A Note on the Failure of Man's Custodianship

(AIDS Update)

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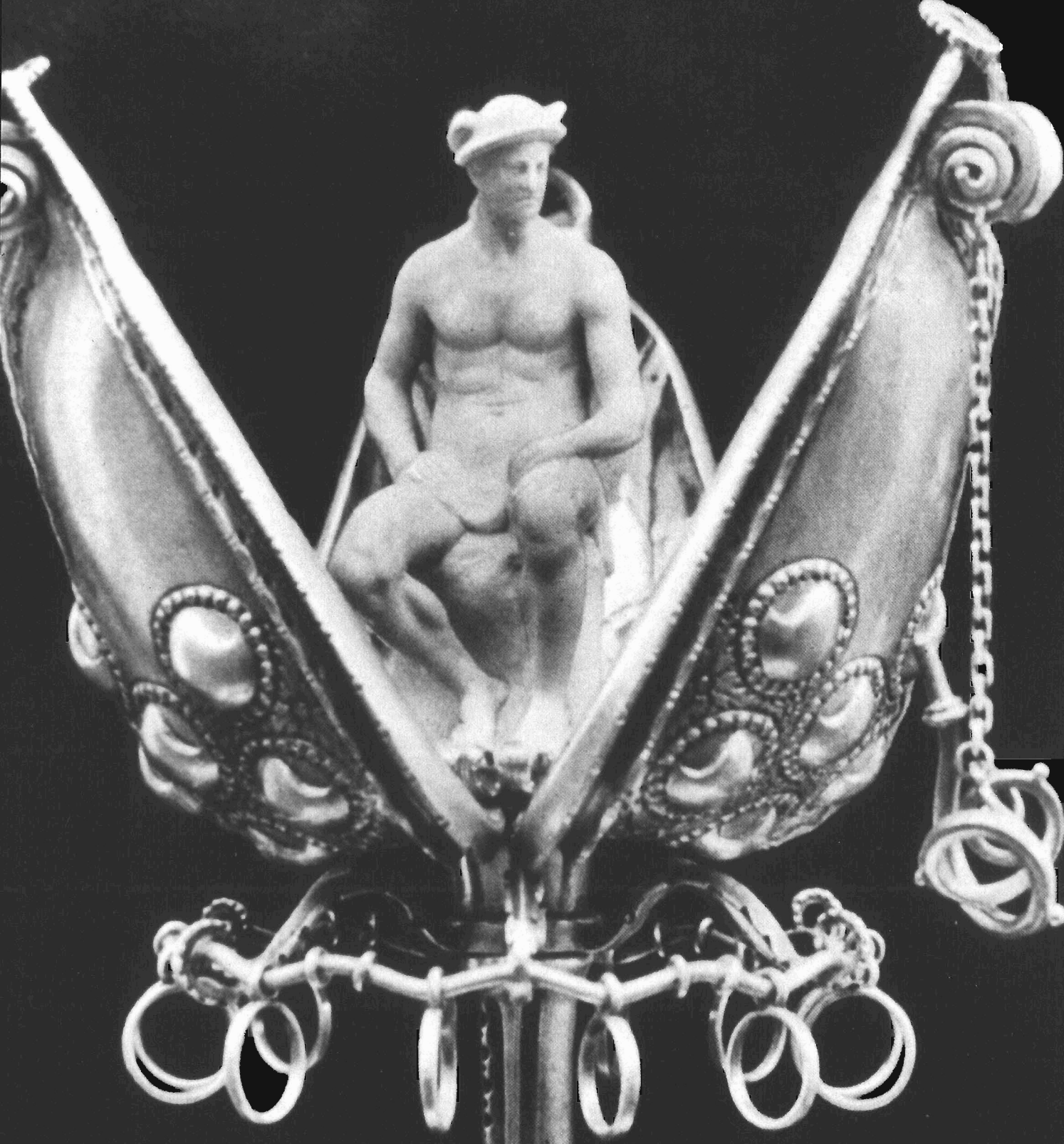
Never felt to be a natural catastrophe, AIDS has from the start carried the traits of an *historical* event. If AIDS had been comprehensible only in terms of natural calamity, it would not have called for a critique: you cannot throw a critique at an earthquake, nor could you really complain about the pounding waves of the ocean, not even if you were inclined to view it, through Bataille's pineal eye, as the earth's continual jerking off. But catastrophe, folded over by traits of historical if not conventional markings, calls for a critique, it demands a *reading*.

I started writing about the catastrophe at a time, now difficult to imagine, when even the acronym, AIDS, was not acknowledged by the Reagan White House to exist either in official or common language usage. The collapse of rumour and disease control was considerable; it was thought, in the obscure ages of the Reagan presidency, that to allow the word to circulate freely would in itself encourage the referential effects of naming to spread. There is nothing very new about language policies that try radically to abbreviate the itinerary of the rumour thought to be co-originary with the spreading velocities of disease. Defoe's *Journal of a Plague* would supply one among numerous examples of the way language is seen to be, as they now say, a virus. Ever since the original Reagan ban on the word (however repressed or forgotten this initial "response" may be), a politics of containment and border patrol has dominated the way this culture looks at AIDS. On a level of far lesser consequence, AIDS has not yet acquired the status of an object worthy of scholarly solicitude. Looking back, we can understand why there was such resistance (evidenced by the political and linguistic behaviour of straights and gays alike) to admitting the epidemic into the rarefied atmosphere of academic inquiry: AIDS *infected* the academy, dissolving boundaries that traditionally set the disciplines off from one another, if only to secure their sense of self-knowledge. It is small wonder that conservative literary critics, and those

generally concerned by questions of history and reference, initially deplored the inclusion of this "outside" referent, which by its very existence, challenged the purity of institutional divisions. When it did come about, the study of AIDS encouraged the emergence of new, marginal and "deviant" areas of inquiry in the humanities: gender studies, gay studies, queer theory, multicultural networks, mutant French theory, and even computer-based cyberpunk speculations.

My need to write about AIDS was originally motivated by a number of considerations, each felt by me to be as urgent as the next: my close friend, Marc Paszamant, was among the earliest victims that AIDS had claimed; an entire community was soon to follow; I was anxious over the ways in which the event of acquired immunodeficiency syndrome was being consistently put under erasure; the syndrome appeared to intensify the culpabilization of minorities and the social margin; finally, those who were called upon to investigate the seemingly originary pathogenesis were being guided by uninterrogated metaphysical assumptions concerning its constitution. The first of these assumptions understood AIDS to derive from one cause, and this cause was reduced to a virus. Secondly, the methodologies used to interpret the syndrome involved codes of research that depended upon the old news of a hidden matrix of signification and an absent centre of meaning from which the truth was ostensibly pulsing in secrecy. Finally, those who had the funding and authority to study AIDS gave little consideration to the likelihood that the mutation of this virus – if it was a matter principally of virology – owes its existence to a multiplicity of factors, which locate it in our age of technological dominion, social inequity and inwardly turned violence. The resistance to admitting the multifactoral aggregate which is responsible for AIDS, and the collective impulse to "isolate" a single cause, seemed due to a lack of a judicious construal of derivation. The sustained fabrication of autoimmune laboratories in our polity seemed worthy of consideration as well; i.e., the protocols by which the United States was beginning systematically to turn weaker forces into contained spaces of internally discharged violence (of which the drug wars, or more locally, South Central Los Angeles are indisputable signs).

A genealogist – or anyone, for that matter, including the scientific "community," who knows something about the way science legitimates its procedures – must readily grant the possibility that the phenomenon submitted to study is routinely framed by theoretical assumptions, the reliability of which may be only partial. While we in the West are no longer restricted, in principle, in our thoughts by the divine monopoly that dominated medieval medicine (when doctors and theologians were one, and the plague, for example, was seen to originate in those carriers that were recognized, after much research, as Jews),



I find it curious that AIDS, for all the discontinuities and anomalies it reflects, nonetheless leaves untouched the tradition by which epidemics come to be associated with minorities including, nowadays, the greater part of the so-called Third World. In fact, the culpabilization of minorities was "grounded" once and for all in the twentieth century in the way we have permitted ourselves to think about the uncontrolled proliferation of AIDS. In one of his works, I can't remember which, Heidegger said that an error in thinking could mess us up for hundreds of years to come. I suspect that our inability to read AIDS constitutes such an error in an already overdrawn historical account. If this remark may seem excessive, it is only so to the degree that excess is constitutive of thinking; however, given the gravity of the subject, I consider these observations to be an exercise in understatement. In any case, I have tried to demonstrate in another article[1] how the inability to read AIDS has spread to the body politic, where the Persian Gulf war, as the phantasm of a safe and bloodless intervention, becomes the symptom par excellence for the uncontrolled translation of the syndrome into other bodies which feel the need to achieve HIV negative test results in a world historical theatre. But the failure to read AIDS is not reducible to a simple power failure or strategy of avoidance: it is bequeathed to us by the Western logos.

In the trajectory that some of my work has tried to follow, the appearance of AIDS constitutes a crucial figure in the technological disclosure, while it also disarticulates any claim to subjective recuperation.[2] As it underscores the essential relationship between testing and technology, AIDS, for us, has made clear the notion that no technology exists that will not be tested; additionally, however, AIDS has shed light on the way our modernity has technologized the subject into a testable entity under state control. An effect of technology, AIDS is part of the radical destructuration of social bonds that will have been the legacy of the twentieth century. It is a bit of a platitude to observe that every epidemic is a product of its time; but the co-factors that have produced the destruction of internal self-defence capabilities still need to be studied in a mood of Nietzschean defiance toward the metaphysico-scientific establishment. For surely AIDS is in concert with the homologous aggression that is widely carried out against the weak within the ensemble of political, cultural and medical procedures. It is not far-fetched to observe that these procedures take comparable measures to destroy any living, menacing reactivity, and thus have to be considered precisely in terms of the disconcerting reciprocity of their ensemble.

If AIDS appears to us as an event within history, or even as an *historial* event, this means that it cannot be seen, as a misfortune, to come from elsewhere; it comes from man. Situated within the limits of a history gone bad, revealing its infirmity, AIDS for us does not come from God. But because it is not (yet) curable, it is perceived as a kind of self-

destruction of a society abandoned to its own immanence.[3] The renewed experience of God's mute complicity or historical withdrawal ("God" is to be understood here as a promissory transcendence capable of forgiving debts and healing) explains in part why AIDS is a peculiarly *human* symptom, functioning as the locus of a suicidal impulse that increasingly determines our species. AIDS is the affair of man at the end of the millennium; it is "about" man's self-annihilating toxic drive and his scorn for the figure of humanity as it has been disclosed. A sign of the failure of man's custodianship, AIDS is the end of the credit line humanity thought it could have with some form of transcendence.

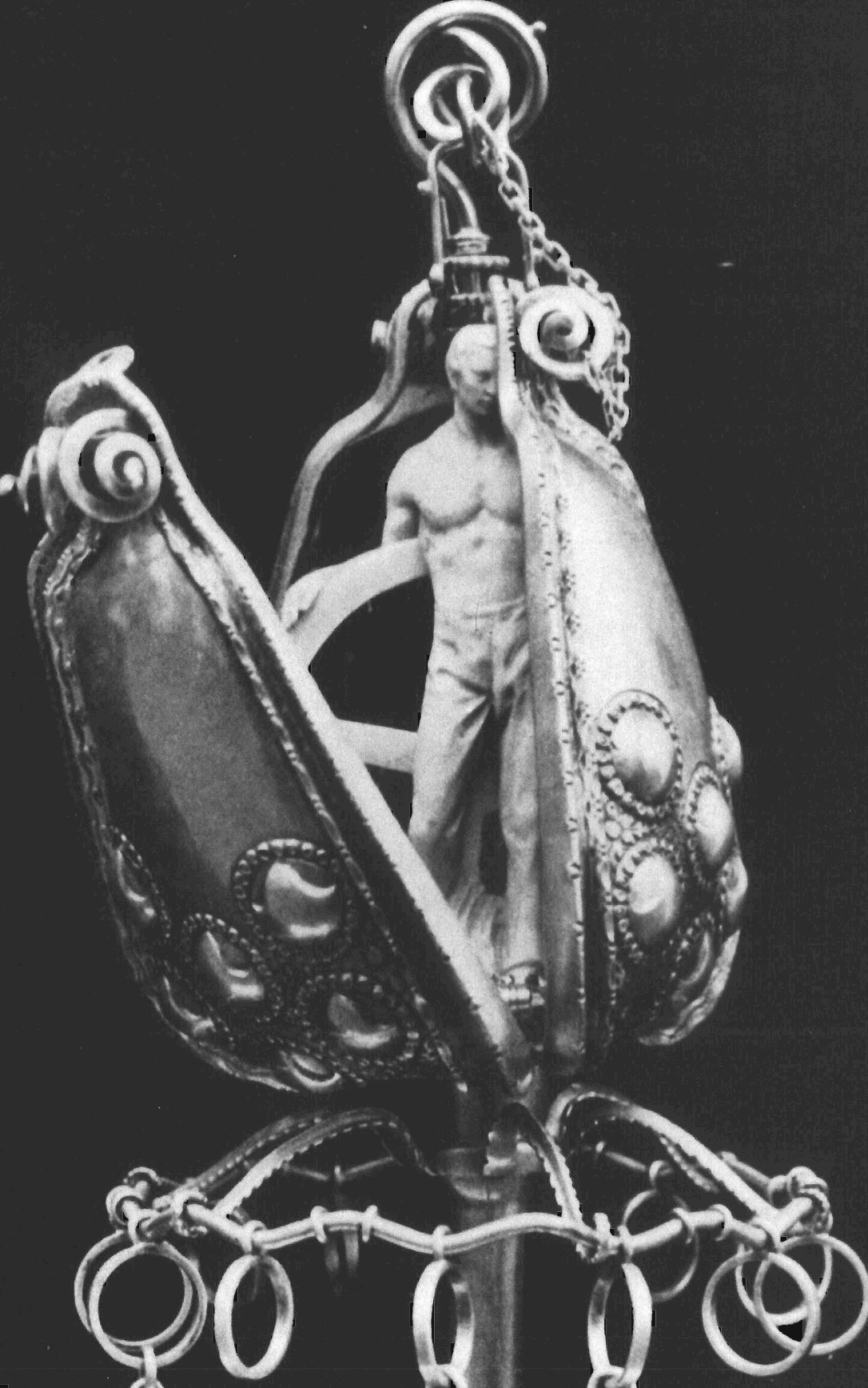
While AIDS displays historial qualities, it should not be temporally confused with absolute emergence. "The brutal appearance of an epidemic, within a set of multifactoral conditions that have evolved gradually, depends upon a quantitative threshold of emergence," cautions Michel Bounan in his critically important work, *Le temps du sida*.[4] In effect, this epidemic should not be viewed as sudden, epochal appearance but as a culmination in the history of a debilitating milieu of forces, the effects of which underscore the turning of a humanity rigorously set against itself. Dr. Bounan has written a treatise deploring life-despising medicine; or, in other equally Nietzschean terms (though he does not himself articulate these terms), his scientific invective against the current state of AIDS research discloses the *medicalization of ressentiment* in our time. Indeed, it would be necessary to see the extent to which resentful medicine (for example, those branches of modern medicine that are servile to the dictatorship of pharmaceutical companies) is co-responsible, together with those effects of capital and technology to which we owe the degradation of the environment, for the increase in infectious and tumoral disease. The manifest inability to question the entire apparatus of theoretical presuppositions under which research has been conducted (cancer remains incomprehensible, AIDS confounds them absolutely) leads one to wonder whether this paralysis is not symptomatic of the paranoid condition typified in all epochs anticipating the end of civilization.

Medical science has been reluctant to ask the critical question: What are the multifactoral conditions for the possibility of this epidemic? The motivation behind the failure to ask is no doubt related to the narcissistically defended boundaries that scientific research has lacked the courage to cross. Though dominated by a logic of invasion and intervention, medical science halts its investigations on this side of a diagnostic ethics. Still bound by laws of causality and isolationist views of the phenomenon to be studied, medicine is equally beholden to the idiom of a limited polemological approach. There is probably nothing outrageous about mapping the body as an intensive conflictual site where war is continually being waged, for example, by one cell or another. And yet the strategies of

attack that have been charted appear (despite high-tech manipulation) to rely upon the premises of resentful medicine for their insight.

Still pre-Nietzschean in the strategic mapping of disease, medical science unfailingly favours "conquering" symptoms by means of violent interventions. According to Bounan, medical science should seek to diminish pathogenic aggressions rather than adding to them; it should intensify defensive reaction rather than suppress it; and it should let disease follow its course rather than "vanquishing" it – for, the paradigms of absolute defeat are moored in phantasms of militaristic conquest. Diseases are not provoked *by* a pathogenic environment that would be merely destructive, but against it, by a patient who is defending herself. These immunopathological actions directed *against* the pathogenic environment constitute efforts to *conserve* life. Illnesses are the "natural defence" of the living and not a message from the dead, which is in effect the only object of biological research. (Bounan demonstrates how biology, a misnomer, can interpret only what is dead and can never come to furnish, therefore, an understanding of the living.) Science has to ask itself what life is – a question, if not increasingly politicized, then at least problematized by technologies of reproduction and life extension – and what is foreign to life. The immunitary apparatus, the natural terminator of foreign formations, has itself become foreign. Modern medicine's principal pride consists of the antimicrobial war it has waged, which focuses on foreign productions. This war has mandated that vaccinations be globally deployed, an action that has contributed to massive resections affecting the living totality of *reactional coherency*. These interventions are co-responsible for ulterior pathologies. Is it a mere coincidence that the African AIDS epidemic followed upon a program of massive vaccination? Did not the introduction of vaccination in Africa, despite all good intentions, contribute to the destruction of the reactional coherency of indigenous communities, serving only to weaken their resolve to defend themselves within and outside their political bodies? In short, what sort of an aggression does mass inoculation imply, what kinds of shots are being administered to "pacify" the West's other? As Bounan observes, "A disease appears when an ensemble of 'homologous' aggressions, simultaneously physical and climatic, alimentary and toxic, microbial and emotional, self-induce a defensive mechanism, reaching a lesional threshold."[5] Whether or not Western medicine was forcing upon Africans an internalization of *Ge-stell* (technological posure or framing), by injection, it is no exaggeration to say that Africa was invaded medically, just as doctors on the equally "moral" side are assisting, via injection, in the administration of capital punishment in America – an absolute perversion of their responsibilities.

On the one hand, medicine is answerable for its reluctance to *read* the decisive cuts it



has made in understanding theoretical assumptions which support uninterrogated research habits; on the other hand, it must be made responsible for the effectivity, whether consciously or unconsciously conceived, of its own interventions. If diagnosis were truly to become what it is, it would have to respond to the reactional, if not revolutionary, exigency of discovery in relation to mutation. The censorship exercised by the medical community and the punitive measures taken by the National Institutes of Health against virologist Peter Duesberg is a case in point. When he proposed the theory that HIV is unrelated to AIDS, arguing that AZT (one of the few government-approved AIDS prevention and treatment drugs) constitutes a powerful poison which itself causes the body's immune system to collapse and can instigate full-blown AIDS, Duesberg was defunded – a fact which interests me only to the extent that it serves as an example of the insistence upon strict viral causality and the corresponding reluctance to explore the homologous aggressions to which AIDS must be linked. Just as etiological, lesional or psychiatric treatments can be justly regarded as dubious interventions, so too must the "precise cause" of a disease be understood as a trap.[6] It cannot be denied that the genuine treatment of AIDS would require us to risk overturning those pathological ideologies and metaphysical deceits which continue to dominate the world to this day. On the rise, suicide, anguish, poverty, and epidemics sign off the immanence of the one-on-one, pitting humanity against itself – a humanity steadily abandoned by the promise of future or exteriority and barely able to go over its multifactoral histories.

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The problem with writing a timely or topical essay is that, as the surfaces of interpretability shift with time, adjustments come to be made in the research whose immobility one had deplored. This is a risk that accrues to such histories, one that I take knowing that it exposes my writing to the brutal exigency of a finite here-and-now. Perhaps tomorrow what I here understand as ressentimental medicine will have vindicated itself and transvaluated the meaning of its strategic interventions. If the effort to renew a commitment to the Nietzschean critique of science seems at once to reflect its own anachrony (lagging behind the event it seeks to understand), and to expose a symptom of excessive timeliness, my reading was also, from the start, untimely and even strangely cheerful. The example of Mozart read by Nietzsche that I used several years ago was meant to show how the *Magic Flute*, Mozart's final opera, attended by the young composer on his death bed, unconsciously projected the drama of immunodeficiency (Tamino was transmuted into "Contamino," to

whom the Queen of the Night had relinquished the immunocompetent object, the flute-phallus, and so forth). The status of this example, while no doubt pointing to an instance of scandalous achronicity, as regards the imperious urgency of the present, for which AIDS is an unsubstitutable sign, nonetheless implies that while AIDS is a singular event, its fundamental structures of defensive disintegration are also, as Mirko Grmek has subsequently argued, part of a much longer history.[7] Understood solely in terms of its epidemiological dimensions, AIDS is an altogether new phenomenon. According to Grmek, moreover, the biological and social conditions of the past have prevented the full emergence of the particular circuitry to be followed by a retrovirus which would so relentlessly attack the immune system. An epidemic of such disastrous proportions could not have taken place, he argues, prior to the liberalization of morals combined with the control exercised in modern medicine by means of the technology of intravenous injections and blood transfusions. "But this epidemiological fact does not necessarily imply that the retrovirus in question is a newcomer in the absolute sense of the term – a mutant whose ancestors were never pathogenic."[9] Our task, as genealogists, requires us to read how this syndrome, with its peculiar idiom of latency and invisibility, has activated autodestruct triggers to become the effect of what Grmek calls, perhaps too briefly, the consummate "metaphor of our time" – linked as it is to drugs, sexuality, blood, high-tech and to the condition which allows for the recrudescence, one again comfortably couched in scientific language, of the culpabilization of minorities.

NOTES

1. Avital Ronell, "Support Our Tropes," *Yale Journal of Criticism* 5.2 (Spring 1992).

2. Alexander García Düttman demonstrates how AIDS has restructured the possibilities for self-disclosure in the autobiographical narrative in the "confessional" texts of Jean-Paul Aron (*Mon sida*), Pierre Chablier (*Moi et mon sida*), Renaud Camus (*Tricks*), Susan Sontag (*AIDS and its Metaphors*), and others. A major question that García Düttman proposes for analysis concerns the relationship of deconstruction to AIDS, beginning with an interpretation of Heidegger and the subject of illness: "Does disease have a place in the meditation on history and historiality?... From whatever angle one considers its symptoms, disease always remains an existential phenomenon, and in the same way as does death. So it is a matter perhaps of understanding that disease affects *Dasein* itself, that it touches *Dasein* as a whole, or that the potentiality-for-Being-a-whole [*Ganzseinkönnen*] which characterizes *Dasein* is unthinkable without thinking disease." See "What Will Have Been Said About AIDS: Some Remarks in Disorder," trans. Andrew Hewitt, *Public* 7 (1993):107; originally published as "Ce qu'on pu dire du sida: Quelques propos dans le désordre," *Po&sie* 58 (Paris: 1991):10.

3. Jean-Luc Nancy argues that we now exist in absolute malignancy, which is to say that we no longer experience malignancy [*le mal*: "evil" and "illness"] as misfortune [*malheur*] – that is, as an irreparable rupture which still makes sense – nor as infirmity [*maladie*] – that is, a reparable rupture because "classical thought reasons on the basis of the disappearance or cancellation of death." The malignancy (or evil) in which the history of malignancy appears to culminate is neither reparable nor does it any longer make sense; it is linked to the question of technology, which designates an immanence without transcendence. See "Entretien sur la mal," *Apertura* 5 (Springer Verlag, 1991): 29. *Le mal* can also consist in the positive possibility of existence which occurs (as in Schelling) when freedom is free to unleash within itself forces against itself. See *L'expérience de la liberté* (Paris: Galilée, 1988), 164. On the relationship between infirmity and racial markings see the works of Sander Gilman, especially *Inscribing the Other* (University of Nebraska Press, 1991).

4. Michel Bounan, *Le temps du sida* (Paris: Editions Allia, 1990), 59.

5. Ibid., 85.

6. Ibid., 77.

7. Mirko D. Grmek, *Histoire du sida*, 2d ed. (Paris: Payot, 1990).

8. Ibid., 187-88.