Reviews


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In 2003, when Magic Johnson’s face began appearing on billboards for the new HIV drug Combivir, the obvious intention seemed to be to advertise a new drug, but, at the same time, Johnson’s reemergence in popular media also worked to dispel some longstanding rumors. Even before Johnson’s wife, Cookie, declared in an *Ebony* magazine interview that her husband was “cured” of HIV, there had been rumors. In recent years, Johnson had fallen out of public sight, sparking whispers that he was cured, privy to some secret treatment, or never had HIV to begin with.

Johnson’s bold reappearance in the media is indicative of the problems in HIV testing and treatment that Blake Scott analyzes in his recent *Risky Rhetoric: AIDS and the Cultural Practices of HIV Testing*. For GlaxoSmithKline, Johnson’s face is as valuable as his name, as the ad purports that staying healthy with HIV is as simple as three easy steps: going to the doctor, taking Combivir, and thinking positively. This simple prescription for health demonstrates one of Scott’s most cogent arguments, as it employs the use of “faulty enthymemes” to obfuscate the complexities of HIV testing and treatment.

The HIV test, Scott argues, has been an intense focal point throughout the history of HIV/AIDS, acting as a magic bullet and “overshadowing education, treatment, and other types of initiatives.” Positioning himself as an organic intellectual with personal and civic commitments to

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understanding the disease, Scott hopes his analysis of the cultural-material practices surrounding testing can lead to interventions in the testing practices of HIV. Careful to explain he’s not anti-testing, he hopes for changes in the way testing is perceived in the public eye and practiced in testing centers. While Scott’s study is written “mainly for a dual audience of rhetoricians and cultural critics,” his clear, thorough analysis is easily accessible to laypeople as well.

Along with its distinction as the first book-length study of HIV testing, Scott’s book also makes significant contributions in its methods and approach, which he outlines carefully in the first two chapters. Scott terms his hybrid approach “rhetorical-cultural,” drawing on rhetorical concepts such as the enthymeme, stasis, scales topos, and kairos to deftly explain the material-cultural effects of HIV testing. Also noteworthy is Scott’s attention to the material conditions of testing and testees; his later chapters devoted to home test kits, prenatal HIV testing, and a narrative of the HIV test at a local site are the most valuable parts of the study, as they focus on specific scientific and cultural practices, the rhetorical arguments behind them, and possibilities for intervention.

Focusing on the “faulty enthymeme” to reveal the downside of HIV testing practices, Scott examines how the testing “enthymeme’s force depends not on a strict sequence of deductive reasoning but on the persuasive power of a wider web of premises and appeals, not all of which are ‘logical.’” With the help of diagrams, Scott lays out the faulty enthymeme that promises that testing leads to the beneficial effects of knowledge, intervention, empowerment, treatment, and improved quality of life. He destabilizes the logic of this enthymeme by characterizing the test as a disciplinary and surveillance technique that does not always guarantee such “beneficial effects.” Name-based reporting can compromise privacy, allowing employers and health insurance providers to discriminate. Like the grossly simplified prescription for health in the Magic Johnson ad, testing is just as complex and bound by material realities as treatment. While the enthymeme assumes that HIV testees will gain immediate empowerment, it “ignores the complex sociocultural factors that constrain people’s ability to make decisions and carry out actions, factors such as self-esteem, social norms about sexuality, inter-
personal power dynamics, and dependence on drugs or alcohol.” In his compelling chapter on home test kits, Scott not only uses stasis theory to analyze how the test was approved, but also investigates the material realities of how the home test is advertised and perceived in the public eye. Illuminating the disparities between who the test was approved to serve and who it actually is advertised to after approval, Scott reinforces his previous critiques of testing, as the kits attempt to regulate sexuality, reinforce unsafe sex, separate risky bodies from normal bodies and promote inaccurate reasons for getting tested.

In a helpful chart, Scott outlines a partial account of the negative, disciplinary “side effects” of testing, which could be made more persuasive by some specific examples, court cases, or anecdotal evidence. Material effects such as lifelong medical case management and monitoring, breach of privacy, loss of job and insurance, psychological distress, and abandonment or abuse by partner all appear on the chart, but a more in-depth look at examples of these side effects is necessary to fully replace the faulty enthymeme with a more accurate representation. Scott’s analysis of the scales topos, another popular rhetorical argument for HIV testing, is more compelling because it clearly and specifically delineates the risks and effects of testing for infected individuals. Particularly in his chapter on prenatal testing, Scott effectively uses the scales topos to demonstrate how women’s risks are weighed against their fetuses. Scott also employs the faulty enthymeme again, offering more specific “disciplinary effects” that result from privileging fetus rights over women’s. With specific examples and recent studies, he describes how women who have been tested have higher prevalence of many negative effects, including healthcare discrimination, personal isolation, loss of job, domestic abuse, prosecution for harming their fetuses, loss of custody, and coerced abortion. In his final chapter, Scott calls for an “ethic of responsiveness,” which includes ethical testing to recognize interdependencies among people, value difference, and seek justice through inclusive policymaking for ensuring better testing procedures. He suggests that rhetoricians subvert the faulty knowledge enthymeme and the scales topos with “situated knowledges” that “would foreground women’s own interpretations of their needs and interests” and make them “partners in inquiry.” He urges rhetoricians to consider replacing the scales topos with
"relational deliberation" to acknowledge the complexities, interconnectedness and contextualization of women’s lives.

Several times throughout the book, Scott mentions that safe sex pedagogy, advertisements, and testing campaigns often position the heterosexual women as solely responsible for safe sex. In fact, Scott identifies Magic Johnson’s 1991 announcement of his HIV status as “one of the few times in the epidemic when the vulnerability of straight men was widely acknowledged.” Using ads and articles from popular women’s magazines, he captures “the national pedagogy’s charge to the woman to protect the public’s sanctity.” He also critiques ads and testing pedagogy that focus on the test as a confession or aphrodisiac, which position the test as a certificate of cleanliness, relationship marker, or an asset in partner selection. Interestingly, women’s magazines such as Cosmopolitan and Seventeen promote these confessional and aphrodisiac discourses with accounts of young women’s “sexual slipups” or narratives of couples’ test taking “commitment” ceremonies. Instead of permanently changing behaviors of having safer sex, the HIV test is both represented and taken up as a “quick means of relieving anxiety, a confirmation of partner selection schemes, and a green light for practicing unsafe sex.”

In light of how Scott notes that heterosexual women are often portrayed as solely responsible for enforcing safer sex, chapter five has the potential to dramatize this gendered, risky rhetoric and its material effects even more by telling the story of “Lisa,” a young women taking the HIV test at a local testing center in State College, Pennsylvania, and her test counselor, “Mark.” Drawing on Susan Squier and E. Ann Kaplan’s work with fiction, Scott makes his analysis of the risky rhetoric of HIV testing come alive with his semi-fictional narrative of Lisa’s experience, interspersing his own analysis, drawn from his experiences as a test counselor and HIV educator. Considering Scott’s critique of the paternalistic discourses surrounding safe sex pedagogy, prenatal testing and home test kits, his noting that heterosexual men often seem exempt for safe sex pedagogy while women most often are not, and his desire to intervene in HIV testing practices, it might be more productive to fictionalize a male testee and female test counselor. While Scott’s fictionalization may reflect current conditions and problems, in order to build off of Squier and Kaplan’s use of fiction “to incorporate risks that
more official and scientific risk-management discourse encloses or leaves out,” an inversion of the typical women’s magazine narrative would be an important contribution. This inversion would support Mark’s attempts to focus on actions rather than identities to resist the faulty enthymemes presented in the testing questionnaire. In his most concrete solution to the problems with testing he presents in the book, Scott recommends revising the HIV tests’ rhetorical situation by individualizing testing processes and critiquing the test within a larger network of articulations that influence subjects like Lisa; the test thus becomes a more flexible experience, rather than a “fix.”

To close out his analysis, Scott reinforces his call for an ethic of responsiveness. A compelling “what-if” underscores this need: “Had New York policymakers deliberated along with pregnant women, health care providers, and others intricately involved in the problem of perinatal transmission, they might have replaced compulsory testing with a more comprehensive set of solutions that better ensured treatment and other services needed by women and their infants.” With new technological developments and emergent forms of testing just around the corner, an ethic of responsiveness that Scott has modeled as a cultural theorist, rhetorician and organic intellectual is urgently needed. Scott’s analysis is valuable beyond the reaches of HIV testing, as the faulty enthymeme continues to operate in popular culture, advertising, and treatment discourses, and to capitalize on high profile faces like Magic Johnson’s. Scott’s powerful critiques of HIV testing, especially in the form of prenatal testing, has the potential to inform continuing debates about other forms of testing; his thought-provoking “what if” scenario inspires more applications of his critique. What if, for example, we applied Scott’s analysis to questions of rapid response HIV testing, genetic testing for disability in fetuses, or the use of human and nonhuman subjects in drug trials?