

Toward a Critical Pedagogical Syllabus of the HIV/AIDS Epidemic

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Though familiar with Professor John Warren's work for nearly a decade, I only formally met him when he served as the respondent to an earlier version of this essay at the Western States Communication Association (WSCA) conference in February 2011. In his prepared remarks, he encouraged me to reconsider students in relation to time and power, to expand the discussion of how the specific site of the classroom collaborates with other sites of political thinking and doing, and to consider how to converse with other teachers on how we work through "emergency time" and "public time" in our classrooms and elsewhere.¹ After our official duties as presenter and respondent ended, John gracefully altered the texture and temporality of conference space to offer further suggestions for what was then a solo-authored manuscript and to encourage me to consider the Performance and Pedagogy section of *Liminalities* (which he was then editing) as a destination for the manuscript. I have been goaded

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¹ Henry A. Giroux, "Public Time Versus Emergency Time: Politics, Terrorism, and the Culture of Fear," in *The Abandoned Generation: Democracy Beyond the Culture of Fear* (New York: Palgrave Macmillan, 2003), 1-15.

not only by Professor Warren's on-stage and off-stage encouragement but also by the lively presentation of a graduate student, a woman who worked in relation to John, at that same WSCA panel. As I sat beside her, her account of her body and her students' bodies in her practice of critical pedagogy drew into sharp relief the curious absence of my own body from the stories of my classes and the calculated diminution of my body from the presentation's scripting. Additionally, her presentation suggested that to learn through Professor Warren is, in part, to learn through his students and, more broadly, to be acutely reminded of 'our' (instructors') learning through our students. In that vein, I sought to transform the earlier essay into a collaborative project by inviting former undergraduate students to contribute as co-authors. The "I" of this and the several preceding sentences references the first author listed. At times, as now, the individual "I" shifts into a "we" of co-authorship.

We offer "Toward a Critical Pedagogical Syllabus of the HIV/AIDS Epidemic" as an essay crafted in collaboration among an instructor and four former students of university courses that the instructor planned and enacted about HIV/AIDS at three different universities between 1996 and 2011. Each version of the course has aspired to enact critical pedagogies by framing university courses and university classrooms as politicized scenes of discovery and invention that constitute and are constituted by discourses that circulate in the many other contexts of our lives (families, physicians' offices, "bedrooms," etc.); by foregrounding operations of ideology, textuality, representation, materiality, corporeality, and geopoliticity; and by insisting upon historicization and interrogation of the temporalizations, spatializations, racializations, and genderings of the virus and the epidemic.² Amidst these various topics and aspirations, in this collaboration we foreground themes of *corporeality* and *temporality*.

Ferderer 2006:

*This class has positioned me as a co-author of this text called HIV.
Like the NAMES Project memorial quilt,
I am sewing people in and mentally stitching people out.
A patchwork of subjectivities.*

Incorporating Giroux's fertile concept of enfleshment into theorizing performance and performativity in the classroom, John Warren argues that "enfleshment not only imagines the body as a political and viscerally experienced source of cultural knowledge, but also as a method to explore the possibility of social worlds that are

² Key resources in these efforts have been Cindy Patton, *Inventing AIDS* (New York: Routledge, 1990); and Paula A. Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham, NC: Duke University Press, 1999).

imagined but not yet realized.”³ A course about HIV/AIDS promises to activate student and instructor bodies. Our bodies are activated at times through explicit curricular planning that foregrounds the body as a method of exploration or a source of knowledge in the classroom (e.g., discussing what some bodies might “know” better or more than other bodies, or performing tableaux of assigned readings); more often, our bodies are activated, made newly salient or newly strange to us, through our encounters with discourses and texts about HIV/AIDS and through the vicissitudes of everyday life (e.g., encountering unreliable presumptions about what health and sickness look like, or wondering about one’s own possible exposure to HIV).

Alongside *corporeality*, we investigate *temporality*. Mindful of the future-orientation of the *gedenkschrift*, we investigate the *future-present-past* of HIV/AIDS pedagogies. A university course that focuses on HIV/AIDS necessarily grapples with both pedagogical and AIDS temporalities. It simultaneously works in public time and emergency time as it practices careful reading, thinking, and debating and as it propels us or encourages our imaginings about being propelled into AIDS service organizations and other volunteer sites, into activist sites on campus, into the pages of school newspapers, and elsewhere with a sense of urgency. And yet, each passing year threatens a diminished perception of political urgency about HIV/AIDS. With AIDS described as a “chronic, manageable condition” as early as 1989 and with the “end of the AIDS crisis” being announced as early as 1996, we discuss our experiences of HIV/AIDS temporalities and our understanding of our bodies in relation to those temporalities.⁴ Our first extended narrative situates us in the scene of the first semester of our encounters with each other as students and instructor of “Rhetorics of HIV/AIDS.”

Kramer 1996: I went to the High School for Performing and Visual Arts (HSPVA) as a Theater major. At HSPVA, our school cafeteria, also known as the commons, was unique. Unlike other high schools where cafeteria tables were racially segregated, at HSPVA, we segregated ourselves by art. Theater majors with theater majors, visual artists with visual artists, musicians with musicians. It was also a “safe” environment for gay classmates to be out, which especially at the time (and in Texas) was particularly unique. It was here where my exposure to HIV/AIDS first started.

Every year, one of our teachers who we all suspected was HIV+ (but no one ever asked, nor did he share) gathered volunteers together. We would sit in our costume shop and sew a panel for the Names Project, honoring the HSPVA students who we

³ John T. Warren, “The Body Politic: Performance, Pedagogy, and the Power of Enfleshment” [review essay], *Text and Performance Quarterly* 19 (1999): 262.

⁴ Treichler reports the language of “chronic, manageable condition,” 171; Andrew Sullivan diagnoses the end of the AIDS crisis. See Sullivan, “When Plagues End: Notes on the Twilight of an Epidemic,” *The New York Times Magazine*, November 10, 1996, 52, 54-58, 60-62, 76-77, 84.

had known to have died that year from AIDS-related causes. It was the yearly quilt initiative that unified our student body regardless of major because while we reflected on the lives that had been lost that year, we were silently proud to partake in such an important activity. No other high school in the area would have the audacity or knowledge to participate.

I continued to college, fascinated by how people live with this condition that carried such stigma. After all, don't we all carry stigma whether by condition/disease or by background? It was the Rhetoric of AIDS class that exposed me to corporeality and how we use our bodies to express ourselves, to embrace our status, to shift the paradigm that stigma is something that can empower us and strengthen us, to embrace a badge of shame and make it a badge of pride. So much so, that we could tattoo ourselves with a permanent mark of our HIV status.⁵

In our collaboration, we strive to produce a *critical pedagogical syllabus* of the HIV/AIDS epidemic. Here, we mean "syllabus" in the general sense of "a summary outline of a discourse"⁶ rather than in the particular sense of a detailed plan and rationale for a specific course. Our outline of discourses sharpens through our focus on the themes of *corporeality* and *temporality* and thickens through the interweaving of theoretical expositions and personal narratives. Our theoretical expositions illustrate the complex corporealities and temporalities of pedagogy generally and HIV/AIDS pedagogies specifically. Each of our narratives offers a "time/body-scape," an effort to locate bodies in time and to locate temporalities in bodies.⁷ We are decidedly not a random sample; our engagements during the semester of the "Rhetorics of HIV/AIDS" course prompted distinct intimacies. We are, however, variegated: Collectively we are or have been during the time of our mutual engagements gay-, straight-, and queer-identified; a single caretaker of a sibling-dependent; a full-time mother and full-time worker; public- and private-sector workers; a graduate student or aspiring graduate student; and more. These "differences that make a difference" distinctly texture the ways in which, as Fassett and Warren might phrase it, we author ourselves and others in relation to the virus, the syndrome, virus- and syndrome-

⁵ Here, Kramer references her participation in a classroom discussion about the politics and ethics of tattooing as a means of reporting one's HIV infection or AIDS diagnosis or reporting one's solidarity with people with HIV/AIDS. That classroom discussion influenced some of the claims that I made in "The Precarious Visibility Politics of Self-Stigmatization: The Case of HIV/AIDS Tattoos," *Text and Performance Quarterly* 18 (1998): 114-36.

⁶ This definition of "syllabus" comes from the Merriam-Webster Online Dictionary at <http://www.merriam-webster.com/>.

⁷ We are grateful to one of our reviewers for suggesting "time/body-scape" as a way of framing each narrative.

texts, and each other.⁸ Our layered narratives enact, in part, a quilt logic of organization, a logic in which the contiguity of narratives, like the panels in the NAMES Project AIDS Memorial Quilt, promises productive juxtaposition rather than thematic unity.⁹ Across the narratives, the “I” of authorship is passed around among the co-authors as each author narrates a time/body-scape in relation to HIV/AIDS. We strive to convey clearly who is the speaking “I” of the personal narratives through a triple-asterisk marker and specification of the author’s surname and year of enrollment in the class.

Our collaboration harbors multiple aspirations: to challenge the rules of privacy, secrecy, and indifference about our student and instructor bodies in the classroom as they relate to course material, thereby unsettling the types of intimacies that are permissible between students and instructors; to investigate continuities and discontinuities between course and instructor goals and students’ actual uptakes and engagements (which, richly, are rarely dutiful); to permit discontinuities among collaborating voices (that is, beyond a collective commitment to the themes of corporeality and temporality, collaborators are not obligated to speak directly to each other); and generally, to test the hypothesis, through literalization, of the critical pedagogy commonplace that students are co-authors of classroom pedagogies and to sift impiously through the results of that hypothesis. Further, our collaboration anticipates the ‘*what next?*’ for future versions of the class.

Gamboa 2011: It is impossible to untangle my engagement with this class from my experience beyond it, both temporally and corporeally. Rather than attempt to distinguish the learning environments inside and outside the classroom, I find it more productive to consider the class a filter through which I now process HIV/AIDS. This encapsulates my temporal experience (the past I bring to class, the present I live during class, a future which uses the class as a referent) as well as my corporeal experience (a *here*, which I embody and/or am present for; a *there*, which does not happen to my body or near it, but occurs in relation to it).

⁸ The phrase “differences that make a difference” is from G. Thomas Goodnight, “Opening Up ‘the Spaces of Public Dissension,’” *Communication Monographs* 64 (1997): 270. Deanna L. Fassett and John T. Warren offer a vocabulary of pedagogical self- and other-authoring in *Critical Communication Pedagogy* (Thousand Oaks, CA: Sage Publications, 2007), 50.

⁹ Here, we acknowledge Richard Mohr’s account of the AIDS Quilt’s “crazy quilt” production of meaning via juxtaposition. See “Text(ile): Reading the NAMES Project’s AIDS Quilt,” in *Gay Ideas: Outing and Other Controversies* (Boston: Beacon Press, 1992), 108-13. We also affirm the productivity of DeLuca, Harold, and Rufo’s enactment of a quilt logic in their layering of “fragments” of “thought panels” about the AIDS Quilt and the AIDS epidemic. See Kevin Michael DeLuca, Christine Harold, and Kenneth Rufo, “Q.U.I.L.L.T.: A Patchwork of Reflections,” *Rhetoric and Public Affairs* 10 (2007): 627-54.

While the classroom is a site of learning, it is equally important to mark the classroom as a site of desire(s). Each body within the classroom articulates a multitude of desires, which ebb and flow depending on their position within the class. Some bodies prioritize the desire for approval from the instructor, peers, or individuals outside the classroom. Others make clear their desire for knowledge or respect or mobility. Still others gravitate towards physical desire, which cannot be ignored in a classroom dedicated to the rhetorics of HIV/AIDS. And it would be remiss to ignore the desire to control time, embodied by those staring at the clock with feet pointed towards the door. What I find particularly interesting is the way in which the bodies of the classroom arrange themselves based on corporeal and temporal desires, and how those desires potentially surfaced within and outside of the classroom.

Pedagogical Temporalities

Pedagogical temporalities layer upon one another, ticking at different and often dissonant speeds. Every moment of teaching contact with our students is a moment of contemporaneous temporalities of past, present, and future.¹⁰ Each week tells a story (sometimes the story that we think we crafted), and a multi-week narrative unfolds across the pages of a course syllabus. Institutional temporalities of registration deadlines, payment deadlines, and graduation timelines further punctuate and characterize our lives as instructors and students. Spectacularly, historical-political time contextualizes our experiences of education as we grapple with changing notions of what higher education is or could or should be, and how higher education does or should relate to broader geopolitics in the form of, for example, greater accountability or capitalization of intellectual labor through third-party grant-seeking. Proffering an account of the precarious position of what she names as rhetorical performance studies, Jackson describes such scholarship as “a brand of performance that refuses to be measured by the system of inputs and outputs that structure the ‘performance evaluations’ of academic departments with increasing frequency.”¹¹ Dramatizing a source of historical-political dissonance in pedagogical temporalities, Readings characterizes the deleterious force of auditing or accountability systems: “Pedagogy...has a specific chronotope that is radically alien to the notion of accountable time upon which the excellence of capitalist-bureaucratic management and bookkeeping de-

¹⁰ I thank Kimberlee Pérez for drawing my attention to theories of contemporaneous temporalities. Doreen Massey writes of “the coexistence of different temporalities”; see Massey, *For Space* (London: Sage Publications, 2005), 40. Similarly, Judith Halberstam writes of simultaneous and alternative temporalities; see Halberstam, *In a Queer Time and Place: Transgender Bodies, Subcultural Lives* (New York: New York University Press, 2005), especially 185-87.

¹¹ Shannon Jackson, “Rhetoric in Ruins: Performing Literature and Performance Studies,” *Performance Research* 14 (2009): 15.

pend.”¹² Against the encroachment of a bureaucratized and capitalized temporality of auditing, MacRury defends “the ‘natural’ rhythms and temporalities of thinking.”¹³

In this vein, university pedagogy is often imagined to operate in “public time” rather than “emergency time.” Drawing upon this distinction between “emergency time” and “public time” to assess communication practices in the immediate aftermath of 9/11, Henry Giroux diagnoses the Bush Administration’s exploitation of the “fever of emergency,” which worked in part to hail United Statesians into compulsory, zealously patriotic “community,” as a startling threat against the more deliberate temporality of dialogue and reasoned debate.¹⁴ Giroux includes educators among the coalition of political laborers who must, working in “public time,” render civic education “the basis of justice because it provides individuals with the skills, knowledge, and passions to talk back to power.”¹⁵ Increasingly, scholarship on pedagogy temporalizes 9/11 as both a moment and a set of events that have dramatically altered the contexts in which we think, act, and teach.¹⁶

Mistretta 2000: I am a journalist for the third-largest newspaper in Illinois. My physical work, my writing, and many of my interpersonal relationships are primarily based in DuPage County, one of the wealthiest in the United States. According to the 2010 U.S. Census, it is populated with nearly 1 million people, almost 80 percent of whom are White. It is also a notoriously Republican and conservative county, home to the city of Wheaton which is known to have more Christian (primarily Evangelical Protestant) churches per square mile than any other municipality in the country.

In my time at this newspaper, I can recall writing only two stories since 2000 on HIV/AIDS: the first, in 2002, about a fundraiser for Canticle Ministries, a non-profit that offers HIV/AIDS education to students; the second for one of our niche publications aimed at twenty-something readers. The latter article focused on how to tell your partner if you are positive with any sort of sexually transmitted infection (STI) and how to approach being tested either alone as an individual or with a relationship partner.

It should be noted my peers considered the latter somewhat risqué for our audience, even those of college age. Yet readers greeted it with a big yawn. This is not, I

¹² Bill Readings, *The University in Ruins* (Cambridge, MA: Harvard University Press, 1996), 151.

¹³ Iain MacRury, “Institutional Creativity and Pathologies of Potential Space: The Modern University,” *Psychodynamic Practice* 13 (2007): 125.

¹⁴ Giroux, 2.

¹⁵ *Ibid*, 9.

¹⁶ See, e.g., Roger I. Simon, “Altering the ‘Inner Life of the Culture’: Monstrous Memory and the Persistence of 9/11,” *Review of Education, Pedagogy, and Cultural Studies* 30 (2008): 352-74; and Susan Hafén, “Patriots in the Classroom: Performing Positionalities Post 9/11,” *Communication and Critical/Cultural Studies* 6 (2009): 61-83.

suspect, because these young adults are all acutely aware of their HIV status or how to have open dialogue about their bodies with their partners. Instead, it is simply because they (should I say *we*?) feel immune.

The pervasive attitude suggests HIV/AIDS does not pose significant risk to the wealthy, the White, the un-queer. From where I sit, I see that a significant number of people who wield money and power simply do not think of HIV/AIDS as an issue that touches their lives.

AIDS Temporalities

Like 9/11, AIDS is imagined to have radically altered many people's experiences of political and cultural time and space. In part because AIDS' "eventness" is not easily and reductively localized (to 9/11's three sites in the eastern U.S. on a single day, for example), its temporalities are complex. AIDS temporalities are further complicated by changes in knowledge about and treatment of HIV/AIDS: For example, the infamous torment of the two-to-four weeks that one had to wait between an HIV antibody test and the test results has been reduced to about twenty minutes; in the other direction, the average length of life after an AIDS diagnosis has been, for those with access to anti-retroviral drugs and/or prophylaxes, lengthened exponentially since the beginning of the epidemic. Queer theory, particularly investigations of queer temporalities, has necessarily grappled with the complex rhythms of AIDS. Characterizing AIDS as a break in time, Judith Halberstam notes "queer time perhaps emerges most spectacularly, at the end of the twentieth century, from within those gay communities whose horizons of possibility have been severely diminished by the AIDS epidemic."¹⁷ And yet, as Halberstam acknowledges via Cathy Cohen, the experience of AIDS as a singular break in time, as an "intensified [present]" and a sudden eclipse of the future, may not at all be the experience of individuals and collectives whose lives are already lived in abject conditions.¹⁸

A university course that focuses on HIV/AIDS necessarily works in public time and emergency time. And yet with each passing year, the emergency, the urgency, feels less "natural," more conjured or fabricated. The year 1996, in particular, during which reports of the dramatic efficacy of the new class of retroviral protease inhibitor drugs proliferated, marks a significant shift in discourses about the urgency of AIDS. By 1996, conservative gay political commentator Andrew Sullivan was announcing the end of the AIDS crisis and found his argument supported over the next several years by Eric Rofes, Dan Savage, and other gay writers.¹⁹ Functioning as

¹⁷ Halberstam, 2.

¹⁸ *Ibid.*, 3.

¹⁹ Sullivan, 1996. See also Eric E. Rofes, *Dry Bones Breathe: Gay Men Creating Post-AIDS Identities and Cultures* (New York: Haworth, 1998); and Dan Savage, *Savage Love, Chicago Reader*,

a more recent and more crude barometer of the diminished exigence of HIV/AIDS, an April 2008 episode of the cheerfully vulgar animated television show *South Park* featured two young male lead characters, both temporarily HIV positive (a miracle of cartoonish license), encountering myriad people who fail to muster sympathy or concern for the seropositive boys. Told that cancer is the new “it” affliction, the boys are dismayed to discover that AIDS has lost its tragic luster.²⁰ Tracing the diagnosis of outdatedness through to a more recent moment and locating it within everyday vernacular discourse, a friend reports in August 2010 that he audienced a young gay man at the bar space they shared castigating with withering, campy disdain some thing as “so *GRIDs*,” that thing apparently so antiquated that it merited the informal but widely circulating name that *preceded* AIDS.

Ferderer 2006: Absent, pre-occupied, lost in thought, inattentive. For the past five years, HIV/AIDS has remained removed from my mind. While my gay body still positions me as one of the primary authors of its texts, I have bleached the pages, my sense of urgency has been deleted from the manuscript. Complacency erases risk from my flesh. Alterations in my perceptions of presumed risk are, in part, woven to changes in larger cultural narratives of HIV/AIDS. I listen to a 2012 news report in which a young man declares that sleeping with someone with HIV is like sleeping with someone with a common cold. AIDS is, after all, “a chronic, manageable condition.”²¹ Despite 50,000 new infections in the U.S. yearly,²² we have made new symbolic sense of HIV. Symbolic sense not void of consequence. What seems clear is that we forget. What is clear is that *I* have forgotten. Fifty thousand. The number reverberates through my flesh, my palms 50,000 droplets of sweat. With each breath, complacency gives way to regret. As I consider the future, my body settles into the memory of the cold, stark room of the Planned Parenthood of my last HIV antibody test. Does my complacency mean seronegativity? Does my detachment from HIV/AIDS prevent me from being woven into the fabrics of its narrative? Will it take infection for recollection? Looking toward the future, I am suddenly present.

Present, here, accounted for. The story of HIV written upon my flesh has changed. As our ability to care for the persons whose lives it writes becomes manageable, as we render absent the stories stitched across that quilt with a cocktail of drugs, a reassuring shrug to a disease of the

September 25, 1997, <http://www.chicagoreader.com/chicago/savage-love/Content?oid=894476>.

²⁰ I thank Aaron Hess for bringing this episode to my attention.

²¹ Treichler, 171.

²² Luran Neergaard, “AIDS-Free Generation? Researchers Show New Optimism About Dreaded Disease,” *Huffington Post*, July 7, 2012, http://www.huffingtonpost.com/2012/07/07/aids-researchers-show-optimism_n_1656616.html (accessed July 15, 2012).

past, a confident “this won’t affect me,” I am shockingly present, accounted for, complacency gives way to urgency.

Blood Politics

Step 1. Save Your Home Access Code Number....

Step 4. Stimulate Blood Flow to Fingers....

Step 7. Add Blood Drops to Circle on Blood Specimen Collection Card....

Read me. #126-774-835-29 is a drop of my blood and a piece of my flesh that was stuffed in a box, stuck with a stamp, and sent out to sea—a letter of distress in a sanitized container. Read me. #126-774-835-29 is my attempt to put flesh on words. Read me.²³

Beginning in 2002, the U.S. Food and Drug Administration approved several rapid HIV tests which detect antibodies in blood from a finger-prick or a salival swab. When conducted in-person at a health clinic, activist or advocacy center, or other point-of-care site, test results can be disclosed as quickly as ten minutes.²⁴ Purchased over-the-counter in a drugstore, a rapid at-home HIV test can produce results within a week after a person mails in a blood or saliva sample and waits for the automated call from the testing laboratory.²⁵ Rapid HIV testing has startlingly retemporalized one dimension of HIV.

Brouwer 1996-2011: In the early- to mid-1990s, the socio-political climate dictated my choices about blood testing. Insurance companies could drop people with HIV from coverage, and social stigma of HIV-infection or AIDS-diagnosis threatened persecution if the results were positive. The very fact of seeking or taking a test was to broadcast risk. A confidential result accrued through one’s primary health provider was not one’s alone; it was a physician’s (and clinic’s) as well. To test through your health provider was to guarantee that this will go down on your permanent record. Choosing anonymous testing at public health clinics ostensibly permitted a modicum of agency about who would know and under what conditions. There are various reasons for us to be in the basement of this free public health clinic in this Evanston, IL, city building. We are here because we can afford free. To afford a *confidential* test

²³ Ragan Fox, “Skinny Bones #126-774-835-29: Thin Gay Bodies Signifying a Modern Plague,” *Text and Performance Quarterly* 27(2007): 9-11.

²⁴ Jeffrey L. Greenwald, Gale R. Burstein, Jonathan Pincus, & Bernard Branson, “A Rapid Review of Rapid HIV Antibody Tests,” *Current Infectious Disease Reports* 8 (2006): 125-31.

²⁵ Ibid.

would permit *privacy* in the doctor's office; to afford an *anonymous* test obligates *visibility* in this public health clinic, our temporary co-presence constituting a momentary "stranger-relationality"²⁶ among classed, raced, sexed, and sexually oriented characters in a public of risk.

*Teachers are texts.*²⁷

Gamboa 2011: While sitting in another class, I overheard several of my classmates from our instructor's class complaining that despite the fact that we were already in the middle of the semester, they were still unsure of his HIV status. They shared the fear they experienced each time they received a paper, agreeing that there was an ethical obligation for him to reveal his status. What if he cut himself in class? What if there was an emergency? We as students had a right to know the risk we were placing ourselves in by showing up for class. The implicit concern, which linked their anxiety, was clear: only someone with HIV/AIDS would be interested in participating in a class that discusses HIV/AIDS. My blood boiled.

While much of their criticism was centered on our instructor, I wondered if there was a silent, yet similar fear of the other bodies in the class. Their proximity to each other suggests that they were aware of each other's HIV status, or had declared themselves not as invested in the subject, effectively marking them as HIV negative. In this light, the positions of bodies within the classroom take on a whole new meaning, as the possibility of infection dominates the subtext of each class discussion. Suspicion of presence is equated with a fear of contamination, informing how the people within the classroom associate with one another.

Ferderer 2006:

Present. I sit silently in the corner of the room. It is week three of a class on HIV.

My understanding of HIV/AIDS has always been personal, whether I wanted it to be or not. Being present in a course on HIV/AIDS meant implicating my body in historical narratives of the virus. Woven into the epidemic are the bodies that signify risk. My position as a gay man sewed me into a familiar narrative of presumed HIV seropositivity, my flesh an indicator of a perceived risk of infection. The term "risk group" functions as a means "to isolate identifiable characteristics that are predictive

²⁶ Michael Warner, *Publics and Counterpublics* (New York: Zone Books, 2002), 75.

²⁷ The epigraph to this section is drawn verbatim from Fassett and Warren, 56. Citing Susan Bordo, Fassett and Warren continue: "Students and colleagues read...[teachers'] bodies for weakness and cruelty, for race, gender, and sexuality, and for any sign of deviance," 56.

of where a disease or condition is likely to appear.”²⁸ HIV/AIDS being both literally and discursively penned onto/into the flesh of gay male bodies, intravenous drug users, hemophiliacs and Haitians authored identities for HIV/AIDS risk, leading to the assumption “that the major risk factor in acquiring AIDS is being a particular kind of person rather than doing particular things.”²⁹ Openly identifying as a gay man within the context of the classroom presented my body as a living, breathing subject of risk.³⁰ My serostatus patched over by the perceived truth already woven into the fabric of discourses of HIV/AIDS. My own perceptions already stitched into an “epidemic of signification.”³¹ My classmate’s eyes needled into my flesh. Despite no presumptions of my seropositivity declared, *I could not unravel my own presumed positivity from the collective quilt. Present, here, accounted for.*

Absent. Lost in thought, not attentive. As we discuss communities affected by HIV, I am lost in thought that I am infected.

*The gay male answer,
Stacked high in body bags,
The gay cancer*

The instigators of a modern plague

My own presumptions of positivity have left testing neglected. The ambiguity of my own positivity or negativity, like the bodies of those affected....

Have been rendered absent

Blood Politics, Part II

Antibody testing has figured enduringly as a primary feature of U.S. public health policy. In his important studies of the politics of blood testing as a public health policy response to HIV/AIDS, J. Blake Scott argues that a “knowledge enthymeme” undergirds much of the advocacy and defense of testing.³² The knowledge enthy-

28 Jan Zita Grover, “AIDS: Keywords,” in *AIDS: Cultural Analysis, Cultural Activism*, ed. Douglas Crimp (Cambridge, MA: The MIT Press, 1987), 27.

29 Treichler, 20.

30 Here Ferderer invokes a meaning of “performative” that is related to but distinct from the versions of “performance” or “performativity” that appear in the scholarship by Warren, Cooks, and Bennett referenced elsewhere in this essay. The notion that the speech act of coming out as gay simultaneously performs a sort of sex act (a sex act that, in this case, situates the speaker as especially at risk) is elaborated by Judith Butler in “Contagious Word: Paranoia and ‘Homosexuality’ in the Military,” in *Excitable Speech: A Politics of the Performative* (New York: Routledge, 1997), 103-126.

31 This famous phrase is from Treichler, 11.

32 J. Blake Scott, *Risky Rhetoric: AIDS and the Cultural Practices of HIV Testing* (Carbondale: Southern Illinois University Press, 2003); J. Blake Scott, “The Rhetoric of Science Versus

meme assumes that, provided with scientific verification of their HIV status, individuals will alter their behaviors in ways that rationally conform to their and others' interests.³³ Confounding this presumption are myriad dynamics including people's disparate social locations in material structures and co-cultural ideologies that diminish the perceived efficacy of testing or behavior change.³⁴ On a municipal level, New York City mayor Michael Bloomberg's World AIDS Day 2010 announcement of "Brooklyn Knows," a community-based project to encourage at least 500,000 residents of Brooklyn to get tested over a four-year period, reflects this orientation to testing and the knowledge enthymeme.³⁵ At the federal level, Scott analyzes a George W. Bush Administration-era HIV/AIDS initiative sponsored by the Centers for Disease Control and Prevention in 2003 that maintains the centrality of testing as a public health response but notably delinks testing from both vigorous pre- and post-test counseling and treatment services if the person tests positive.³⁶

Planning the first version of the course in 1996, I was especially eager to craft, alongside the intellectual exchanges of academic inquiry about abstract discourses and references to *other people's* bodies (Ryan White's, Kimberly Bergalis's, Pedro Zamora's, Freddie Mercury's, Magic Johnson's, Mary Fisher's, Hydeia Broadbent's, etc.), ways to make our own bodies, teacher and student bodies, salient. I kept pausing on the potentialities engendered from requiring students to take an antibody test as part of their official curriculum. As a wholly imaginative exercise, the idea of requiring an antibody test vexed the principle of enfleshment and its investments in the body as both a site of particular knowledges and a method of exploring social imaginaries. Over a decade later, I transformed this private but enduringly intriguing musing from 1996, borne from a pedagogically legitimate but legally impossible and ethically troublesome commitment to activating student and instructor bodies, into a public and collective discussion. I placed the following question on a first-day survey to students in the 2011 class: "If the syllabus for this class were to list—as a requirement for course credit—that all students must undergo an HIV antibody test, what would you think?" On a topic about which many students initially knew little and in relation to an instructor with whom most students were unfamiliar, students produced a wide range of responses. Some keenly anticipated my motivations, noting the "realness" or the "harsh reality" that such an experience might produce, its "demystification of the process," and its cultivation of a connection between course content

Politics in U.S. HIV Testing and Prevention Policy," in *Communication Perspectives on HIV/AIDS for the 21st Century*, ed. Timothy M. Edgar, Seth M. Noar, and Vicki S. Freimuth (New York: Lawrence Erlbaum Associates, 2008), 297-327, <http://lib.mylibrary.com.ezproxy1.lib.asu.edu/Open.aspx?id=206457&src=2>.

33 Scott 2008, 301-04.

34 Ibid, 302, 304.

35 New York City Department of Health and Mental Hygiene, "Brooklyn Knows," http://www.nyc.gov/html/doh/html/ah/brooklyn_test.shtml.

36 Scott, 299-300.

and their bodies.³⁷ Several complicated the locus of agency in such a syllabus policy; while some endorsed antibody testing as a social obligation, even a civic duty, others worried that a required test would be a violation of what this class is about. A concern about the boundaries of intimacy arose—with what sort of knowledge about a student’s body should an instructor be familiar—as well as a relocation of the primary locus of agency for testing within each student—students themselves, not the instructor, should be the ones who decide whether or not to get tested. In a bracing combination of demystification and civic duty, one student anticipated “by the end of this course, any student in the class should be more than willing if not morally convicted to take” an antibody test.

These students’ multiplication of reasons for testing from the personal to the interpersonal (e.g., to know for me *and* my partner[s]) and to the civic (e.g., civic duty or moral obligation) adds another significant dimension to our understanding of blood politics. In his work on the politics of blood donation, more specifically the ban on blood donations from men who have had sex with another man since 1979, Bennett explores historical and contemporary discourses about the sacredness of blood and demonstrates how blood donation has been significantly articulated to elements and practices of citizenship.³⁸ Framing blood donation as a “performative act of civic engagement”—a ritualistic, repeated, constituting, sustaining, and normalizing act—at the spaces of blood donation sites,³⁹ Bennett emboldens us to read and experience workplace blood drives (at our universities and colleges, for example) that hail us to “save a life” or “be a hero” as mechanisms for organizing bodies, alienating or abjecting some (not just men who have sex with men [MSMs] but also people who have HIV, women who have had sex with an intravenous drug user, and others), and exposing how people are disparately located in relation to the potentialities of being a good worker and being a good citizen.

As an ostensible technology of knowledge- and reality-production, antibody testing plays a central role in creating a “safe” blood supply. Pre-screening potential donors through a set of (dis)qualifying questions and testing all actual donations function as part of the standard procedure of promoting the safety of the U.S. blood supply. Marilyn Ness’s 2010 documentary, *Bad Blood: A Cautionary Tale*, vividly dramatizes the horrific consequences of the U.S.’s failure to monitor the blood supply in the early- to mid-1980s.⁴⁰ *Bad Blood* tells the story of the FDA’s use of blood from prisons, foreign countries, and for-profit blood banks and how its inaction and negli-

³⁷ These and the subsequent characterizations are directly quoted from the first-day surveys in the 2011 class.

³⁸ Jeffrey A. Bennett, “Passing, Protesting, and the Arts of Resistance: Infiltrating the Ritual Space of Blood Donation,” *Quarterly Journal of Speech* 94 (2008): 23-43; Jeffrey A. Bennett, *Banning Queer Blood: Rhetorics of Citizenship, Contagion, and Resistance* (Tuscaloosa, AL: University of Alabama Press, 2009).

³⁹ Bennett 2008, 23.

⁴⁰ Marilyn Ness (producer, director, and co-writer) and Sheila Curran Bernard (co-writer), *Bad Blood: A Cautionary Tale*, DVD (New York, NY: Necessary Films, 2010).

gent decisions permitted the blood supply to include HIV. The activist organization Committee of Ten Thousand (COTT) names the approximate number of people who were infected with HIV from the blood supply, and COTT's description of the government's culpability in "genocide" and "hemophilia holocaust" sharpens the charge.⁴¹ A colleague who knows the director and whose cousin is featured in the documentary brought Ness and the documentary to Arizona State University for World AIDS Day in December 2010. During the subsequent question-and-answer session, Ness shared that previous viewers of the documentary praised the film for helping hemophiliacs and their families to learn their medical and political histories; a local leader in the bleeding community encouraged a student who asked, in so many words, why young college students should care about the history of this issue, to appreciate the documentary for teaching us about health care advocacy and the information-richness required of "knowledge communities" whose members advocate on their own behalf.⁴²

Appreciating its status as a recent and compelling chronicle of an under-told story of the AIDS epidemic, I programmed *Bad Blood* for a three-day unit on blood politics in the 2011 class. I hope that students both learn this story and practice their skills of critical analysis of representations. In its aftermath, many students—

The ones who can stand to watch

There are so many needles, so many bags of blood products

At one point, literally vats and vats of blood

I have forgotten (*how* have I forgotten?)

I am needlessly hand-writing notes on notes that are already processed and printed

I listen but cannot watch

I am in charge of today's curriculum, and I am in trouble of fainting from the materials that I have scheduled

Partway through, I lurch unsteadily in the darkness to pause the film, for my sake more than anything

As I retake my seat, one student tells me that she's nauseous and must leave

Another student threatens to have to leave as well (our shared anxiety becomes a recurring joke through the rest of the semester)⁴³

41 For a discussion of radical AIDS activists' use of the genocide framing, see Deborah B. Gould, *Moving Politics: Emotion and ACT UP's Fight Against AIDS* (Chicago: University of Chicago Press, 2009), 165-72, 432-33.

42 Alex Preda develops the concept of "knowledge communities" in relation to HIV/AIDS. See Preda, *AIDS, Rhetoric, and Medical Knowledge* (New York: Cambridge University Press, 2004), 245-48.

43 I stage this interruption in the spirit of Amy Kilgard's endorsement of "trouble," including disruption, as "an interesting pedagogical conundrum." See Amy K. Kilgard, "Chaos as Praxis: Or, Troubling Performance Pedagogy: Or, You Are Now," *Text and Performance Quarterly* 31 (2011): 226.

—respond affirmatively to the film and its exposé of the government’s terrible treatment of the bleeding community. Indeed, four students choose viewing *Bad Blood* as their most significant class-related experience of the semester in a reflection paper assignment at the end of the semester, and one student chooses the film as the primary text for his final essay. *Bad Blood* does not restage what Ness calls the “hemo/homo wars” of the 1980s, a conflict borne of mutual recrimination—some members of the bleeding community concerned that gay men with HIV were carelessly contributing to a tainted national blood supply, and some members of the gay community concerned that the bleeding community was benefiting symbolically and materially from the “innocent victim”/“guilty victim” discourses that differently evaluated people with HIV on the basis of mode of infection.⁴⁴ For this elision, I am grateful.

But some of the ways in which the documentary does its work raise complex questions about the politics of representation. Another of the film’s elisions is its quietude about AIDS as a raced and classed epidemic, about structural conditions that might help us to understand why we see on the screen so many Brown and Black bodies in the for-profit blood donation sites that helped to produce an infected national blood supply. Potentially, these bodies appear as agents of infection into the uniformly White bodies of the bleeding community members whose stories are featured throughout the film. Without a specifically racialized optic of “the political economy of blood” to frame economic structurings of conditions of agency, these bodies (like the bodies of MSMs), risk overly easy indictment, the desperate but heedless acts of people of color putting White families at risk.⁴⁵ More, the film utiliz-

⁴⁴ The dynamics of the “hemo/homo war” are, to be sure, much more complicated than this truncation. For more thorough discussions of this conflict, see Ronald Bayer and Eric Feldman, “Introduction: Understanding the Blood Feuds,” in *Blood Feuds: AIDS, Blood, and the Politics of Medical Disaster*, ed. Eric A. Feldman and Ronald Bayer (New York: Oxford University Press, 1999), 1-16; and especially David Kirp, “The Politics of Blood: Hemophilia Activism in the AIDS Crisis,” in *Blood Feuds: AIDS, Blood, and the Politics of Medical Disaster*, ed. Eric A. Feldman and Ronald Bayer (New York: Oxford University Press, 1999), 293-321. Recognition of conflict between some hemophiliacs and queers should not permit us to overlook the significant ways in which discourses about HIV perversely united the two constituencies and the ways in which bleeding community and queer activists have worked in coalition. As more recent evidence of the latter, see the “Joint Statement on Addressing the MSM Blood Ban by Groups Representing People Living with Hemophilia, Gay Men and People Living with HIV/AIDS” co-signed by, among other organizations, the Committee of Ten Thousand and the Gay Men’s Health Crisis (GMHC). In a separate press release, GMHC affirms its commitment to work with COTT and others to promote a safe national blood supply and to discuss the merits of current donation dynamics; that same document also notes that GMHC is active in promoting Ness’s documentary, *Bad Blood: A Cautionary Tale*. See GMHC, “Revising Blood Donation Guidelines for Gay and Bisexual Men: Updated January 2011.”

⁴⁵ I borrow the phrase “the political economy of blood” from Bayer and Feldman, 3. For accounts of AIDS as a raced and classed epidemic in the U.S., see especially Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chi-

es the trope of the *family* throughout; indeed, each story is introduced literally in the name of a specific “family” (the Massie family, the Murphy family, the Kuhn family, etc.). As a trope, the *family* potentially functions to make the unfamiliar (here, bleeding disorders and HIV/AIDS) familiar, thereby inviting identifications among audiences and the people whose stories are featured. Some forms of this work are necessary. As a particular, naturalized, and hegemonic affiliative network, however, the family has frequently been used in mainstream media representations of HIV/AIDS to craft a redemptive space of refuge that either ignores or indicts networks of queer relationality.⁴⁶ It is not this film’s obligation to stage these discussions for it has other work to do, but it is our work as critics in this class, in these classes, to discern the choices and the consequences of doing such labor in these particular manners.

With the Scott reading and the Ness viewing freshly in our repertoire, we encounter the Bennett reading on blood donation as a form of “civic performance.” Working within the polysemy of “performance,” we literally stage Bennett’s essay in class via the following instructions: “Bennett writes of blood donation as a ‘performative act of civic engagement’ and describes blood donation sites as ritual spaces. What does the ritual space of blood donation look like? Create such a space in this classroom. What would it look like to stage these various subjects/agents in relation to each other? A hemophiliac/member of the bleeding community; A blood donor; A

ago Press, 1999); Patricia Hill Collins, “Why We Can’t Wait: Black Sexual Politics and the Challenge of HIV/AIDS,” in *Black Sexual Politics: African Americans, Gender, and the New Racism* (New York: Routledge, 2004), 279-301; Brett C. Stockdill, *Activism Against AIDS: At the Intersections of Sexuality, Race, Gender, and Class* (Boulder, CO: Lynne Rienner Publishers, 2003); and Irene S. Vernon, *Killing us Quietly: Native Americans and HIV/AIDS* (Lincoln: University of Nebraska Press, 2001).

⁴⁶ See, for example, Douglas Crimp, “Portraits of People with AIDS,” in *Cultural Studies*, ed. Lawrence Grossberg, Cary Nelson, and Paula Treichler (New York: Routledge, 1992), 117-33; Jan Zita Grover, “Visible Lesions: Images of the PWA in America,” in *Fluid Exchanges: Artists and Critics in the AIDS Crisis*, ed. James Miller (Toronto: University of Toronto Press, 1992), 35-36; Paula A. Treichler, “AIDS Narratives on Television: Whose Story?,” in *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham, NC: Duke University Press, 1999), 176-204. Focusing specifically on AIDS texts, Chambers argues “the defamiliarizing of family has to be a preoccupation also of the teacher of witnessing texts in this country, where family is so pervasively imagined as a site of protection from disaster.” See Ross Chambers, “Hospitals, Families, Classrooms: Teaching the Untimely,” in *Untimely Interventions: AIDS Writing, Testimonial, and the Rhetoric of Haunting* (Ann Arbor: The University of Michigan Press, 2004), 326. On the trope of the family in various heteronormative projects, see Lee Edelman, “The Future is Kid Stuff: Queer Theory, Disidentification, and the Death Drive,” *Narrative* 6 (1998): 18-30. For discussions of queer relationality and queer networks of affiliation, see Lauren Berlant and Michael Warner, “Sex in Public,” *Critical Inquiry* 24 (1998): 547-66; Gayatri Gopinath, *Impossible Desires: Queer Diasporas and South Asian Public Cultures* (Durham, NC: Duke University Press, 2005); and Kath Weston, *Families We Choose: Lesbians, Gays, Kinship* (New York: Columbia University Press, 1991). I thank Kimberlee Pérez for collaboratively fostering my thinking about queer relationalities.

blood policy protestor; A blood policy passer; A Red Cross spokesperson.” Groups discuss and then create distinct tableaux; classmates walk around and observe. We discuss the choices each group makes—how to convey inclusion and exclusion, how to portray blood donation as a commodified or communalized experience—as a way of engaging and disclosing key features of this essay and the broader dynamics of blood politics. Bennett writes about protest tactics that students, staff, and faculty employ to protest discriminatory blood donation exclusions during blood drives on their campuses.⁴⁷ I encourage students to imagine such a protest in our own campus’s future.

Kramer 1996: In 1998, I joined the Peace Corps in Kenya as a Deaf Educator and encountered new forms of visibility. No longer did my Israeli name cause question; rather, it was my very white or “mzungu” body that was incredibly unusual. Most importantly, I was a hearing Deaf educator who regularly waved her arms in all directions coupled with marked facial expressions. Stigma toward the Deaf was so prevalent among hearing speakers that Deaf was almost always followed with the word “dumb.” As HIV was spreading like wildfire throughout the country and region it became clear to my Peace Corps volunteer class that our Deaf students were missing out on any Kenyan social marketing aimed toward reducing the spread of HIV. Additionally, there were a number of misconceptions about HIV/AIDS such as: 1) If an HIV+ person slept with a virgin, then they would be cured; and 2) Condoms spread HIV. Additionally, when exploring the topic closer with some of my Kenyan female colleagues and friends, they saw no value in getting tested. If they were positive, there were no affordable drugs available; further, it would reaffirm that their husbands were, indeed, cheating on them, and they would need to face the harsh consequences of others finding out. It was “better” just not to know.

Temporalizing Bodies

What Cooks has described as a corporeal, or performative, turn in critical pedagogy scholarship has generated theoretical and empirical scrutiny of bodies in pedagogical sites.⁴⁸ Interest in embodiment counters normative principles and practices of pedagogy that ignore or undervalue bodies. Conferring with bell hooks, Warren notes, “it is impossible to enter any educational space without our bodies, yet continually we render our bodies functionally absent—as a site erased in an effort to focus on the

⁴⁷ Bennett, 28-29, 34-35, 40.

⁴⁸ Leda Cooks, “Pedagogy, Performance, and Positionality: Teaching About Whiteness in Interracial Communication,” *Communication Education* 52 (2003): 245-57.

cognitive, the mind.”⁴⁹ Even efforts to create progressive or critical classroom spaces (sometimes framed as ‘safe spaces’) can function as modes of eliding bodies. Remark- ing upon the strategy of pitching discussions about complicated, fraught social topics at the level of discourse, Jay argues “I do not think we can remedy the past injustice, which dismissed people’s discourse because of their bodies, by returning to an ideal wherein discourses are evaluated without reference to the bodies that pro- duce them.”⁵⁰ In lieu of disembodied principles and strategies, scholars like hooks and Giroux render our bodies, instructors’ and students’ bodies, salient to learning.

Our turn toward bodies here returns us to the thematic of temporality when we recognize that at any given socio-political moment, different bodies absorb and ex- press different meanings, for they are plotted into dynamic, variegated, and unequal locations by discursive formations. Indeed, at any given time, our relations with our bodies, our phenomenological experiences of them, and their material consequential- ities, are variegated. More, bodies return us to temporality when we recognize that across time discursive scripts about the same bodies can change. A *critical pedagogical syllabus* must account for these synchronic and diachronic dynamics of corporeality.

Brouwer 1996-2011: “Are you team-teaching?,” a female AIDS worker at the Chica- go Women’s AIDS Project asks me in 1999 when she hears that I will be teaching a course titled “Women and AIDS: Rhetorical Investigations.”⁵¹ “Is he gay?,” a stu- dent’s father asks about me in 2006 when his daughter discusses the course with him. These are fair questions, both of them, as they express legitimate concern about the conditions of knowledge, experience, qualification, identification, motivation, and closeness and distance that propel and texture the siting of HIV/AIDS in a universi- ty classroom. What sort of person would teach such a course? What authorizes someone to teach such a course?

Defining reflexivity as “the critical communication educator’s ethical relationship to or with the phenomena and participants of our scholarship, whereby we situate knowledge, locating it in temporal, personal, and sociopolitical contexts that extend, enrich and seek out multiple readings of our work,” Fassett and Warren catalyze dis- closure of the particular corporealities and temporalities that give rise to a course like “Rhetorics of HIV/AIDS,” whose existence in my life depends fundamentally upon a loosely coherent set of longings, failings, opportunities, resources, and experienc-

⁴⁹ Warren, 257.

⁵⁰ Gregory Jay, “Taking Multiculturalism Personally: Ethnos and Ethos in the Classroom,” in *Pedagogy: The Question of Impersonation*, ed. Jane Gallop (Bloomington: Indiana University Press, 1995), 126.

⁵¹ I follow Jennifer Brier in using the term “AIDS worker” to refer to myriad types of labor and laborers whose work is directed toward the prevention of HIV transmission and the treatment of people with HIV/AIDS. See Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill: The University of North Carolina Press, 2009), 4.

es.⁵² While I hope to practice reflexivity alongside my co-authors throughout this essay, I pause here to note: I came out most definitively in 1991. For two years, I moved from trepidation to increasingly confident use of the hard-won resources and victories of the LGBTQ community—gay-owned businesses, safe(r) spaces of neighborhoods, political visibility and efficacy, and more. In 1993, after having moved to Chicago, I felt motivated to give back to a community from which I had taken and sought to do so through volunteering at an AIDS service organization (ASO) in response to a crisis disproportionately affecting one of my communities. In a ghastly sense, my timing was off. I missed the direct experience of the great ‘die-off’ of the 1980s where vast networks of friends, acquaintances, lovers, and comrades were decimated in the span of a few short years. Yet in 1993 the epidemic was still growing toward unknown dimensions. Nearly four years of weekly volunteering placed my labor in the service of people with HIV/AIDS and other AIDS workers and placed me in multiple relations to HIV/AIDS—to the everyday and the spectacular of AIDS, to the political and the (inter)personal, and to the differences of class, race, ethnicity, sexuality, sex, and geography that always make a difference.⁵³ Volunteer labor transformed my scholarship which in turn transformed my volunteer labor. In 1999, prior to and then concurrent with the “Women and AIDS” course, I volunteered for nine months at the Chicago Women’s AIDS Project (CWAP) as a conscious effort to put myself in regular proximity to the multiple facets of HIV for multiple types of women and to place my labor in the service of the women who allied themselves with CWAP. Along the way, I accidentally fell in love.

*The Boy in My Bedroom.*⁵⁴ It was our third date. I already trusted that I could like him a lot. This night we kissed. We kissed for a while, and then he excused himself to go to the bathroom. He came back and lay down next to me. “I’m HIV positive,” he said. It wasn’t easy for him to say. And—skip all of the other possible reactions—I reached up to his face and said, “Okay. That took extraordinary courage to say. Thank you. Now kiss me.” The next night, at a party at Catherine’s, I let myself dissipate. I let go. I drank. I danced. When at the end of the party I lay down in Catherine’s bed and Catherine lay down next to me, I told her what he had told me. Catherine held me tightly as my body trembled uncontrollably, finally catching up to the fear that I had exquisitely suppressed, the fear that I had refused to let register when face to face and lip to lip with him. My training as a Red Cross instructor and my three and a half years of experience as a volunteer at an AIDS service organization prepared me well for a humane response to such a disclosure, but my involuntary visceral reaction, my trembling recognition of the thin layers of dermis that separated our bloodstreams, exposed the chasm between ideology and body knowledge. I fell in love. After two years, our relationship ended.

52 Fassett and Warren, 50.

53 Again, I echo the phrase “differences that make a difference” from Goodnight, 270.

54 Here, I corrupt the title of an essay by Douglas Crimp, “The Boys in My Bedroom,” in *The Lesbian and Gay Studies Reader*, ed. Henry Abelove, Michèle Aina Barale, and David M. Halperin (New York: Routledge, 1993), 344–49.

This relationship joined my scholarship and volunteer labor in a mutually constituting nexus. My pedagogies make no sense except in relation to these service, scholarship, and relationship experiences, yet even as I share the latter (with my ex-partner's permission) as a form of sense-making, I risk suggesting that this direct experience especially authorizes me to teach these classes, a suggestion that is ethically troubling.⁵⁵ My relationship forced me to confront the experience of using emergency rooms or urgent care centers for medical treatment absent medical insurance and compelled me to negotiate mindfully and collaboratively my own sexual practices for two years, for example, but did not suddenly render me privy to "real" meanings of HIV/AIDS beyond or prior to discourses. Nor did it save me from errors like my casual, terrible disclosure (without his permission) of my partner's seropositivity to someone else as a way of expressing intimacy and rebuilding a friendship with that someone else. Is this the sort of person who should teach such a course?

Kramer 1996: My status as the hypervisible, white "outsider," female deaf educator afforded me the opportunity to at least try to assist Deaf students in exercising power.⁵⁶ In addition to teaching all subjects to Deaf students in grades 3-8, I also conducted HIV/AIDS awareness seminars around the country. One particularly memorable experience was when my Peace Corps friend and I were making an hour-long trek to her school for an HIV/AIDS seminar and realized that we had forgotten condoms for the classroom demonstration. Actually showing condoms in a classroom required headmaster permission and was not always welcomed, but I was always prepared in case I had the opportunity.

Since condoms were often available at bars, we walked into a bar at 7am and asked if they had a condom. The bartender looked suspiciously at us, wondering, I imagine, why two white women needed a condom so early in the morning. After we explained we needed to conduct a laboratory for Deaf students at the local school he called over a friend who said that we should follow him. He led us through a small village, past a number of mud huts to his modest room, and he pulled out a box of 100 condoms donated to the community from the United States. When I looked closer at the packaging I saw that the condoms had expired three years prior. It was

⁵⁵ The concern about experience that I anticipate and attend to here is prompted by Joan C. Scott's critique in "The Evidence of Experience," in *The Lesbian and Gay Studies Reader*, ed. Henry Abelove, Michèle Aina Barale, and David M. Halperin (New York: Routledge, 1993), 397-415.

⁵⁶ "Empowering" and "helping" as goals or outcomes of teaching can be ethically troublesome when they threaten, for example, to exaggerate the teacher's sense of authority and resources in relation to passively waiting, resource-poor Others. Leda Cooks and Chyng Sun offer an alternative: "The teacher's role is not to give students power, but to help them exercise power." See Leda Cooks and Chyng Sun, "Constructing Gender Pedagogies: Desire and Resistance in the 'Alternative' Classroom," *Communication Education* 51 (2002): 297.

at this moment that I developed my hypothesis for why many thought that condoms themselves spread HIV. Perhaps because Kenyan bodies were placed at risk through “compassionate” donations of expired materials.

Classroom Corporealities

While no enrolled students ever disclosed HIV-infection or AIDS-diagnosis across the five courses, in 1997 and again in 2011—but not in 1996, 2000, or 2006—people with HIV or AIDS (PWH/A) were present in our classrooms. The conditions of these erratic presences and absences of self-identified PWH/As in our classrooms dramatize both the enduring force of some discourses about health, disease, and risk and the shifting meanings of health, disease, and risk across the span of fifteen years. Before the 1997 version of the class, as before each of the other versions, I grappled with the decision of whether or not to invite a PWH/A as a guest speaker. Perhaps this is a strange thing to grapple with: Guest speakers are routinely invited to come into university classrooms as intellectual and/or experiential experts. Given my concern about the course’s potential hosting of discourses delinked from actual bodies, inviting a PWH/A as a guest speaker promises a pathway to the real, a material grounding of discourses and *topoi* in a co-present body. A central reason that motivated my desire to do volunteer work, to get closer to the actual experiences of HIV-infection and AIDS-diagnosis, funds such an invitation. More, Jan Zita Grover’s poignant summary of two research studies in the late 1980s that found it was directly knowing someone with HIV, more than exposure to public health messages in the media, that better predicted safer sex beliefs and behaviors haunts my pedagogical imagination.⁵⁷ Still more, I am enduringly chastened by my encounter with the radical, vernacular voices of Nasty Queen and others in the pages of the zine *Infected Faggot Perspectives* who terrifically, terribly rage against the efforts of some people *without* HIV/AIDS to occupy or appropriate the political and affective experiences and spaces of the infected.⁵⁸

Pedagogically, it may seem contradictory to insist upon embodiment and corporeality in the classroom but to refuse to schedule a PWH/A guest speaker; concurrently, rehearsing this defense of not having a PWH/A come to class might express, at least implicitly, a belief in the artificiality of the classroom—that an HIV/AIDS body that is not a student’s body is “out of place” in the space of a university classroom. I do not subscribe to the artificiality of the classroom; nevertheless, I am skeptical of overly sanguine accounts in critical pedagogy of the emancipatory potentialities of dramatic or challenging classroom encounters and the presumption that such en-

⁵⁷ Grover 1992, 43-44.

⁵⁸ See, especially, Nasty Queen, “Dealing with AIDS,” *Infected Faggot Perspectives* 12 (December 1992/January 1993): 27-29.

counters generally have progressive results. More specifically, even if we understand speakers bureaus as activist governmentalities and even as we imagine a PWH/A's participation in a speakers bureau as self-chosen, the force of other powerful discourses does not guarantee the emancipatory potentialities of PWH/A presence, for historical constructions of PWH/As as subjects of surveillance and objects of display complicate any effort to cast self-narrations as necessarily emancipatory acts for either the narrator or her auditors. I was not eager to participate in the coding of the classroom as a space of spectacle in which students would be cast as sympathetic voyeurs, nor was I eager to obligate or desire a PWH/A to be our medium, our catalyst for "really getting it," for really understanding AIDS, through the material of hir/her/his body.

Cognizant of the potential benefits to students, I nevertheless decided in 1996, 2000, and 2006 against a guest speaker as a part of the formal curriculum. However, in 1997, with syllabi printed and the first week of classes underway, I received a personal communication from a colleague about a student at the university who had disclosed his AIDS diagnosis to her: "I told him about the course you are teaching and asked him if I could pass his name along to you in case you would ever want to invite him to your class. ...He said he would be willing." I found this invitation to be a serendipitous opportunity for the class to grapple with dilemmas of embodiment and presence. At our next meeting, we took account of this possibility. I read my colleague's memo to the class and queried: Would this opportunity be beneficial to you? What might be some of the ethical problems with accepting this invitation? Generally, students affirmed the first query: "This would help me"; "having someone come in leaves an impact"; "yes, make it midpoint [in the semester] or toward the end." Keenly, students complicated the second query: "Who would we have come in?"; "why, or for what purpose?"; "would this be beneficial to whoever came in?" As a result of our discussion, we decided to invite John⁵⁹ to attend class on an already-programmed day on the topic of "the AIDS community" under the following conditions: We would not ask him to present a formal speech; rather, we would make available our assigned readings and discussion questions and invite him to participate in the discussion. While he would not appear in our class on his own terms (under conditions of his own making), he could choose to appear as a student at our shared university in the familiar context of a university classroom, and he could choose to articulate, during the course of our discussion, the ways in which he identified or disidentified with the necessary fiction of "the AIDS community."

In an end-of-the-semester reflection paper, a student reported his psycho-visceral struggle with the specter of contagion, the prompt for which called for students to specify and elaborate their most significant experience related to the course:

I have never seen someone with HIV or AIDS that close to my actual body and been fully aware of it. I [am] not going to lie, it was uncomfortable at first, and then I really just thought about what I have learned about the virus and accepted his con-

⁵⁹ "John" is a pseudonym.

dition. At first, I was worried he was going to breathe on me or something of the sort, and realized how dumb I was for thinking that and shook his hand at the end of the discussion.⁶⁰

This expression of wonder or awe upon a first encounter with a person with HIV/AIDS sounds like early-1990s talk, when those engaged in AIDS politics or queer politics might have enjoyed a film reviewer's acerbic assessment of the 1993 ground-breaking film *Philadelphia* as a film "for people who know people who know people who know people with AIDS,"⁶¹ an assessment that functions to dramatize the distance between the physical or political experience of the crisis time of AIDS and the social experience of leisure or public time through watching a movie about AIDS. Perhaps this is even 1997 talk, the year when John attended class as a self-identified PWH/A. Yet this student offered his report in 2006.⁶² The timing of such a revelation seemed to enact an anachronism. Indeed, I had not anticipated hearing this in 2006. That was my error, for this student's unprecedented and impactful experience was not anomalous. When in 2006 one of this student's peers nominated seeing a seropositive White female student at our university offering a public presentation as her most significant experience of the semester, and when another peer nominated "hearing the stories of people with HIV" as *her* most significant experience of the semester, I seriously began to question my principled refusal to participate in the choreographed display of PWH/As as guest speakers in university classrooms.

In 2011, I altered the curriculum to program a guest presentation by a PWH/A, the curriculum altered in response to student expressions of increased distance, physical and psychical, between themselves and people with HIV/AIDS. Enthusiastically recommended by the Southwest Center for HIV/AIDS (Phoenix, AZ) Speakers Bureau, Barb Brados offered an engaging, candid presentation and question-and-answer session. In a formal, graded reflection paper assignment at the end of the semester, eight of the twenty-four students chose her visit as one of their most significant class-related experiences of the semester.

⁶⁰ This student is not one of the co-authors of this manuscript. Upon my request for permission to use material from selected student assignments for manuscripts like this, this student and his colleagues provided written permission (or not) to use their material. This student provided explicit permission to use material from this specific assignment. Permissions were not linked to course grades, and they were granted confidentiality and not made available to me until after course grades were finalized and reported.

⁶¹ Jonathan Rosenbaum, review of *Philadelphia*, directed by Jonathan Demme, *Chicago Reader*, December 1, 1993, <http://www.chicagoreader.com/chicago/philadelphia/Film?oid=1048319>

⁶² Here, I have intentionally collapsed and obscured time frames (the participation of a person with HIV/AIDS in class in 1997 and a student's report of an encounter with a PWH/A in 2006) in order to illustrate the failure of a progressive narrative of increased identification with HIV/AIDS to materialize across nearly a decade.

Gamboa 2011: During my tenure in this course, I had sex with a condom for the first time. I had only ever had one sexual partner. Given our monogamous relationship, we made the decision to engage in condom-less sex. In fact, because he was my only sexual partner, I relied on his HIV and STI (sexually transmitted infection) tests to inform me of not only his status, but mine as well. This all changed when I began having sexual relationships with other individuals. While this class did not influence my decision to have sex, it did play a major role in the experience.

He informed me that he was “safe-only,” and I had no qualms with that. As I watched him slip on the condom, I could feel my instructor and my classmates looking at me, critiquing me on what I was doing right and wrong, which behaviors were “risky,” and whether or not I was truly “safe.” The classroom collapsed into that hotel room, the subject of my studies collapsing into my body. It was in this physical, intimate present that I could hear my past discussions about sex and HIV right alongside future visions of receiving an HIV anti-body test.

One of my primary interests generated through this class was investigating why individuals choose to engage in condom-less sex. The narratives that circulate around sex with a condom seem to demarcate separate spaces for pleasure and safety. I now live in a Southern state in which infection rates continue to escalate at an alarming rate, causing HIV/AIDS to enter into my discussion with others far more frequently than when I was in this class. I continue to reflect on how my relationship to HIV/AIDS has changed as a result of this course, and how it continues to be a point of reference I use when discussing sex and sexuality. The “Rhetorics of HIV/AIDS” course creates a time and space in which this type of conversation is encouraged in every sense of the word, which I find myself carrying with me today.

“Revision[s] in the Text”⁶³

Featured on each of the five courses’ syllabi is Paula Treichler’s weighted admonition from 1988: “It is the careful examination of language and culture that enables us, as members of intersecting social constellations, to think carefully about ideas in the midst of a crisis: to use our intelligence and critical faculties to consider theoretical problems, develop policy, and articulate long-term social needs even as we acknowledge the urgency of the AIDS crisis and try to satisfy its relentless demand for immediate action.”⁶⁴ Warranting scholarly interrogation of the symbolic politics of HIV/AIDS without losing sight of materiality and exigence, Treichler’s call inaugurates for students in the class the dialectic of public time and emergency time that

⁶³ This section header is drawn (and slightly revised) from Tony Kushner, *Angels in America: A Gay Fantasia on National Themes, Part Two: Perestroika* (New York: Theatre Communications Group, 1992), 46.

⁶⁴ Treichler, 1.

we must navigate. Asking AIDS to tell us “what a crisis can help us see that no other type of time can afford to show us”⁶⁵ at one time felt imperative, and yet as we have collectively demonstrated the perception of emergency time has diminished in significant ways. Especially vexed by this temporal dynamic in 2011, I added to the syllabus, immediately after Treichler’s admonition, advice columnist Dan Savage’s gratingly dismissive exchange—“Hey, Faggot: Is the AIDS crisis over? Just Wondering [JW]. Hey, JW: Yes”⁶⁶—to place her gravity and his flippancy in tension.

The responses to a question about ACT UP (AIDS Coalition to Unleash Power) on the first-day survey in 2011 unwittingly validated a version of Savage’s flippancy. To the question “What is ACT UP?” (no elaboration of the acronym provided), twenty-eight of the thirty students enrolled indicated various forms of ignorance (e.g., “I don’t know”; leaving the response space empty); one student reported “I hope you’ll tell us!” Only one student conjured a response—simply “coalition”—that approached familiarity. If ACT UP could be relied upon to broadcast gravity and could be relied upon to register as a still current or at least recently spectacular activist organization in 1996, the first year of my engagement with this class and the first year of Treichler’s epigraphic appearance on the syllabus, then the same decidedly could not be said about ACT UP in 2011. If the spectacularity of ACT UP roughly correlates to the crisis status of AIDS, then ACT UP’s significant diminishment from the scene of radical AIDS politics ostensibly corroborates Savage’s flippant claim.

While provocative, Savage’s claim is incredibly circumscribed in scope. That some people on the planet can experience HIV or AIDS in non-crisis terms is, in important ways, both an extraordinary political and medical accomplishment and a radically particular luxury. We should decidedly *not* permit Savage’s assessment to attenuate our understanding of AIDS’s multiple temporalities. The end of crisis time for some of Savage’s readers (and others) should be placed in tension with Rosalind Morris’s trenchant analysis of AIDS temporalities in South Africa where she finds in the vernacular talk of South African youth “the simultaneous assumption and disavowal of a future catastrophe.”⁶⁷ She asks: “What is the source of the inflation, by which an already bad epidemiological profile comes to be translated into the prophecy of an absolute catastrophe? And how does this inflationary translation affect the capacity of those who believe such statistics to orient themselves to a future horizon”?⁶⁸ With compelling complexity, Morris verifies the material and political experiences of emergency time for a group of people at the contemporary moment. Importantly, Morris illustrates Doreen Massey’s argument that temporalities are linked

65 Scott Dillard, “Breathing Darrell: Solo Performance as a Contribution to a Useful Queer Mythology,” *Text and Performance Quarterly* 20 (2000): 74.

66 Dan Savage, “Savage Love,” September 25, 1997, <http://www.chicagoreader.com/chicago/savage-love/Content?oid=894476>.

67 Rosalind C. Morris, “Rush/Panic/Rush: Speculations on the Value of Life and Death in South Africa’s Age of AIDS,” *Public Culture* 20 (2008): 205.

68 *Ibid.*, 201.

to spatialities—that experiences of time and space are mutually constituting.⁶⁹ We might be tempted to misunderstand Morris’s argument to be that, indeed, AIDS functions in emergency time but does so in a different space, a space *not here*. The careful student in the near-future will, however, anticipate the consequences of such a misreading: Conceding that AIDS is urgent but urgent elsewhere threatens to cordon off distinct Others *there* and to exempt ourselves *here* from interrogation of the ways in which our (or institutions that act in “our” name by, for example, compassionately donating expired condoms) actions and inactions help to constitute emergency conditions there.

For future versions of the course, versions that will require “revision[s] in the text,”⁷⁰ I continue to seek out and listen to the contours of the discursive and material fields that future students will encounter. Treating the gap between 2011 and *who knows when* as a source of invention and discovery, I anticipate a lesson plan for the *future-present-past*. Such a lesson plan must mindfully move through time. It might try to collaboratively investigate the curious appearance, circa late 2010, of the song “Seasons of Love” in a televisual Macy’s advertisement. How shall we read this ad, which features a song from the musical *Rent*, which features AIDS and which is an update of the Puccini opera, *La Bohème*, which itself features tuberculosis? Our collective understandings and experiences of commodification, circulation, decontextualization, and amnesia might be helpful here as much as Foucault’s distinction between morbid and macabre diseases and Hall’s theory of articulation as the linking of ideological elements.⁷¹ In this vein, Tony Kushner’s award-winning *Angels in America*, first staged in 1992, returned to the stage in September 2010 at Signature Theatre Company in New York City, while Larry Kramer’s 1985 play *The Normal Heart*, too, earned a Broadway staging in 2011. *Angels* in 2010 cannot possibly “mean” the same thing as *Angels* in 1992, for even if the script retains its integrity, the disparate political contexts, the different “structures of feeling,” the different distributions of material and symbolic resources, and audience members’ different relations to a changed epidemic necessarily alter the play’s modes of address (i.e., to whom does it now speak, and in what voices or tones?), thereby altering the play’s production of meaning.⁷² Students in the near-future might grapple with the question: What time warps, what “temporal drags,” are produced between the 1992 and 2010 stagings of *Angels*

⁶⁹ Massey, 18.

⁷⁰ Kushner, 46.

⁷¹ Michel Foucault distinguishes between “morbid” (i.e., individuated) and “macabre” (i.e., mass) diseases in *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (1973; repr., New York: Vintage Books, 1994), 171; for an introduction to articulation theory, see Stuart Hall, “Cultural Studies: Two Paradigms,” *Media, Culture and Society* 2 (1980): 57–72.

⁷² “Structures of feeling” is Raymond Williams’s phrase and concept; I invoke Deborah Gould here in her elaboration of the “structures of feeling” of the radical activist group, AIDS Coalition to Unleash Power. See Gould, especially 26–27.

in *America* and the 1985 and 2011 stagings of Larry Kramer's *The Normal Heart*?⁷³ More generally, how might instructor and students activate the AIDS archive as I find myself, as each year goes by, seemingly "teaching the untimely."⁷⁴

In my own discerning, through our collaboration we have produced and enfolded a critical syllabus of HIV/AIDS, and we have aspired to participate in the broader project of critical communication pedagogy through "engaging the classroom as a site of social influence, as a space where people shape each other for better and for worse."⁷⁵ Alongside temporality and corporeality, themes of *the quilt* and *HIV antibody testing* intriguingly emerged. Kramer participated in the making of panels for the NAMES Project AIDS Memorial Quilt in the early 1990s, and over a decade later Ferderer invokes the quilt as a metaphor for the convergences and articulations of multiple and sometimes disparate discourses upon his and others' bodies. As a metaphor, quilting resonates with the piecing together of our different narratives, a process of juxtaposition that produces gaps and disjunctions and topical, tonal, or aesthetic dissonances as readily as it produces thematic foci and consistencies.⁷⁶

This difference between Kramer's amplification of the quilt as a material artifact and Ferderer's amplification of the quilt as a metaphor for discourses and bodies indexes a broader insight about the temporality of *the AIDS Quilt*, as, increasingly, university students do not know what "the AIDS Quilt" is. My friend and interlocutor, Professor Charles E. Morris, III, reported this universal unfamiliarity among students in his social protest classes in 2009; students in my 2011 class reported the same universal unfamiliarity. I pause on these anecdotal findings not to indict our students' ignorance but to mark how dramatically the once prominent AIDS Quilt has receded from general consciousness and to prompt questions about its temporalization from active chronicle and memorial to the ostensibly static and dusty bin of history, a set of questions to which authors in Morris's edited collection, *Remembering the AIDS Quilt*, attend.⁷⁷

73 Elizabeth Freeman theorizes a notion of "temporal drag," "with all of the associations that the word 'drag' has with retrogression, delay, and the pull of the past upon the present," to produce a reading of two temporally distant versions of an activist video and to challenge a version of queer theory that undermines "political history—the expending of actual physical energy in less spectacular or theatrical forms of activist labor done in response to historically specific crises." See Freeman, "Packing History, Count(er)ing Generations," *New Literary History* 31 (2000): 728-29. For a reading of the transformation from stage to filmic versions of *Angels in America*, see Monica B. Pearl, "Epic AIDS: *Angels in America* from Stage to Screen," *Textual Practice* 21 (2007): 761-79. For a reading of the restaging of Larry Kramer's *The Normal Heart*, see Isaac West, "Reviving Rage," *Quarterly Journal of Speech* 98 (2012): 97-102.

74 I borrow this phrase from Chambers, 322.

75 Fassett and Warren, 8.

76 Mohr, 108-13.

77 Charles E. Morris, III, ed., *Remembering the AIDS Quilt* (East Lansing: Michigan State University Press, 2011).

The “I” of the instructor steps aside now to feature former-student co-authors’ discernings of main themes, notable details, accounts of the consequences of their collaboration in this project, and assessments of what this essay “does.” The paragraphs that follow are fully composed by the four former-student co-authors, amalgams composed through interspersing their reflections and responses to a set of questions about this collaboration.

This essay underscores the ways in which students are co-authors of classroom pedagogies, the extent to which their bodies impact the classroom and its potentialities. While this essay specifically examines a course on HIV/AIDS, its implications extend beyond the content of this course and raise additional questions about how these active, pedagogical engagements alter the potential of any classroom or course. The dynamics of the classroom’s relationships are complicated by the tension between critical thought and personal experience. This project is predicated on the belief that instructors and students learn from each other. Yet it is easy for that work to result in a self-policing prompted by the gaze of the potential audience that the classroom constitutes. This tension is particularly exacerbated when the subject matter penetrates so deeply into the lives of those who populate the classroom. This project calls into question the types of learning that occur within a classroom such as this, and how that learning is facilitated among the students and instructor. This (re)engagement highlights how various courses move beyond the time and space of the actual classroom and reveals how course curriculum continues (or fails to continue) to impact the lives of the students who originally engaged the course.

This project relies on the power of visibility, particularly in relation to memory. We must remain consciously aware of what is retained and what is lost in the development of a course like this, alongside attitudes that permeate the public imaginary. There was a moment in which Ferderer states he is “mentally stitching people out” suggesting that we have the ability to remove individuals from history by merely forgetting them. Visibility and memory are corporeal concepts that we privilege, ignoring the power, knowledge, and passion of forgotten bodies. As I read Brouwer’s discussion of “other people’s bodies” in which he lists individuals that he summoned into the classroom through discussion, I could not help but notice that only two of those individuals “survived,” or made it into the iteration of the course that I was in. The removal of certain experience from the classroom as it adapts over time is a process that lies at the center of the discussion of which experiences we choose to make, and maintain as, visible.

Since this class, I have become single for the first time in seven years; I have engaged in sexual experiences with and without condoms, with men who knew their HIV status, and those who did not; I have not had an HIV antibody test since this course. If this project has done anything for me, it has forced me from the theoretical space of the mind and into a state of doing through a “simple” act: writing. This

project, like this course, reflects multiple meanings back to me as I stare into it, leading me to an internal dialogue that extends beyond these pages, beyond this experience, beyond what I am willing to share at this moment. It is something that I am grateful for, and like most instances of learning, forces me to acknowledge my own faults and work towards something.

The most striking message I see is we are all a bit too shaped by our own backgrounds and experiences when considering HIV/AIDS at a time where the virus has faded from the headlines it dominated 25 years ago. Ferderer had put off getting tested and so did I, despite behaviors or decisions that may have put us at risk. Brouwer, being more consistently engaged in HIV/AIDS discourse, is stunned when his students in 2006 are so affected by meeting a PWHA. Gamboa gains a new awareness of his sexual behavior only after experiencing the class, where he literally envisions his peers and professor judging his every decision in the bedroom. Ultimately, it seems those of us who do not make an effort to actively engage forget, and others who are acutely engaged assume their peers are equally attuned.

This project raises questions of the futurity of this classroom, speculating how it can operate based on the experiences and products that result from multiple incarnations of this class. Where does the virus and all of its socioeconomic, political, and cultural implications belong in our lives today? Where does it belong in both American culture and our increasingly global society? Brouwer's admission that as time passes "the emergency feels less natural" opens the door towards a broader discussion that has been happening in regards to where HIV/AIDS is positioned within and beyond the academy, and if the exploration of the rhetorics of HIV/AIDS is merely an act of remembering. More questions arise: How do our bodies actively shape the possibilities of any course and/or its content? How do students of previous courses alter the curriculum of future iterations of the course/courses? Is the Rhetorics of HIV/AIDS a necessary course, or is it necessary to position it within a new framework and couple it with different subject matters to allow the broader implications to be more apparent? Here, we attempt to find balance in addressing a virus that is a part of our history, remains very real, and could become either a greater threat or perhaps a memory depending upon our collective education and efforts as human beings.

This exercise in co-authorship creates a more circular pedagogy. One that does not assume a past knowledge as present, but re-engages that past knowledge in an effort to propel that knowledge into the future. It circles back to the instructor, lending him/her a clearer understanding of what materials resonated or failed to resonate with students and provides the opportunity to alter course materials in ways that might more fully ensure a lasting engagement. In my own re-engagement with the rhetorics of HIV/AIDS, I have become more acutely aware of the absence of HIV/AIDS in my own present and complacency towards the virus/disease that reflects larger discourses. This apparent absence called forth a sense of urgency embodied in the time and space of the classroom (past) and an exigency that I carry with me into the future.



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