

Metáfora contagiosa: AIDS and Metaphor in the Hispanic Caribbean¹

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Of course, one cannot think without metaphors. But that does not mean there aren't some metaphors we might well abstain from or try to retire.

—Susan Sontag, *AIDS and Its Metaphors*

People don't want us to: cut their hair, serve them food, babysit their children, marry them or be their friend.

—Regan Hofmann, “How Stigma Kills”

1. Introduction

In a recent article in *POZ Magazine*, Regan Hofmann, the periodical's Editor-in-Chief and one of the celebrated faces of Kenneth Cole's “Awearness” campaigns, remarks that “while we can chirpily discuss vaccinating our children against HPV as we choke down our Cheerios, and we can sit comfortably in front of commercials for herpes drugs, the mere whisper of the word ‘AIDS’ often causes all polite conversation to cease.” It would be justifiable for someone who has lived with HIV since 1996 to reach such a conclusion solely based on her own experiences; for four years, Hofmann remained anonymous in her correspondence with the magazine until she “came out,” so to speak, on its cover as being HIV-positive.² Nonetheless, she provides us with proof in numbers. A 2007 survey conducted by the Foundation for AIDS Research showed that forty-seven percent of Americans are uncomfortable with an HIV-positive woman serving us food at a restaurant, while fifty-nine percent of us are somewhat or completely uncomfortable with hiring an HIV-positive caretaker for our children and a whopping eighty-seven percent of us hesitate to date someone with HIV. These figures guide us to the article's

¹ I adopt the term “Metáfora contagiosa” from a poem of the same name by Manuel Ramos Otero.

² For a more in-depth biographical sketch of Hofmann's experience with HIV see “The Coming Out of Regan Hofmann” in *New York Magazine* (05/28/06, <http://nymag.com/news/features/17142/>).

argument: stigma kills. Because of AIDS-related stigma, Hofmann notes, many people with HIV avoid seeking life-saving treatment. Many still do not even know they are infected; they avoid getting tested out of fear of what a positive result might mean. Stigma surrounding AIDS is, without a doubt, a huge barrier to both individual and public health.³

The creation of AIDS-related stigma has its roots in metaphor. In her 1988 essay *AIDS and Its Metaphors*, Susan Sontag examines the numerous ways in which HIV/AIDS is represented in culture and society. Extending the arguments she had expounded ten years earlier in *Illness as Metaphor*, Sontag exposes the dangers of employing metaphors in discourse surrounding illness. The purpose of her work, she tells us, is “not to confer meaning, which is the traditional purpose of literary endeavor, but to deprive something of meaning: to apply that quixotic, highly polemical strategy, ‘against interpretation,’ to the real world” (102). While her analyses, including close readings of literary texts as well as political statements, are cogent, they center on North American and European cultural productions. We must question, then, the extent to which Sontag’s points are applicable to cultural productions from other regions. Using *AIDS and Its Metaphors* as a point of departure, I examine cultural representations of HIV/AIDS in the Hispanophone Caribbean and its U.S. Diaspora. I use Sontag’s framework to trace the metaphors Caribbean artists use to represent AIDS. Focusing on poetry, novels, and music from Puerto Rico, Cuba, and their Diasporas, I prove that the attachment of meaning to AIDS occurs through metaphor and, further, that these metaphors ultimately hinder a patient’s ability to cope with his condition.

2. Abjection and the Dehumanization of the AIDS Patient

“Etymologically, patient means sufferer,” Sontag tells us, adding that “it is not suffering as such that is most deeply feared but suffering that degrades” (125). This degradation, she holds, causes the most awful, horrific illnesses to be those that “are perceived not just as lethal but as dehumanizing, literally so” (126). The dehumanization of the HIV-positive subject occurs in a literal sense. Historically, discourse revolving around illness has centered on the separation of the face from the body. Sontag highlights, for example, that certain maladies such as heart illness, polio, and influenza have garnered unmetaphoric reactions precisely because they do not deform one’s face. As such, these illnesses allow the patient to retain his status as “human” as well as a certain degree of dignity. The

³ Hofmann, Regan. “How Stigma Kills.” *POZ Magazine*, December, 2009.

AIDS patient, however, suffers from physical ailments that denote his status as being HIV-positive.⁴ These marks ultimately become signs of decomposition and mutation—dehumanization.

Moreover, Sontag remarks that not all facial mutations caused by illness are perceived in the same way, that is, as repulsive. Those that do garner this response, however, are typically the ones that are associated with animality (Sontag offers a leper's "lion face" as an example) or rot (as in the case of the syphilitic, for instance). This image of the AIDS patient as a rotting subject, no longer fully human, comes into direct dialogue with both Erving Goffman's *Stigma: Notes on the Management of Spoiled Identity* (1963) and Julia Kristeva's *Powers of Horror: An Essay on Abjection* (1982).

Goffman is primarily concerned with exploring the reactions that stigmatized subjects elicit from "normal" people.⁵ He focuses specifically on what he calls "mixed contacts," or "the moments when stigmatized and normal are in the same 'social situation,' that is, in one another's immediate physical presence, whether in a conversation-like encounter or in the mere co-presence of an unfocused gathering" (12). Goffman then goes on to consider the perception normal people have of the stigmatized subject. Interestingly enough, he notes that the person who possesses the stigma—literally, a physical marker denoting some type of negative blemish or association with a particular race, nation, or religion—is dehumanized. According to Goffman, normals believe that the stigmatized individual is not quite human; in order to maintain his inferiority, they construct an ideology that accounts for his apparent, alleged danger, while they rationalize their animosity towards him (5).

Kristeva, too, discusses ways in which the human subject is dehumanized. She construes the abject as the human reaction, most often vomit or horror, to the breakdown in meaning resulting from the loss of distinction between subject and object. The abject stands in opposition to both the subject, the I, and the object. Moreover, while the object leads to a desire for meaning—the meaning created, in psychoanalytic terms, by the barrier separating it from the subject—the abject directs us toward the place where meaning collapses. It is the object that is rejected. The quintessential example of the abject is the corpse, specifically the corpse of a relative or friend. The cadaver, Kristeva reminds us, exposes us to what we permanently reject in order to ensure our own survival. Said another way, the cadaver forces us to acknowledge the materiality of our own death; it blurs the boundary between subject and object. In short, the corpse, "seen without God and outside of science, is the utmost of abjection. It is death infecting life. Abject" (Kristeva 4).

⁴ These may include, for instance, Kaposi's Sarcoma lesions. Tom Hanks's character in Jonathan Demme's 1993 film *Philadelphia* exhibits one such visible physical transformation.

⁵ "We and those who do not depart negatively from the particular expectations at issue I shall call the *normals*" (Goffman 5).

It is crucial to note that Kristeva emphasizes the processes involved in the abjection of the self. This occurs when the subject, after repeatedly failing to identify himself with something on the outside, realizes that the impossible constitutes his very being, that the impossible is found on the inside. This so-called *impossible* is, indeed, the object. Consequently, the subject rejects something from within in the form of vomit, for instance.

How, then, do Goffman's conception of the dehumanization of the stigmatized individual and Kristeva's notion of the object come into dialogue with Sontag's analysis of the metaphorization of illness? The answer is two-fold. For one, as earlier noted, Sontag remarks that AIDS causes the patient to undergo a gradual, physically visible, process of dehumanization. The AIDS patient steadily suffers from facial ailments that convey a mutation; once a human subject, he is now dehumanized. What's more, as Kristeva duly underlines, the object "pulverizes the subject" (5). The boundary between subject and object fades, and the meaning constructed by this dichotomy breaks down.

Additionally, public discourse surrounding HIV/AIDS during the early years after HIV's isolation in 1981, up until 1996, when Highly Active Antiretroviral Treatment (HAART) first became an effective way of treating the illness, equated a diagnosis of HIV with death. Sontag writes, "The obvious consequence of believing that all those who 'harbor' the virus will eventually come down with the illness is that those who test positive for it are regarded as people-with-AIDS, who just don't have it...yet. It is only a matter of time, like any death sentence" (120), shedding light on the social tendency to perceive HIV-positivity as the first step in a guaranteed progression to AIDS and to an eventual, inevitable death. This equation of a diagnosis of HIV-positive with death comes into conversation with Kristeva's work on abjection. Once the diagnosis is made, the HIV-positive subject is not only dehumanized, he is also faced with the concrete materiality of his own death. The boundary between the subject, the I, and the object is blurred. The HIV-positive subject abjects part of himself. He is a *revenant*, a living corpse occupying the gray zone between life and death, not fully pertaining to either.

One instance in which we observe the relationship between abjection and metaphors of AIDS occurs in the Cuban writer Reinaldo Arenas's autobiography, *Antes que anochezca* [Before Night Falls]. After being exiled from Cuba during the Mariel exodus, Arenas moved to New York City, where he wrote his work and, struggling with AIDS, ultimately committed suicide. He situates the reader in the New York of the early 1990s. In one of the last chapters of his work, Arenas writes, "*Jorge murió del SIDA; la plaga que, hasta ese momento, tenía solamente para mí connotaciones remotas por una especie de rumor insoslayable, se convertía ahora en algo cierto, palpable, evidente; el cadáver de mi*

amigo era la muestra de que muy pronto yo también podía estar en esa misma situación” (334).⁶ Arenas recognizes himself in his friend’s cadaver. He is placed within the realm of the abject. The border that once separated the subject from the object has been erased. The cadaver of his friend who died from AIDs-related complex signifies Arenas’s own position on the path towards the abjection of the self. He is confronted with the materiality of his own imminent death and, as such, occupies the space of the abject—neither subject nor object.

The Puerto Rican poet Manuel Ramos Otero’s anthology of poetry, *Invitación al polvo*, also describes the processes involved in abjection. In particular, the poem “*Nobleza de sangre*,” or “Nobility of blood,” exemplifies the ways in which AIDS and its physical symptoms relate to the abject:

Señor, me consta que muchos pacientes de SIDA que tiernamente/ [creen/ quel hombre (y creo que también la mujer) fueron hechos a tu/ [imagen/ y semejanza, piensan que tú has pasado por toda esa caterva/ de enfermedades infecciosas que a los pacientes de SIDA nos/ [aquejan/ (y mira que hemos sido pacientes): esos sudores o escalofríos/ [nocturnos/ (como si para ti la noche existiera), ese cansancio eterno, Señor, que no me deja caminar (y mucho menos dejar de escribir mi/ [poesía),/ esa marginación sin límite, ese asco colectivo al Kaposi Sarcoma/ y la tuberculosis, a la flaqueza y a los hongos epidérmicos. (Ramos Otero 62-63)⁷

Ramos Otero outlines a series of physical ailments associated with AIDS: eternal tiredness, night sweats, chills. It is interesting to note, however, that at the end of the list he delineates specific ailments that prescribe certain reactions from the public. These, including Kaposi’s Sarcoma, gauntness, tuberculosis, and epidermal fungi, elicit a feeling of disgust. Ramos Otero describes “the collective disgust” the public feels towards patients who suffer from Kaposi’s Sarcoma, whose faces are marked by visible lesions. These lesions, then, become signifiers of the patients’ status as not only being HIV-positive, but also as having AIDS, and thus being fated to suffer an imminent death. Moreover, they become stigmas, physical markers denoting the subject’s status. The “collective disgust” the public feels toward the AIDS patient with KS lesions is a direct result of abjection. The lesions indicate that the HIV-positive subject has been dehumanized, physically so, and thus no longer retains his human subjectivity. He is, again, a *revenant*, a living corpse. The lesions signify that he has been diagnosed with AIDS, which, in turn, signifies death. This confrontation with death incites the public’s disgust. Just as the sight of a corpse

⁶ “Jorge died of AIDS; the plague that, until that moment, only had remote connotations as a type of inescapable rumor, and had now become something certain, palpable, evident; my friend’s cadaver was proof that very soon I too could be in the same situation” (Arenas 334, my translation).

⁷ Lord, I am sure that many AIDS patients who tenderly/ believe that man (and I also think woman) were made in your/ [image/ and semblance, think that you have passed through that whole horde/ of infectious illnesses that on us AIDS patients/ [are afflicted/ (and see that we have been patient): those sweats or shivers/ [nocturnal/ (as if for you night existed), that eternal tiredness, Lord, that does not allow me to walk (and much less allows me to write my/ [poetry),/ that limitless marginalization, that collective disgust of Kaposi’s Sarcoma/ and of tuberculosis, and of gauntness and of epidermal fungi. (Ramos Otero 62-63, my translation)

marks the destruction of the meaning created by the subject-object dichotomy, so, too, does the sight of the AIDS patient with KS lesions.

I would like to turn now to the Cuban-American writer Elías Miguel Muñoz's *The Greatest Performance* (1991). Written in the form of a dialogue between Marito and Rosita, two friends born in Cuba who move to the U.S., the work takes place during the late eighties and early nineties. The story's apogee occurs when Marito finds out he is HIV-positive. The scene in which he gets tested perfectly demonstrates the ways in which the HIV-positive subject is dehumanized. Marito, through Rosita's voice,⁸ explains:

They don't know your name. They tell you from the very first moment, when the receptionist greets you. *We don't want to know who you are or where you work or where your friends are.* Just write down your phone number for us, that will be your identity. [...] So I spill my guts out. A benevolent and sexless voyeur, he watches me as I give myself away to maleness: as I swallow and eat and choke and rim and fuck and get fucked and fucked and fucked again. And when the orgy ends, when nothing is left of all the bodies but a mound of ashes on his carpet, he rises, he walks, he moves out of his way the plant that sits on the windowsill. He sits there by the window, avoiding my eyes. And then he speaks, his hands on his lap. And I listen. (Muñoz 128-129, my emphasis)

Immediately after entering the office, Marito is reduced to a number; the staff tells him not to disclose his name, his employment information, or any other identifying facts. His phone number becomes his identity. In a word, his humanity is erased once he enters the clinic. The clinic, then, is reminiscent of the space occupied by the abject. Marito goes to get tested without knowing whether he is HIV-positive or negative. This ambiguity characterizes the room as a space in which one oscillates between life and death, a space in which a negative result means life and a positive result means death. It is essential to note the doctor's actions when speaking to Marito. He avoids Marito's eyes, an act that foretells the diagnosis and suggests a blurring of humanity. Marito is no longer human; the doctor knows the results of his test and cannot look him in his eyes; to do so, in light of the equation of a positive diagnosis with death, would be to confront a living corpse. In short, it would be to face death.

Marito's confession to the doctor is also interesting in the way it relates sex to death. The gay male body is transformed into a hypersexualized object. Marito recounts the sexual act in detail, picking up speed as he frantically describes the orgy. What's most illuminating about Marito's description, though, is the very end of the orgy. He remarks that when the orgy ends, nothing is left but a mound of ashes on the carpet. The reader is confronted with a series of associations; we anticipate that, like a phoenix, the bodies will rise from their ashes but, instead, only the doctor rises. The doctor retains his

⁸ We eventually learn that the novel is Rosita's attempt at rewriting her lifelong friendship with Marito after his death.

humanity while the HIV-positive subject is rendered inhuman. Sex converts the human subject into a disposable object, a pile of ashes. Moreover, sex is perceived as something violently fatal, a point Foucault clarifies in *The History of Sexuality*: “The pathology of sexual activity itself is constructed around two elements by which the dangers of the sexual act are usually characterized: an involuntary violence of tension and an indefinite, exhausting expenditure” (Foucault 113). For Foucault, the sexual act is pathologized. We note both elements of risk proposed by Foucault in Marito’s description. For one, there is a concrete relation between sex and violence; Marito depicts a sadistic scene in which a violent act, such as strangulation, becomes a catalyst for sexual desire. Secondly, the tone and speed of the passage reflect the “exhausting expenditure” which Foucault mentions. Marito begins his description with a neutral tone. Through the repetition of words (“...fuck and get fucked and fucked and fucked again”), however, the passage gains speed until the bodies are transformed into a pile of ashes. This last moment becomes a catharsis for the reader. The passage’s rapidity decreases, and the doctor rises.

3. The Citizen, the Foreigner, and AIDS

Another tendency in discourse surrounding AIDS is to envision HIV as an intruder that comes from the exterior, both literally and figuratively. A virus that attacks the body from the outside, HIV has often been imagined as something foreign: an enigma that has yet to be fully understood and an outsider. Initial reactions to AIDS, in Europe and North America as well as the Caribbean, imagined the virus as a threat to the well-being and purity of the metaphoric national body.

Focusing on the ways in which syphilis has been historically imagined, Sontag notes:

The names for syphilis, when it began its epidemic sweep through Europe in the last decade of the fifteenth century, are an exemplary illustration of the need to make a dreaded disease foreign. It was the “French pox” to the English, *morbis Germanicus* to the Parisians, the Naples sickness to the Florentines, the Chinese disease to the Japanese. But what may seem like a joke about the inevitability of chauvinism reveals a more important truth: that there is a link between imagining disease and imagining foreignness. It lies perhaps in the very concept of wrong, which is archaically identical with the non-us, the alien (135-136).

Sontag underlines the ways in which disease is “othered” in the national consciousness. Conceptions of the nation make no room for disease, as disease is seen as a threat to the nation’s survival. It is only natural, then, that disease should be portrayed as something originating abroad. We can apply Sontag’s analysis of portrayals of syphilis to representations of AIDS. I would like to examine, now, the ways in which the citizen/foreigner dichotomy is used as a metaphor in cultural and political discourse surrounding AIDS.

The Puerto Rican *salsero* Willie Colón's hit song "El gran varón" provides one example of representations of HIV as a foreign threat. Beginning and ending in a hospital room, *la sala de un hospital*, the song follows the life of Simón, a young transgender woman, from her birth to her death. After leaving her home to travel abroad, Simón returns dressed as a woman. Her father, who had high hopes of her becoming "a great baron," consequently rejects her:

*Al extranjero se fue Simón,
Lejos de casa se le olvidó aquel sermón.
Cambió la forma de caminar, usaba falda, lápiz labial y un carterón.
Cuenta la gente que un día al papá, fue a visitarlo sin avisar,
¡Vaya, qué error! Y una mujer le habló al pasar, le dijo,
"Hola, ¿qué tal, papa? ¿Cómo te va? ¿No me conoces?
Yo soy Simón, Simón tu hijo, el gran varón."* (Colón)⁹

The anonymous foreign land to which Simón escapes is presented as a utopia of self-expression. Only there is Simón free to express himself without feeling pressured to conform to society's rigid molds of gender. While it may seem at first that this foreign land is a haven of sorts for Simón, though, the song goes on to depict it as a site of sexual licentiousness, the site where Simón contracts the virus that ultimately kills him:

*En la sala de un hospital, de una extraña enfermedad, murió Simón.
Es el verano del ochenta y seis, al enfermo de la cama diez, nadie lloró.* (Colón)¹⁰

It's essential that the song situates us in the summer of 1986. This periodization proves to be crucial in my analysis; we can safely conclude that Simón dies of AIDS-related complications. Before 1996, HIV/AIDS was still a complete enigma. It would almost be expected, then, that the song choose to leave Simón's illness nameless; the year in which Simón dies suggests the lack of knowledge surrounding HIV. What's more, it justifies Hofmann's assertion: AIDS is still, in 2010, the source of much debilitating stigma. The lack of a vocabulary to put AIDS into discourse forces us to rely on metaphors. In the case of "El gran varón," HIV/AIDS is characterized as a "strange illness," both in its enigmatic nature and its metaphoric construction as an outsider. These euphemisms allow us to avoid confronting reality by stepping around the word "AIDS."

⁹ Simón went abroad/ far from home, he forgot that sermon/ he changed his way of walking, he wore a skirt, used lipstick and a purse/ People say that one day he went to visit his dad without warning/ What a mistake! A woman spoke to him on passing, she said, "Hello, how's it going, Dad? You don't recognize me? I'm Simón, Simón your son, the great baron." (my translation)

¹⁰ "In a hospital room, from a strange illness, Simón died. It's the summer of '86, for the sick man in bed ten, no one cried" (my translation).

Arenas's *Antes que anochezca* provides another example of the citizen/foreigner dichotomy. The work's last chapter, Arenas's farewell note, exposes the writer's disillusionment with life and highlights the reasons for his suicide. He writes:

*Queridos amigos: debido al estado precario de mi salud y a la terrible depresión sentimental que siento al no poder seguir escribiendo y luchando por la libertad de Cuba, pongo fin a mi vida. [. . .] Los sufrimientos del exilio, las penas del destierro, la soledad y las enfermedades que haya podido contraer en el destierro seguramente no las hubiera sufrido de haber vivido libre en mi país. (343)*¹¹

As María Luisa Negrín highlights, Arenas's decision to commit suicide is greatly influenced by his inability to continue to write.¹² He equates the value of his life with his freedom of creative expression. Losing the ability to write is, for Arenas, a fate equal to death. What's more, Arenas specifically identifies his exile as the reason for his contraction of HIV. He situates HIV/AIDS within a larger political discourse, relying on the dichotomy between the foreigner and the citizen to attach meaning to his condition. HIV is intertwined with issues of exile and nationalism. Only abroad does Arenas fall to AIDS; had he been able to live peacefully in Cuba, he would not have been infected. Arenas's representation of HIV implicates itself in a broader discussion of Cuban politics. Cuba is portrayed, in the Hegelian sense, as an infernal paradise. While Castro's regime suppresses personal liberties, Cuba is, nonetheless, a safe domestic sphere.

4. The Plague Metaphor and the Moralization of HIV/AIDS

The foreigner/citizen dichotomy and its relation to representations of AIDS exists within a greater metaphoric framework: the plague metaphor. In order for the multifaceted plague metaphor to function, Sontag notes, a distinction must first be made between "us" and "them," where "they" are the source of the plague. The most prevalent of the metaphors used to describe AIDS, the plague metaphor "has long been used...as the highest standard of collective calamity, evil, scourge..." (132).

One construction of the plague image has its roots in the Bible. Sontag analyzes several instances in recent political history in which we note the moralization of AIDS. She writes:

Thus, the fact that AIDS is predominantly a heterosexually transmitted illness in the countries where it first emerged in epidemic form has not prevented such guardians of public morals as Jesse Helms and Norman Podhoretz from depicting it as a visitation specially aimed at (and

¹¹ "Dear friends: Due to my delicate state of health and to the terrible emotional depression it causes me not to be able to continue writing and struggling for the freedom of Cuba, I am ending my life...The sufferings of exile, the pain of being banished from my country, the loneliness, and the diseases contracted in exile would probably never have happened if I had been able to enjoy freedom in my country" (<http://picard.montclair.edu/witness/Arenas.html>).

¹² "For Arenas, a life without being able to write lacks objective, so he says in his farewell note that he is putting an end to his life" (Negrín 47, my translation).

deservedly incurred by) Western homosexuals, while another Reagan-era celebrity, Pat Buchanan orates about “AIDS and Moral Bankruptcy,” and Jerry Falwell offers the generic diagnosis that “AIDS is God’s judgment on a society that does not live by His rules.” (149)

Homosexuality and other forms of sexual deviance are viewed as an abomination of God’s word. As such, it comes as no surprise that the AIDS epidemic, shortly after the isolation of HIV, came to be interpreted as a divine punishment against gay men, who constituted one of its main “risk groups.” One of the principal phrases that came to be synonymous with AIDS was “gay plague.” “Denunciations of ‘the gay plague,’” Sontag observes, “are part of a much larger complaint, common among antiliberals in the West and many exiles from the Russian bloc, about contemporary permissiveness of all kinds” (151). The attachment of meaning to illness gives way to the creation of a new ideology, founded in biblical morality and manipulated in political discourse.

I would like to return now to Muñoz’s *The Greatest Performance*, which provides a clear example of constructions of AIDS as the “gay plague.” During one scene in the novel, in which Marito converses with some friends in a bar, we note a clear portrayal of AIDS as a “gay plague”:

“You guys don’t like to face reality.”
“Oh yeah? And what’s reality?”
“For us? The plague.”
[...]
“Haven’t you heard? They say it’s a gay disease.”
[...]
“What does the late blooming doctor have to say about this so-called Gay Plague?”
“We don’t know enough about it yet...” (Muñoz 75-76).

This exchange illustrates the image of AIDS as a “gay plague” in the U.S. national consciousness during the 1980s and ’90s, as well as the oblivion surrounding the disease. The term “gay plague,” thus, comes to signify AIDS. It directly targets gay men, the “Other,” as the epidemic’s cause; in doing so, it transforms marginalized subjects into pathological objects. In addition, this conception of AIDS as the “gay plague” etches the disease into an alternate history, a queer history; it erases AIDS from collective memory by assigning it to marginalized subjects.

Constructions of AIDS as a plague attacking from the outside are also present in the Puerto Rican poet and founder of the Nuyorican Poets Café Miguel Algarín’s anthology *Love Is Hard Work: Memorias de Loisaída* (1997). The second chapter of Algarín’s work, “Bio/Ethics in an Age of Plagues,” begins with a brief introduction in which the poet attempts to define what it means to live during a time of plagues:

Infirmities take over the body without warning or proclamation. The potential for infection is endless and the capacity for the body to restrain and combat the armies of trillions of

cells that would destroy the biological balance and health of the body is, at best, limited. Very often, the body's defenses are helpless.

We have known the power of plagues from the beginning of time. It is not new to die by the hundreds of thousands. It is often hunger that claims whole populations. However, in the late twentieth century it is not hunger alone that is responsible for mass death, but viruses. These viruses have a capacity for mutating so rapidly that medication is rendered useless before it can successfully treat the symptoms or help the body retrieve its innate fighting capacity. In the face of this biological warfare, we must devise a moral field that defines our behavior towards each other. There are plagues carried by the air—in those cases, we quarantine the bearer. There are, on the other hand, plagues that can be controlled if we use personal restraint and care in how we meet to share love with each other. (Algarín 55)

Central to Algarín's portrayal of AIDS as a plague is the division between the body and its surroundings. The body is vulnerable to changes occurring in its environment. Foucault corroborates this point: "The elements of the milieu were perceived as having positive or negative effects on health. Between the individual and his environs, one imagined a whole web of interferences such that a certain disposition, a certain event, a certain change in things would induce morbid effects in the body" (101). HIV is seen, once again, as a foreign threat that disrupts the body's equilibrium. This representation, in turn, leads to another metaphoric motif present in Algarín's work: the use of the war metaphor to depict AIDS. Adopting the same tone and diction a military strategist would, Algarín portrays the body as a unified army that must defend itself against trillions of soldier-like viral cells. The body is constantly engaged in biological warfare with this foreign threat. Its opponent, however, is stronger and mutable, rendering medication useless.

Sontag analyzes the use of the military metaphor in describing AIDS. She points out the tendency to represent HIV as an infectious agent that originates from the outside and attacks the inside, an invasion of sorts. This depiction, she adds, fuels xenophobic political paranoia of a pluralistic world in which the foreigner is constantly seen as a threat.

Considering contemporary medicine's failure to "combat" AIDS, the poet then moralizes the epidemic. He argues that the only weapon against AIDS is "personal restraint and care in how we meet to share love with each other." He euphemizes the sexual act, suggesting that the best way to control AIDS is to base our sexual choices on love. As I have mentioned in my analysis of Colón's "El gran varón," sexual licentiousness is frowned upon, and the religious and political metaphors surrounding the AIDS epidemic only serve to magnify the repercussions the HIV-positive subject or AIDS patient faces.¹³

¹³ Douglas Crimp emphasizes the risks involved in the moralization of AIDS. Responding to a moralistic declaration made by Andrew Sullivan, Crimp says ironically, "Prior to AIDS, gay men were frivolous pleasure-seekers who shirked the

Not coincidentally, the first poem of the second chapter of Algarín's anthology is titled "HIV." The text is divided into five introductory sections each dealing with a broad theme ("Revelation," "Salvation," "Speech," "Sharing Secrets," "Masculinity") followed by five more stanzas of verse ("Revelation," "Salvation," "Language," "Of Health," "Quarantine"). The poetic voice is that of someone infected with HIV. The speaker internalizes the moralistic public opinions surrounding AIDS. In the first of the second series of stanzas, the speaker, addressing an anonymous lover of unknown gender, declares that he is unsafe. He compares his semen to "milk turned sour by the human body." In the second stanza, the speaker warns that he would not mix his fluids with his lover's, for the lover's salvation would not "bear the live weight of your sharing liquids with me." In the third stanza, the speaker then argues that hiding his status from his lover "would amount to murder." In the fourth stanza, he defines "mature masculinity" as the ability to willingly influence public education and awareness of HIV. The last stanza is a self-reflection of sorts. The speaker asks himself if he is the bearer of plagues, if he would be able to suppress his sexual desires in order to avoid contaminating his lover, and if he is poisonous.

It's interesting to note that, aside from the title, the poem never directly mentions HIV or AIDS. The speaker employs a series of metaphors to represent his medical condition; he speaks of his spoiled milk, he considers himself unsafe, he asks whether he is the bearer of plagues, he ponders the risk of being a murderer. Again, Algarín relies on the plague metaphor to separate the narrator's body from his lover's. The sexual act that would normally unite the two lovers through an exchange of bodily fluids is rendered impossible; HIV is represented as an outside threat that has successfully invaded the speaker's body.

5. Conclusion

In a statement addressed to the General Assembly regarding the current state of global AIDS, U.N. Secretary General Ban Ki-moon remarks:

Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of

responsibility that comes with normal adulthood—settling down with a mate, raising children, being an upstanding member of society. Gay men only wanted to fuck (and take drugs and stay out all night and dance), and at that to fuck the way naughty teenage boys want to fuck—with anyone attractive to them, anytime, anywhere, no strings attached. Then came AIDS. AIDS made gay men grow up. They had to find meaning in life beyond the pleasure of the moment. They had to face the fact that fucking has consequences. They had to deal with real life, which means growing old and dying. So they became responsible. And then everyone else accepted gay men. It turns out that the only reason gay men were shunned was that they were frivolous pleasure-seekers who shirked responsibility. Thank God for AIDS. AIDS saved gay men." (Crimp 5)

speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world. (Ban Ki-moon)

Sontag's arguments against interpretation, against the attachment of meaning to illness, justify Ban Ki-moon's assertions. It is through metaphor that meaning is created, and it is this meaning which, unfortunately, hinders patients' ability to cope with their condition. What is essentially a medical condition comes to denote a litany of peripheral meanings that only aggravate a patient's ability to come to terms with his illness. The readings I have offered of the various cultural representations of AIDS in the Hispanic Caribbean and its U.S. Diaspora corroborate this fact. They prove that, however unfortunate it may be, it is almost impossible to think of AIDS without resorting to metaphors, and these metaphors ultimately engender stigma.

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