

Thinking
Contributions from
Differently about
Critical Social Science
HIV/AIDS

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Introduction

Knowing and Responding to HIV/AIDS Differently

Eric Mykhalovskiy and Viviane Namaste

THIS ANTHOLOGY RAISES QUESTIONS about knowledge and HIV/AIDS: what we know, how we know it, and the relationship between knowledge and action. The book invites us to consider why questions of knowledge matter in our response to the HIV/AIDS epidemic, including the knowledge used to justify funding decisions, to develop policy, to inform community education, and to organize the delivery of health services. Contributors to this collection argue that if we wish to respond to the HIV/AIDS epidemic in all of its complexity, deep reflection on knowledge is required.

As we sit down to write this introduction, two recent news stories bring these questions about knowledge to the forefront and point to the complex landscape of the HIV/AIDS epidemic addressed by this book. The first story, from a British online newspaper, heralds a “breakthrough treatment” that it claims may have resulted in the first British man to be cured of HIV (England 2016). While the article quotes scientists who urge caution in interpreting early study results, it nevertheless recapitulates tales of faith in the capacity of biomedicine to resolve the epidemic. Such tales received a big boost in the mid-1990s with the development of antiretroviral treatments that, when taken in combination, successfully suppress HIV in the bodies of people living with the virus. The news article

extends such tales by invoking the possibility of a cure. A number of current clinical trials, including the study referred to in this article, aim to cure HIV by destroying all HIV-infected cells in people living with HIV, including “dormant cells that evade current therapy” (England 2016).

The second story, published in the Canadian daily the *Globe and Mail*, offers a rather different narrative about HIV. It focuses on the efforts of a group of front-line physicians to have the government of Saskatchewan declare a public health state of emergency in response to the dramatic increase in people newly diagnosed with HIV in the province (Picard 2016). The story does not tell a promissory tale of a soon-to-be cured disease but, rather, resurfaces discourses of a dangerous, out-of-control infection that is to be publicly feared. It notes how provincial neglect and enduring stigma have resulted in widespread HIV transmission among the province’s most disadvantaged people – members of its Indigenous communities. Rather than heralding a cure, the physicians in André Picard’s article issue a “*cri de coeur* for action” in the face of a public health crisis.

Of course, these news stories are representations that strategically frame the response to HIV in particular ways, a point that Denielle Elliott makes in her contribution to this collection. Here, we juxtapose the two news accounts to help put into relief the complexities and tensions that mark HIV/AIDS in the present moment. Juxtaposing them tells us about more than the differences in HIV/AIDS’s narration. It invites us to examine the stratified and uneven nature of biomedical intervention into the epidemic as well as the inequality, settler colonialism, and institutional inaction that, among other structural relations, continue to drive HIV transmission in Canada.

In Canada and other developed countries, advances in biomedical science and treatment have transformed what used to be regarded as a death sentence into a chronic manageable condition. People living with HIV/AIDS who have access to effective treatment can now expect to live long and healthy lives (Antiretroviral Therapy Cohort Collaboration 2008; Samji et al. 2013). Treatments have

also transformed the landscape of HIV/AIDS prevention. The combined results of research conducted since the early 2000s has led to the conclusion that people living with HIV who are on treatment and have been virally suppressed for at least six months cannot transmit HIV to their sexual partners (Barré-Sinoussi et al. 2018; Cohen et al. 2016; Loutfy et al. 2014; Rodger et al. 2016). This has encouraged the development of what is called biomedical HIV prevention (Imrie et al. 2007) as well as a global movement committed to popularizing the message that people living with HIV who are on effective treatment cannot sexually transmit HIV.¹

One approach to biomedical prevention, discussed by Adrian Guta and Stuart Murray in this volume, encourages widespread HIV testing and near immediate treatment initiation for people newly diagnosed with HIV, not only to improve their health but also to reduce their likelihood of transmitting HIV. Another approach, explored by Chris Sanders, Jill Owczarzak, and Andrew Petroll in this volume, called HIV pre-exposure prophylaxis (PrEP), involves HIV-negative people taking antiretroviral treatment to reduce their risk of becoming HIV-infected should they become exposed to the virus. Recently, widespread testing, rapid treatment, and PrEP have been cited as the source of dramatic declines in new HIV diagnoses among gay and bisexual men in the United Kingdom (Nwokolo 2017), the United States (Maslin Nir 2017), and Australia (Grulich et al. 2018).

At the same time that these important developments have occurred in the biomedical prevention of HIV transmission, HIV infection remains a serious public health problem. To take Canada as an example, of the roughly 65,000 people living with HIV in the country, some 21 percent do not know they are HIV positive (Public Health Agency of Canada 2015). New HIV infections are fundamentally patterned by structural relations of inequality. For instance, the prevalence of HIV in Canadian federal and provincial prisons is roughly ten times greater than in the Canadian population (Canadian Treatment Information Exchange 2017), and HIV incidence is 131 times higher among gay and bisexual men than

among other men, fifty-nine times higher among people who inject drugs than among those who do not, and almost three times higher among Indigenous than non-Indigenous people (Challacombe 2017).

The forms of inequality associated with HIV are manifold. In Canada, for example, HIV remains closely tied to poverty and housing insecurity. A recent Ontario study of over 600 people living with HIV found that 87 percent of participants were unable to meet basic food, clothing, and housing needs; 50 percent experienced housing instability; and 30 percent were at risk of losing their home (Rourke et al. 2015). Recent years have also seen a wave of unprecedented HIV criminalization, for which Canada and the United States serve as hot spots (Hastings, Kazatchkine, and Mykhalovskiy 2017; Hoppe 2017). As Colin Hastings notes in this volume, at precisely the time that HIV has become increasingly difficult to transmit, people living with HIV are facing the threat of harsh criminal punishment, at times facing aggravated sexual assault charges even when they pose a negligible risk of transmitting HIV to their sex partners. Such overuse of the criminal law contributes to the ongoing stigmatization of HIV. After almost three decades of HIV education and prevention, a 2012 study of public attitudes reported sobering findings about HIV stigma in Canada: 15 percent of survey participants felt “afraid of people living with HIV,” 48 percent “would feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS,” and 51 percent would be “uncomfortable if a close family member or friend dated someone living with HIV” (EKOS Research Associates 2012, x, 47, 82). The persistence of such HIV-related stigma complicates any suggestion that biomedical advancements have somehow normalized HIV (Moyer and Hardon 2014).

We live in a peculiar moment of the growing biomedicalization of the response to HIV (Clarke et al. 2010), in which narratives promising a cure are coincident with widespread HIV criminalization, structural inequality, HIV stigma, and rising infection rates among socially marginalized people, which, altogether, make HIV an ongoing health and public health crisis. The contributors to this

volume have faced the challenge of making sense of the many tensions and complexities associated with the Janus-faced nature of the contemporary HIV/AIDS epidemic. This has required them to recognize how biomedical treatments have improved the lives of people living with HIV who have access to them, while also acknowledging that processes of inequality, stigma, racialization, and the social dynamics of new infections mean that HIV is about so much more than treatments. It has also involved recognizing that biomedical developments are themselves suffused with social, political, and cultural relations and occasion new forms of self-governance, stratification, and inequality that are worthy of social science scrutiny.

For the first time, this volume brings together the work of Canadian social scientists – primarily sociologists but also scholars from anthropology, social work, interdisciplinary public health sciences, and elsewhere – who specialize in HIV/AIDS research.² Some contributors focus their chapters on the role that particular traditions of critical social inquiry can make to research on HIV/AIDS. Others present examples of empirical research that they have conducted on HIV that draw on critical approaches to social science inquiry. All of the contributors write about HIV in the North American context, with a primary emphasis on Canada. While they address a range of issues, concerns about biomedical and public health interventions in the epidemic, the forms of expertise they rely on, and their effects on varied communities of people living with HIV are a preoccupation for many of the volume's contributors. The contributors to this volume engage with theoretical and methodological work from a range of authors including Michel Foucault, Dorothy Smith, Didier Fassin, Bent Flyvbjerg, Bruno Latour, and Linda Tuhiwai Smith, to name a few, and cover a range of topics including biomedical prevention, HIV criminalization, HIV disclosure, front-line community work, public health emergencies, and epidemiological ways of knowing. Overall, the volume suggests how using a critical social science perspective can help us to better understand and intervene in the relations that produce and respond to the HIV/AIDS epidemic.

Why This Book?

We brought together this edited collection because we feel that critical social science inquiry of HIV can make important contributions to scholarship and to the response to the epidemic. We were driven by a set of interrelated concerns about the biomedicalization of HIV, the changing political context of the response to HIV/AIDS, and the closure of institutional and discursive spaces that encourage critical social science work on HIV/AIDS. In some circles, the success of biomedical treatments has promoted a kind of complacency about the HIV/AIDS epidemic and its social dimensions. It has promoted a way of thinking about treatments as purely biomedical phenomena that have no social character. This way of thinking places great faith in the capacity of biomedicine to “treat our way out” of the epidemic, a position critiqued by a number of scholars within and beyond the health sciences (Auerbach and Hoppe 2015; Bassett and Brudney 2014, 200; Nguyen et al. 2010). It also misrecognizes the fundamentally social character of biomedical developments and turns attention away from large-scale structural relations that continue to drive the epidemic. Taking a cue from decades of scholarship in science and technology studies that firmly position biomedical innovation within the scope of social science inquiry, the various chapters of this book that address biomedical treatments offer an important counterpoint to conventional biomedicalizing viewpoints.

At the time of writing, the Canadian state has yet to renew its commitment to properly fund a response to the HIV/AIDS epidemic (Hindmarch, Orsini, and Gagnon 2018). Federal funding for front-line HIV/AIDS organizations has remained stagnant since 2008. In 2016, some 30 percent of organizations funded through the Public Health Agency of Canada faced the prospect of immediate closure when their funding was eliminated by the agency (Minsky 2016). More broadly, proposed cuts to US funding of global HIV treatment and prevention efforts have prompted widespread concerns, including those expressed at the 2017 Paris International AIDS Society Conference, about the very future of the global fight

against HIV (Alcorn 2017). Given the volatile and precarious presence of HIV within current state policy priorities, a collection that directs critical attention to established approaches for managing HIV is both timely and relevant.

Over the course of three decades of conducting HIV/AIDS research, we have noticed a waning appreciation of the significance of critical social science research for addressing HIV-related issues. We suggest that undervaluing social science research on HIV is coincident with the consolidation of what has been described as an HIV/AIDS industry (Nguyen 2005; Patton 2002). By HIV industry, we have in mind a complex assemblage of state, civil society, and corporate actors and the forms of biomedical, pharmaceutical, behavioural, epidemiological, and related forms of expertise, discourse, policy, and technology that they draw on to know and respond to HIV/AIDS as a governable problem. The HIV/AIDS industry privileges biomedical responses to the epidemic, nominally relies on evidence-based decision making and its associated hierarchy of statistical and epidemiological knowledge, and encourages front-line responses to HIV that produce demonstrable measurable outcomes and that transfer the responsibility for addressing HIV to private citizens. These relations generate a demand for narrowly applied forms of research that treat HIV/AIDS as something to be addressed within the established terms of state, managerial, pharmaceutical, and biomedical discourses and technologies. The resulting agenda for research gives little value or significance to the styles of social science research that critique oppressive relations, attend to problems of inequity and injustice, locate HIV/AIDS in its social, economic, and political context, and emphasize remedial responses that connect biological, social, and cultural processes.

We imagine this collection as a space that encourages and emphasizes precisely these styles of analysis and substantive concerns. We intend it to intervene in the institutional and discursive closure of critical social science HIV/AIDS research. This closure manifests itself in HIV/AIDS conferences with social science tracks that have remarkably little, if any, theoretically informed social science con-

tent; so-called interdisciplinary HIV/AIDS journals that publish a steady fare of epidemiological, health sciences, and behavioural research to the relative exclusion of critical social science inquiry; and extramural funding opportunities that make securing the resources required to conduct critical social science inquiry of HIV incredibly difficult.

Of these limits, funding practices are perhaps most familiar to Canadian readers. Numerous scholars have argued that the policy change resulting in the transfer of health research from the Social Sciences and Humanities Research Council to the Canadian Institutes of Health Research (CIHR) has had a detrimental effect on critical social science health research. They have critiqued the CIHR's conception of interdisciplinarity (Albert and Laberge 2017; Whitfield and Reid 2004) and its policing of the boundaries of acceptable health research (Albert 2014) and have called into question the capacity and commitment of the CIHR to value the contributions of critical social science research on health (Graham et al. 2011).

Our own participation in external funding for HIV research raises similar concerns. In our experience, the mandates of the CIHR emphasize applied research that is produced through large teams of researchers and that relies primarily on positivist quantitative research methods. Funding applications that support established policy and program directions and that promise clear measurable outcomes related to HIV services are privileged. Many of the funding opportunities of the Ontario HIV Treatment Network (OHTN) are organized by the imperatives of implementation science, which seek to systematically apply scientific knowledge in the design, implementation, and evaluation of public health programs (Aral and Blanchard 2012; Glasgow, Eckstein, and Elzarrad 2013).³ Implementation science relies heavily on epidemiology, mathematical modelling, and evaluation research. What results from such funding opportunities is research formulated within established HIV/AIDS policy and program directions that designs and tests interventions or that evaluates their implementation, scale-up, and delivery.

While we recognize the value of HIV/AIDS research supported by the CIHR, the OHTN, and similar funders, we are concerned with how established funding relations for HIV research limit and corrode critical social science research on HIV/AIDS. The current funding and research infrastructure perceives research as a product, the results of which can be operationalized and known in a calculable way. It offers little space for work that is driven by theory rather than by a discrete set of outcomes, that centres the voices and experiences of those most affected by HIV, that calls into question the epistemological assumptions of program science, that commits to small-scale case studies over the goals of generalizability or scale-up, that eschews the values of efficiency, or that critiques rather than supports existing structures that govern the HIV/AIDS epidemic.

In creating a space for research that works against the grain of the established HIV/AIDS research apparatus, we have been inspired by a rich tradition of critical social science research on HIV/AIDS. In the very early years of the epidemic, social scientists emphasized the need to respond to the social, cultural, and political dimensions of HIV/AIDS. The body of work they produced destabilized assumptions about the neutrality of scientific and biomedical knowledge about HIV/AIDS and highlighted the socially constructed nature of the disease (Epstein 1996; Fee and Fox 1988; Martin 1994). It foregrounded the experiences of people living with, and affected by, HIV in analyses of risk, illness, sexuality, and identity formation (Adam 1996; Aggleton, Davies, and Hart 1990, 1995) and criticized the limitations of state, public health, scientific, and pharmaceutical industry responses to HIV (Oppenheimer 1988; Patton 1990, 1996; G.W. Smith 1990). Led by humanities scholars, the early literature on HIV/AIDS also examined the ways in which representations – in the mass media, in government discourse and policy, and in the work of community-based organizations – shaped both what was known about the epidemic and the actions made possible by that knowledge (Crimp 1988; Patton 1990; Watney 1988).

The contributions to this edited volume have all been inspired by the early tradition of critical social science research on HIV and

have been freed, relatively speaking, from the constraints of current funding imperatives. Collectively, they are an example of what is possible when critical social science research is not overwhelmed by evidence-based decision making, implementation science, neo-liberal policy imperatives, or narrow conceptions of applied research. While early scholarship in the field was deeply influenced by the humanities, as editors we have made the decision to develop a volume centrally concerned with a social science response to HIV/AIDS. This decision should not be interpreted to suggest that humanities scholarship and interdisciplinary perspectives are not important for the study of HIV/AIDS. Rather, it simply indicates our wish to situate the volume within a framework of social scientific theories, methods, and practices.

Many contributors to this volume are emerging scholars. The collection thus showcases the research of a new generation of social scientists dedicated to critical social science inquiry about HIV. If emerging scholars have faced an institutional context in which they have needed to insert themselves into a managerial logic in the mainstream HIV/AIDS industry, this book has created a space for them to connect with critical traditions of HIV social science, to address different questions, and to think and write differently about their contributions.

What Do We Mean by Critical Social Science Research?

We orient to the term critical social science research as a placeholder that groups together diverse styles of theoretico-empirical inquiry that diverge from approaches to research supported by relations of governance and ruling. Critical social science research calls into question the processes, limitations, and effects of practices that govern people's lives and seeks to contribute to contemporary struggles against social injustice, inequality, human suffering, and oppression. Using any concept that designates a mode of scholarly practice invites a host of questions about the specificity and range of its referent. To be clear, we reject any effort to equate critical social

science with any particular tradition of social inquiry, whether it be Marxist, feminist, postcolonial, decolonizing, Indigenous, anti-racist, or poststructuralist. We also avoid the use of “straw-man” versions of critical scholarship to suggest that critical work in the social sciences has largely run its course (Latour 2005). We wish critical social science research to operate as a generous and relatively open concept that names a range of analytic styles and approaches, including those that have been promoted by social scientists calling for public sociology (Burawoy 2004, 2005; Hanemaayer and Schneider 2014), engaged anthropology (Beck and Maida 2013; Fassin 2017; Low and Murray 2010; Mullins 2011), and activist scholarship (Frampton et al. 2006; Hale 2008; G. Smith 1990).

We recognize that because of the dominance of highly applied forms of research in the HIV field, the term “critical” sometimes gets used by social scientists to distinguish themselves and their work from what becomes framed as less politically sophisticated or expressly progressive forms of inquiry. At its worst, this type of engagement can take the form of smug self-assurance, whereby “critical” is invoked as an emblematic status without much reflection on what precisely makes one critical and what might be good about practising critical scholarship. To discourage this orientation to the term, we have asked contributors to this volume to draw on traditions of theory and research that they understand to offer a critical view of the social practices and arrangements they write about and to suggest how this is so. This has resulted in chapters that are informed by a variety of traditions often associated with critical social inquiry, such as Dorothy Smith’s approach to investigating ruling relations (Daniel Grace; Colin Hastings), studies in governmentality (Adrian Guta and Stuart Murray), critical ethnography (Denielle Elliott), Indigenous methodologies (Randy Jackson) and Flyvbjerg’s approach to phronetic social science (Chris Sanders, Jill Owczarzak, and Andrew Petroll). It has also resulted in chapters on approaches that have a less stable relationship to critical social science research such as actor-network theory (Martin French) and conversational analysis (Jeffrey Aguinaldo).

In shaping this collection, we have encouraged the contributors to inhabit an analytic space that negotiates between negative critique and principled normative claims-making about the objects of their inquiry. By negative critique, we have in mind a style of analysis that takes delight in identifying what is missing, absent, wrong-headed, or otherwise problematic about contemporary responses to the HIV/AIDS epidemic. Negative critics stand at some distance from efforts to intervene in the epidemic and repeatedly recite what is wrong with those efforts, without demonstrating any serious obligation or sense of responsibility to participate in efforts to make things work differently. It is a shallow form of critique that we discourage.

At the same time, we have seen a reluctance on the part of some scholars to engage in normative claims-making or to contribute concrete suggestions for improving the HIV/AIDS response. In an important statement on critical social science research, Andrew Sayer (2009) diagnoses this problem by referring to a historical divide between science and ethics in modernist thought. He argues that this divide continues to hinder the ability of critical social scientists to articulate a conception of the good. For Sayer, the result is the displacement of a robust critique of social practices in favour of more “timid” forms that seek only to unsettle current arrangements or encourage greater reflexivity on the part of scholars. We suspect that we find more value in reflexivity and analytic unsettling than does Sayer. Still, we have felt the need to explicitly encourage contributors to delve into normative questions about the social practices they have researched. Critiques of scientific rationalism, essentialism, progress, and other master narratives were extremely important for tempering and calling into question the hidden standpoints, biases, and lacunae of early critical social science projects. However, in our experience, some of the ways such critiques have been taught appear to have helped produce scholars who, while adept at calling into question the limitations of others’ perspectives, are far less able or willing to articulate their own position on matters of the day.

Of course, the very collocation “social science” invokes a variety of different disciplines, including, but not limited to, sociology, political science, geography, and anthropology. While the contributors to this volume draw on a number of related social science traditions, sociology remains a common reference point for many of them. This is not to say that all contributors strictly limit themselves to sociological theories and methods. Rather, it is to underline that their engagement with the idea of critical social science takes place, in large part, in dialogue with debates in sociology. The iterative process in which the book chapters were created, outlined in more detail below, has invited contributors to engage with sociological reflections on the concept and practice of “the critical.”⁴

Building on Organizational and Discursive Interventions

The approach to critical social science research that we have encouraged in this volume builds on earlier national and international efforts to articulate and express a critical social science perspective on health and on HIV/AIDS. In Canadian scholarship, an important watershed moment was the development of a critical social science in health perspective in the mid-1990s by Joan Eakin, David Coburn, Blake Poland, Ann Robertson, and other social scientists working out of the Department of Behavioural Science at the University of Toronto. They describe a critical social science perspective as a reflexive stance that poses questions about power relations, contradictions, and the dialectical relationship between individual action and structural forces in all areas of the research process (Eakin et al. 1996). They further argue that its value lies in exposing the political dimensions of authoritative research in ways that make it possible to envision alternative realities and ways of knowing that challenge the status quo. The collaborative work of Eakin and colleagues draws on a critical social science perspective to critique the displacement of health promotion by emerging population health frameworks (Robertson 1998). They critique population health for

its mistrust of social theory and over-commitment to empiricist quantitative epidemiology and enlist the political economy tradition to express an alternative perspective that emphasizes how the social determinants of health of groups of people are structured by advanced industrial capitalism (Poland et al. 1998).

The designation of a critical social science perspective in health promotion and population health research by the University of Toronto group offered social scientists working on HIV in Canada an important example of the value of putting a name to scholarly work that questions and articulates alternatives to established approaches to researching health phenomena. In 2008, a group of Ontario social scientists came together to make a similar move with respect to research on HIV. With support from the OHTN, they met to share experiences and concerns about funding and work conditions faced by social scientists conducting HIV research. A report summarizing the proceedings and making recommendations for change coined the term critical social science research on HIV and expressed a shared conception of its key features (Mykhalovskiy and Cain 2008). This edited volume is a response to one of the key recommendations made by the report – to create opportunities for publishing scholarly work on HIV that emphasizes critical approaches to social science research. The orientation to critical social science that we have encouraged is partly informed by the approach taken by this report. We have been particularly influenced by its emphasis on producing research for progressive social transformation and on reflexively exploring how the experiences of researchers and research participants are shaped by broad social, political, cultural, and economic forces.

Two more recent interventions in the form of meetings and meeting reports have further informed the development of this edited volume. In the first of these, a group comprising researchers, people living with HIV, health and social service providers, and activists met in Montreal in 2012 to participate in a one-day meeting entitled *New Directions for Critical Perspectives on HIV and AIDS*, which was organized by Marilou Gagnon and colleagues (2013). The purpose of the meeting was to reinvigorate critical social science

and humanities research on HIV by encouraging new networks among participants and by sharing emerging research and its relationship to intervention, policy, and research trends. *New Directions for Critical Perspectives on HIV and AIDS* was an important meeting that signalled a growing interest in critical perspectives on the part of a new generation of emerging HIV researchers in Canada, a number of whom were invited to contribute to this collection.

The second meeting was entitled “Beyond Failure: Thinking Critically about HIV Prevention, Research, and Services” and was held in Montreal in the spring of 2013.⁵ The meeting, which brought together many of the participants in this volume as well as scholars, researchers, and front-line workers in HIV/AIDS, sought to provide an occasion for deep reflection on the very notion and idea of failure. The current orientation of research funding in HIV/AIDS, in particular, requires researchers to claim that their work will positively impact the HIV/AIDS industry and ultimately reduce new HIV infections in Canada. While such a goal can have tremendous benefit, it precludes deep analysis of what has not worked at the level of research, policy, and programming. The idea behind this symposium, then, was to provide an occasion for sustained engagement with moments of failure in the HIV/AIDS industry in order to think about failure as being productive for learning and future action.

Finally, this volume has been inspired by the vision of critical, theoretically informed social science scholarship promoted by the international organization, the Association for Social Sciences and Humanities in HIV (ASSHH). ASSHH was created in 2011 by a group of social scientists in response to the ongoing marginalization of social science and humanities research by the International AIDS Society and its conference programs. During its six-year existence, ASSHH supported and promoted critically informed and theoretically engaged social science and humanities research on HIV at the global level. It realized this commitment by organizing the first global HIV conferences committed to social sciences and humanities research in 2011 (Durban), 2013 (Paris), and 2015 (Stellenbosch). ASSHH conferences were attended by hundreds

of social science and humanities scholars from around the world and generated an unprecedented interest in critical social science research on HIV at the global level. The networks of scholars that were formed through ASSHH, and the ongoing research that its members are producing, form important scholarly contexts for the contributions in this collection.⁶

To help build a coherent collection, the contributors to this book participated in two meetings. At our first meeting, held in Montreal in 2015, participants shared emerging understandings of critical social science and collectively explored what connects and distinguishes us as social scientists, including our substantive areas of interest, theoretical influences, and methodological and political commitments. At the second meeting, held in Toronto in 2016, contributors presented draft chapters that were pre-circulated to participants. With a view to realizing a collective vision for the collection, participants received feedback on their chapters and discussed the relationship between the individual trajectories of their analyses and arguments as well as the methodological and epistemological foci of their work.

Structure of the Book

Our edited volume is divided into two sections: “Critical Dispositions” and “Empirical Case Studies.” We use the term critical dispositions to name theoretical perspectives, methodological approaches, and traditions of inquiry that can be enlisted in critical social science research on HIV/AIDS. The first section of the book addresses five such dispositions: studies in governmentality, actor-network theory, institutional ethnography (IE), conversational analysis, and Indigenous methodologies. As we have already noted, this list includes perspectives that are at some distance from the established traditions of critical social science research as well as perspectives more typically associated with such work. Contributors to this section describe how a given tradition of research formulates versions of critical inquiry and constructs problem spaces

for investigation. They outline the questions that animate the fields they examine and introduce readers to relevant concepts, terminologies, and concerns of the dispositions they take up. Contributors also explore the possibilities, limitations, and challenges associated with making use of a given critical disposition in HIV/AIDS research, often by discussing particular empirical research topics. Finally, contributors to this section make arguments about how particular traditions of inquiry can move social science research on HIV/AIDS in novel empirical and analytical directions. Overall, the chapters in this section foreground questions about the relevance, impact, and limits of different frameworks for understanding the HIV/AIDS epidemic and, thus, for engaging with it in practical terms. We encourage readers to approach these chapters as an opportunity to learn more about particular theoretical traditions of critical social science inquiry and what they can offer to critical research on HIV/AIDS. The chapters in this section are not simple applications of a given critical disposition to an empirical site. Instead, they are occasions for considering different kinds of knowledge frameworks for making sense of HIV/AIDS more broadly.

Adrian Guta and Stuart Murray introduce readers to Michel Foucault's work and to studies in governmentality. They review Foucault's various discussions of governmentality and explore how social scientists have used the concept to problematize the relationship between power and knowledge in health care and in the HIV sphere. Drawing on a "critical analytics of governmentality," and its particular concern for the organization of governance at the level of the population, they turn their attention to the widespread and zealous implementation of treatment as prevention (TasP) and its associated monitoring technology, the HIV care cascade. They interrogate the conditions of possibility for the uptake of TasP. They also call attention to a host of potential power effects associated with the forms of biomedical, virological, public health, and epidemiological knowledge being produced by the unprecedented monitoring of people through the stages of the HIV cascade. Overall, they demonstrate how a governmentality perspective can

direct researchers to critically examine the power-knowledge relations through which the HIV/AIDS epidemic is governed and rethink our assumptions about what is needed to effectively intervene.

Martin French's chapter explores the critical potentialities of a perspective with an ambiguous relationship to critical social science: actor-network theory (ANT). In his discussion of ANT, French reflects on how the question of technology has been addressed in critical social scientific accounts of HIV/AIDS. He identifies a tendency in these accounts to underplay important technical details, favouring instead modes of analysis that foreground social-structural factors. While critical social science accounts have made important contributions by illuminating the broader social context of technologies, more remains to be said about the assemblage of technical artifacts that helps to materialize and govern HIV in bodies and populations. To make this argument, French provides an introductory discussion of ANT, a framework that devotes empirical attention to the way material realities are constructed, to the role of non-humans (thereby decentring human actors), and to the contingencies of enactment that yield unanticipated, or controversial, sites of inquiry. Using the example of a mobile phone application designed in the United States to help users manage their pill consumption regimes – Every Dose, Every Day (E2D2) – French also considers both what ANT can bring to the critical social science table and its limitations as a critical social science strategy. Taking us into a realm of theoretical inquiry that would not “normally” be associated with critical studies on HIV/AIDS, he invites us to suspend our taken-for-granted ideas of what counts, *a priori*, as critical inquiry.

Daniel Grace's chapter focuses on an approach to sociological inquiry that has received considerable attention in Canadian social science research on HIV – Dorothy Smith's approach to studies in the social organization of knowledge and IE. Grace takes the novel step of basing his discussion on interviews he conducted with social scientists who have used IE in their research on HIV. He offers a discussion of the particular approach IE offers for the critical

investigation of “ruling relations” and traces the strong links between IE and Canadian HIV/AIDS activism. He also reviews HIV research based on IE with a particular emphasis on critical studies of the social organization of access to HIV treatment and social and health services. Grace encourages us to think about IE not in isolation but, rather, in dialogue with other traditions of critical inquiry. He makes a plea for scholars not to oppose IE, *a priori*, against more applied forms of health research. Instead, he suggests that IE can help rearticulate and recalibrate some of the ways in which more mainstream public health research is conceptualized and operationalized.

Jeffrey Aguinaldo provides another example of a tradition of inquiry not typically associated with critical social science or with the study of HIV – conversational analysis (CA). In his chapter, Aguinaldo provides an overview of key features of CA, including its careful attention to the content of talk and how it is delivered in naturally occurring interaction. He also reviews debates about the potential for CA to contribute to scholarship that is explicitly political and raises important questions about our assumptions about the relationship between critical social science and the analytic and methodological approaches used to realize its goals. As a scholar with an interest in critical social science on HIV/AIDS, Aguinaldo argues that CA’s commitment to political neutrality does not negate its potential contribution to critical social science research. To support his argument, he produces a discussion of HIV stigma based on a CA analysis of HIV-positive disclosures. Aguinaldo cautions us not to ignore the micrological in research on HIV/AIDS and encourages us to question our assumptions about the content, theories, and methods of critical social science.

Finally, Randy Jackson’s chapter offers important insights about the relationship between Indigenous knowing and critical social science research on HIV. Drawing on his experiences as an Indigenous scholar on a range of HIV research projects, he produces a reflexive narrative about how he continues to negotiate tensions at the interface of colonialism, Western science, critical social science, Indigenous world views, and decolonizing methods. Jackson

describes his move from community-based participatory research methods to ways of creating knowledge that more actively integrate Indigenous perspectives by incorporating Indigenous traditions of storytelling and traditional teachings about the medicine wheel into his research process. Through a strong critique of the Western objectification of Indigenous people and the appropriation of Indigenous knowledge, Jackson underscores the need to produce knowledge differently. One provisional response he explores is the use of two-eyed seeing to weave Indigenous and Western approaches while avoiding “the pull towards sole use of Western theoretical foundations” (Jackson, in this volume).

The second section of this collection, “Empirical Case Studies,” offers readers examples of original critical social science research on HIV/AIDS written from different theoretical and methodological traditions across a range of empirical sites. The chapters explore issues at the forefront of contemporary debates about HIV/AIDS, including HIV prevention and syndemics, treatment optimism, HIV PrEP, community-based HIV work, HIV criminalization, public health emergencies, and the epidemiological construction of HIV. Collectively, they direct attention to forms of biomedical, public health, and policy knowledge that limit our ability to respond to the medical, social, and political challenges posed by HIV/AIDS and that aggravate or sustain relations of inequality, discrimination, and marginalization. In their respective chapters, authors report on their empirical findings and suggest how their research offers a critical analysis of the topics under study. Rather than simply finding fault with current arrangements, they demonstrate how critical social science perspectives can contribute to better meeting the needs of people living with, and affected by, HIV/AIDS. As case studies, these chapters engage with theoretical and methodological debates in writing that emphasizes the authors’ original empirical contributions to research on HIV/AIDS. Rather than posing questions about the strengths, limits, and possibilities of a given critical disposition for HIV/AIDS research – the focus of the first section of this book – the chapters in this section

apply particular theoretical and methodological perspectives to a given empirical site.

In his chapter on HIV prevention for gay and bisexual men, Barry Adam forcefully addresses the question of how critical social science can contribute to efforts to prevent HIV transmission. Adam takes issue with how “social” interventions, focused on individual risks and behaviour change as well as the growing emphasis on biomedical prevention, bypass broader structural relations that drive vulnerability to HIV. Adam invites us to consider how research that fails to consider structural issues discourages critical scrutiny of agenda and policy setting by powerful actors in the pharmaceutical, health services, and public health sectors. In an effort to move past the “biomedical individualism” and epidemiological reductionism characteristic of the mainstream HIV-prevention landscape, Adam turns to the concept of syndemics. He draws on American and Canadian literatures, as well as his own research on men newly diagnosed with HIV, to produce what he describes as an “experience-near” view of how syndemics shape gay and bisexual men’s sexual and risk practices. Adam’s analysis shows how a critical social science perspective can ground the psychosocial problems that are a characteristic focus of syndemics research in their broader cultural, political, and socio-economic contexts. He demonstrates how interventions from critical social science can help to refocus what it means to do applied HIV-prevention research.

Mark Gaspar offers a fine-grained empirically based critique of HIV prevention that echoes the concerns raised by Adam. Gaspar considers the focal point of his critique to be the epidemiological concept of treatment optimism. Treatment optimism has been used to suggest that gay men who believe in the prevention benefits of antiretroviral treatment are more likely to engage in sexual risk-taking. Gaspar offers an internal critique of the discourse of treatment optimism and a discussion of its foundational presence in HIV prevention, despite a slim evidentiary base. Like Adam, Gaspar’s research demonstrates how a critical social science perspective can fundamentally reorient our understanding of what constitutes a

sound empirical basis for HIV-prevention strategies. Using IE and other conceptual resources, he questions the relevance of treatment optimism and calls into question its reliance on narrow behavioural and psychosocial measures of gay men who engage in unprotected anal intercourse. Drawing on his interview research with young HIV-negative gay men, he offers a counter-perspective that offers a deeper and more complex understanding of how gay men make sense of biomedical innovations and respond to them through their sexual practices.

Chris Sanders, Jill Owczarzak, and Andrew Petroll extend the critical social science discussion of biomedical prevention through a focus on PrEP. Drawing on Bent Flyvbjerg's (2001) phronetic case-study approach, they examine the organization and delivery of PrEP services at an inner-city US health clinic. Their chapter raises important questions about the population-level use of anti-retroviral medications as a biomedical technology for HIV prevention among a group of clinic users who are primarily young African American gay and bisexual men. The authors document how this prevention work is conceptualized and operationalized. But, more than simply telling us about how prevention is currently organized biomedically, they raise fundamental questions about the allure of the pharmaceuticalization of HIV prevention, given the complex and tense historical relationship between biomedical experimentation and service delivery and processes of racialization. Drawing on their research insights, they consider whether the use of pharmaceutical drugs as a solution to high rates of HIV in some inner-city US communities might, in fact, obscure some of the structural factors that explain how and why racialized people living in these communities become HIV positive.

In recent years, HIV criminalization has emerged as one of the most significant political issues facing the global HIV/AIDS movement. Canada is routinely identified as a world leader in prosecuting people living with HIV for not disclosing their HIV status to their sexual partners. Colin Hastings's chapter offers an analysis of how some community-based HIV/AIDS organizations in the Toronto area respond to HIV criminalization. He stages a comparative

consideration of the relative merits of IE and studies in governmentality for exploring community-based responses to HIV criminalization. Hastings argues that, while studies in governmentality attend primarily to the reasoning and techniques of community-based responses, IE requires the social scientist to map how community organizers' interventions are coordinated by, and hooked into, broader social relations such as the criminal law. Hastings's chapter extends IE's characteristic critique of objectifying managerial discourses to the site of community work. He further suggests how IE can provide social scientists with the basis for reflexive, critical dialogue with community organizers. In doing so, he exemplifies a form of social science inquiry that can facilitate critical reflection not only among scholars but also among community organizers.

Finally, Denielle Elliott's chapter extends this volume's critical discussion of HIV, epidemiological knowledge, and public health through an analysis focused on the declaration of a public health emergency in Vancouver's Downtown Eastside in 1997. Drawing inspiration from the critical ethnographies of Didier Fassin and other medical anthropologists, Elliott examines the framing of public health emergency as "discursive practice and political action" (Elliott, in this volume). She traces connections between risk-factor epidemiology, study results about deaths related to heroin overdoses and HIV, the mainstream media's representation of such research evidence, and the public and professional understandings of the Downtown Eastside as a diseased and drug-addicted space. Elliott examines how the declaration enlisted a host of biomedical technologies for governing the poor and fuelled a disconnect between representations of the Downtown Eastside and the lived realities of its community members. A particular concern she raises is the foreclosure of clinical care for Indigenous women and men living in the Downtown Eastside who have become overcoded as drug-using people living with HIV. At a time of growing concern about dramatic increases in opioid-related deaths, Elliott's chapter offers an important cautionary note about the knowledge politics and unintended consequences of declaring public health emergencies.

Conclusion

This volume intervenes in what we know about HIV/AIDS. It reinvigorates a tradition of critical social science research, the significance of which has been challenged by the forms of research, policy, funding, pharmaceutical technologies, biomedicalized HIV prevention, and other contributing relations that organize mainstream responses to the epidemic. This book does not offer a monolithic account of what constitutes critical social science research on HIV/AIDS. While we have encouraged contributors to navigate analytic tensions associated with negative critique and normative claims-making, we have not tightly policed the boundaries of critical scholarship. We understand critical social science research on HIV/AIDS to be an open terrain. In our view, it encompasses a range of theoretico-empirical social science inquiries that challenges authoritative epidemiological and behavioural science ways of knowing, critiques established approaches to managing the HIV/AIDS epidemic, and creates knowledge that aims to help end the forms of inequality, oppression, and stigmatization that drive the epidemic.

To produce this anthology, we brought together a group of Canadian social scientists and invited them to contemplate and write about what makes their work critical. We asked them to demonstrate what is useful about reflecting on the “critical” in critical social science research, what it means for their approaches to investigating their substantive areas, and how it can contribute to the types of interventions into the epidemic that can be imagined. Their responses, organized in terms of critical dispositions and empirical case studies, traverse a range of theoretical perspectives, methodological approaches, and substantive areas of inquiry. We prepared this volume with different audiences in mind. Most obviously, we hope it speaks to social scientists in Canada and beyond who do research on HIV, including those who are well versed in critical approaches to inquiry and those for whom the book’s contents may pose a novel enticement. We also hope social scientists who study health and health care, but do not specialize in HIV research, may find the book of interest. The discursive and institutional constraints

on critical, theoretically informed inquiry identified in this book are not unique to the field of HIV. As such, the critical response this book makes to those constraints may be of interest to non-specialists. Of course, it is also the case that many of the issues explored in the volume – the nature of critical social science inquiry, the similarities and distinctions between different traditions of critical social science research, how those traditions shape particular objects of knowledge, and the connection between research and social transformation, for example – are of potential interest to any social scientist with a critical imagination.

We also hope this collection will speak to our colleagues in public health, the community sector, and other areas of direct response to the HIV/AIDS epidemic. This book seeks to change mainstream ways of thinking about, researching, and responding to HIV. Public health scholars and community-based researchers may find the volume useful for considering how to engage social science inquiry when carrying out research that traverses theoretical and applied relevancies. They will also find a unique invitation to consider how reflecting on the critical is relevant for public health and clinical practice. Readers who are located in the community-based HIV/AIDS services sector might read the chapters in this book in a spirit of discovery and learning. Critical social science research questions taken-for-granted ways of knowing, and, therefore, of acting, in relation to the HIV/AIDS epidemic. This anthology invites community workers to think about different ways of organizing services, articulating policy, and mobilizing communities. This book's primary interlocutors are social scientists. However, epidemiologists, implementation scientists, community workers, and research managers might use the book to consider how we all create knowledge about HIV/AIDS and what forms of intervention and engagement can be opened up when we begin to create knowledge differently.

In no sense is this book the final word on critical social science and HIV/AIDS. It does not include all possible versions of critical social science research, nor does it address all topics of interest or all of the affected communities. In setting out to create this anthology, we did not privilege certain theoretical and political

perspectives that are currently popular in the HIV sector such as intersectionality and the politics of identity. We did not begin with the *a priori* assumption that an anthology devoted to critical social science research on HIV must address questions that relate to specific communities or identities such as racialized people, immigrants, or trans women. While not denying the importance of attending to those questions, as we have stated, our approach was to encourage contributors to consider what the critical in critical social science research means in their work. The Canadian community of social scientists invested in the concept and practice of critical social science is not boundless. Among those included in this volume, we find more research attention paid to gay and bisexual men than to other communities. We look forward to critical and other responses to this collection and, of course, to the novel and unanticipated work in this area that this volume might stimulate.

Our volume includes a short conclusion. Rather than reiterating the arguments of individual chapters, we use the conclusion to reflect on how this volume offers a new knowledge response to HIV/AIDS. We invite reflection on what robust engagement with critical social science can offer to our collective response to the epidemic. In the conclusion, we also take the opportunity to inquire where the field of critical social science research on HIV/AIDS needs to go.

We hope this book helps to reinforce a specifically critical orientation to social science research on the HIV/AIDS epidemic. We hope that the empirical case studies and discussions of critical dispositions that it offers contribute to a collective dialogue about the nature of critical social science engagement with HIV/AIDS and the spaces of understanding, complexity, and intervention it promises. Most of all, we hope this collection encourages researchers and scholars to think deeply and carefully about how we produce knowledge about HIV/AIDS and why doing so matters for the responses to the epidemic that are proposed. Critical social science is deeply implicated in the history of scholarship on HIV/AIDS. This volume seeks to extend that tradition and to ensure that our current response to the HIV/AIDS epidemic includes a robust consideration of critical social science traditions.

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