cells, then Hemphill can be seen in the following passage to be constructing a metaphor which equates AIDS with its social causes.

Some of the T cells I am without are not here through my own fault [...] some of the missing T cells were lost to racism, a well-known transmittable disease. Some were lost to poverty [...] homophobia killed quite a few.

(“Vital Signs,” canto XXXVIII)

This idea perfectly captures the essence of posthumanist critiques of biomedical discourse explored in the first part of this article. In this passage, AIDS *is* racism, homophobia and poverty. The metaphor of AIDS as ‘social death’ that meanders throughout “Vital Signs” is particularly devastating because it resembles the social death afflicting black gay men during the height of the AIDS epidemic in the US. Bost notes that many black gay artists and activists during the Reagan era “carried in their bodies the literal pathology of AIDS and a consciousness shaped as much by everyday black life as it was by black (social) death” (354). Hemphill chooses not to dismiss these constructions. Instead, he draws them together and fastens them tightly to the body of his speaker in a way that is simultaneously submissive and defiant. This serves to direct our attention to the very way in which science, politics and society has done exactly the same thing by siting much of discourse surrounding AIDS on the black gay male body. A consequence of Hemphill drawing these stereotypes closer into his orbit rather than pushing them away is that he gains more control over them. Recognising that he cannot assert control over their production (little stands in the way of the hegemony of a dominant culture force), he opts instead to exert his influence over how they are packaged; how they are represented. In doing so, he reclaims the power to undermine them.

Hemphill further undermines the authoritative, univocal narrative that political and scientific discourses would otherwise freely apply to the AIDS body by interrupting the process of clearly designating the body's physical limits. He stages this interruption by alternating back and forth between drastically different descriptions of the body's relation to disease. For instance, the speaker in "Vital Signs" at times describes himself as somehow detached from AIDS, as in the military metaphors that frame him against the virus. But at other times he appears completely at one with the disease.

I am the new Communism.
 The cause for declining profits
 on Wall Street. I am the reason
 God is punishing America.
 I am Sodom and Gomorrah.
 Willie Horton. Crack. AIDS.

("Vital Signs," canto XXIII)

With this repetition of "I am," the speaker leans into the stigmas of the disease that have been attached to him by society, no longer permitting an opposition to occur on his own body on someone else's terms. Embodying the disease in this way takes away its agency and returns the speaker's voice to him. The speaker's fluctuation between describing his body as detached from AIDS and as an embodiment of AIDS disrupts the potential for any clear social or biological narrative to be imposed upon it. Much like Haraway's cyborg, Hemphill's AIDS body transgresses the formerly strict boundaries between human and disease. As we see in the passage below, the speaker's sexuality and his single remaining T cell become both his referents to the outside world and his resistance to it.

This kiss, this cum,
 this single T cell
 I cling to,
 these are my referents,
 this is my religion,
 my resistance,

my desire [...]

("Vital Signs," canto XXIX)

This reclamation of agency over the body continues when the speaker describes his journey towards death almost as if it were his decision.

[...] These are
 the offerings I take
 to the feet of death,
 but death is impatient
 with me, it wants my
 Cock, my ass, my soul.

("Vital Signs," canto XXIX)

No longer a grim and moralising spectre, death here becomes a leering and salacious presence, waiting impatiently for when the object it so desires is weak enough to prey upon. But in the meantime the speaker flaunts his sex and his desirability, taking them as "offerings" towards death's feet in a submissive but nonetheless taunting manner — taunting death above all with the fact that, for now, he remains alive. Following Bost, one might suggest that scholars "look toward Hemphill's expressions of desire as expanding our perspective of black queer bodies from their association with risk and abjection to include their passions and longings, and the role of the erotic" (358). Indeed, it is with the emergence of this possibility of theorising a liminal space between the disease and body that one finds the opportunity to understand representations and self-representations of people with AIDS as neither suffering victims or political propagandists but simply humans who, like all humans, resist unambiguous definition.

Towards the end of "Vital Signs" Hemphill seizes again upon the chaos of signification surrounding the AIDS body and testifies to an understanding of it neither as a token of victimhood and lost battles nor to it as a militant whole where disease becomes one with human in defiance of the racism and homophobia of biomedical discourse. Instead, "Vital Signs" testifies to the AIDS body as a body that can love and be loved.

Now show me
the signs for love,
the practices,
the vital signs.
I have spent
all these years
trying to live
ways of being
I've seldom seen.

(“Vital Signs,” canto XXXVII)

In denial of the medical gaze, Hemphill re-appropriates the practice of testing a person's ‘vital signs’ (pulse rate, temperature, respiration rate and blood pressure) using the term to refer instead to the practice of loving. This powerful re-appropriation of the term upends the discourses of biomedicine, prioritising the act of loving over the act of living and further reclaiming agency from a discourse whose power depends jointly on the inevitability of death and the belief that what is more important than anything else is life.

If something must die,
then let our masks die, dahling.

(“Vital Signs,” canto XXIV)

Having accepted the inevitability of death and prioritised loving over living, the speaker's sole remaining concern is to find the type of love that has always been denied him. If he cannot live, he might at least love openly.

More than simply representing the experience of black gay men living with AIDS in the US in the 1980s, Hemphill's poetry attends closely to the various issues involved in

formulating such a representation. The preceding analysis of “Vital Signs” has made use of the critical lens of posthumanism in order to frame its reading against an underlying proposition that the production of scientific knowledge is a deeply social process which is fundamentally shaped by prevailing power structures. Tending to “Vital Signs” through this alternative form of engagement facilitates an alternative reading of the history of AIDS. In working through issues pertaining to the representability of AIDS, this article has ultimately sought to read Hemphill’s “Vital Signs” as a text that re-appropriates language in the face of oppression, stakes out a space for defiance in the midst of suffering, and finds possibilities for subversion within the epidemic of signification. “Vital Signs” works to undo the knot of constructions of AIDS as an identity-implicating illness by foregrounding and celebrating the very thing which politics and biomedicine would use to implicate black gay men within the discourse of AIDS — their love.

Works Cited

- Bost, Darius. "Loneliness: Black Gay Longing in the Work of Essex Hemphill." *Criticism*, vol. 59, no. 3, 2017, pp. 353-374.
- Crimp, Douglas. *Melancholia and Moralism: Essays on AIDS and Queer Politics*. Cambridge, MIT Press, 2004.
- . "How to Have Promiscuity in an Epidemic." *October*, vol. 43, 1987, pp. 237-271.
- . "AIDS: Cultural Analysis/Cultural Activism." *October*, vol 43, 1987, pp. 3-16.
- Fraiberg, Allison. "Of AIDS, Cyborgs, and other Indiscretions: Resurfacing the Body in the Postmodern." *Postmodern Culture* vol. 1, no. 3, 1991.
- Haraway, Donna. *Simians, Cyborgs, and Women: The Reinvention of Nature*. New York, Routledge, 1991.
- Hemphill, Essex. "Vital Signs." *Life Sentences: Writers, Artists and AIDS*, edited by Thomas Avena, San Francisco, Mercury House, 1994. pp. 21-57.
- Latour, Bruno. *Science in Action: How to Follow Scientists and Engineers through Society*. Cambridge, Harvard University Press, 1987.
- Latour, Bruno and Steve Woolgar. *Laboratory Life: The Construction of Scientific Facts*. Cambridge, Cambridge University Press, 1985.
- Rendell, Joanne. "A Very Troublesome Doctor: Biomedical Binaries, Worldmaking, and the Poetry of Rafael Campo." *GLQ: A Journal of Lesbian and Gay Studies*, vol. 9, no. 1, 2003, 205-231.
- Rocchi, Jean-Paul. "Writing as I Lay Dying—AIDS Literature and the Death of Identity." *Études Anglaises*, vol. 61, no. 3, 2008, pp. 350-359.

Sedgwick, Eve Kosofsky. "Queer Performativity: Henry James's *The Art of the Novel*." *GLQ*, vol. 1, no. 1, 1993, pp. 1-16.

Shildrick, Margrit. "Posthumanism and the Monstrous Body." *Body and Society*, vol. 2, no.1, pp. 115.

Treichler, Paula. *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*. Durham, Duke University Press, 1999.

Treichler, Paula. "AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification." *October* vol. 43, 1987, pp. 31-70,

Turner, Brian. *The Body and Society*. New York, Blackwell, 1984.

Waldby, Catherine. *AIDS and the Body Politic: Biomedical and Sexual Difference*. London, Routledge, 1996.

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