**State personhood, abjection and the United States’ HIV travel ban**

Philippe M. Frowd

McMaster University

[frowdpm@mcmaster.ca](mailto:frowdpm@mcmaster.ca)

**Abstract**

This article understands the United States’ 23-year ban on travellers with HIV/AIDS through the lens of state personhood metaphors and the concept of abjection. Using insights from queer theory as a critique of sovereignty, it argues that the practices and discourses that brought about and sustained the ban, from 1987 until its lifting in 2010, relied upon implicit understandings of the state as a national body free from disease. Having shown the heuristic power of metaphors of the state as a body or person, the article goes on to argue that this identification of the American state as a homeostatic and healthy space facilitates the securitization of mobility and public health and in turn the exclusion of people living with HIV (PLHIV). This rejection of PLHIV, sustained by conservative political discourse as much as by medical screening, nevertheless shows the impossibility of the state attaining its desired purity against HIV/AIDS and its associated sexual and racial imaginaries. The article concludes with an empirical overview of the context of the travel ban through to its lifting in 2010 and a discussion of the role of queer theory as a critique of state sovereignty.

**Keywords**

HIV/AIDS, abjection, borders, state personhood, queer theory

**Introduction**

The United States, from 1987 to 2010, maintained a travel ban on people living with HIV (PLHIV). This ban was initiated during a period during in which HIV/AIDS was emerging as a salient political issue in the American social landscape, particularly for social conservatives in Congress and beyond. The exclusion was justified in part through discourses about HIV/AIDS as a deadly ‘gay disease’, associated with a criminal lifestyle, and enacted through exceptional security measures such as the internment of Haitian refugees at Guantánamo Bay in 1991. This article argues that throughout the lifetime of the ban, these discourses and practices operated on a cognitive terrain that understood the state as a anthropomorphic—akin to a person—providing it an identity as safe, free from disease, heterosexual, and more. These metaphors of state provided heuristic devices through which PLHIV were ‘abjected’ or excluded from the United States, and facilitated the association of HIV/AIDS with security. In the first section of the article, I use queer theory, a relatively marginalized but growing approach in International Relations (IR), to render explicit and visible the ideas of the state as a person or organism which sustained the travel ban, challenging the binary inside/outside mode of thinking about sovereignty. Queer theory, beyond conventional critiques of sovereignty, also helps me to situate the HIV travel ban in its context in sexuality and race and understand the border as a space of abjection. In the second section, I draw on Alexander Wendt’s work on state anthropomorphism to understand the role of metaphor in the ascription of state identity. In turn, I argue that metaphors of state facilitate thinking of the state as a healthy, homeostatic and potentially closed system against which disease and other forms of transgression can be framed as threats. In the third section of the article, I use Julia Kristeva’s concept of abjection, which captures the affective relation of disgust at that which is simultaneously inside and outside, to theorize the relationship between the state body and that which it seeks to cast off. This casting off takes place through exceptional measures and enables the practical securitization of mobility and public health. In the fourth section of the article, I empirically detail the context in which the HIV travel ban was enacted, paying particular attention to the foundations of abjection in racial and sexual imaginaries. The article concludes with a reflection on the relationship of queer theory and the critique of sovereignty in light of the persistence of abjection at the border.

**Queer theory**

The discipline of IR has largely been ambivalent and occasionally hostile to the contributions and methodological commitments of queer theory, largely due to the thrust of its methodological commitments and politics[[1]](#footnote-1) which draw on poststructuralist critiques of sexual identity and scholarship. Work in queer theory has tended to share epistemological and political similarities with feminist approaches through a focus on the critique of binaries of gender and sexual orientation.[[2]](#footnote-2) With roots in GLBT activism and literature, ‘queer theory’ was first named as such by Teresa De Lauretis who identified it with a deconstructive project resisting the simple hetero/homo binary.[[3]](#footnote-3) This formulation shows the approach’s origins in gay liberation work and psychoanalysis, but as queer theory has evolved it has also drawn upon poststructural critiques of identity,[[4]](#footnote-4) coming from ‘a specifically lesbian and gay reworking of the poststructuralist figuring of identity as a constellation of multiple and unstable positions’.[[5]](#footnote-5) With queer theorists aiming to ‘trace the ways the hetero/homo figure structures discourses and representations which are at the centre of Western societies’,[[6]](#footnote-6) the work of this approach has focused on cultural critique and deconstruction of stable sexual identities. This overlap with poststructuralism comes from a shared ‘desire to deconstruct all fixed points in the interests of ‘destabilising’ and ‘decentering’ our preconceptions’.[[7]](#footnote-7) The general spirit and thrust of queer theory has therefore become a continual unsettling of ideas of (hetero)normativity and the privileging of straight sexuality as normal.

Analytically, queer theory is a critique of settled identity but also of broader power relations around sexuality and race, well beyond GLBT politics alone. It offers ‘not only the most telling and informed critique of heteronormativity and its political effects, but also, potentially, the most transformative analysis of power inequalities – across individual, interpersonal, group, national, and global levels’.[[8]](#footnote-8) Queer theory is ‘not a theory *of* anything in particular, and has no precise bibliographic shape’ and is not ‘an umbrella term for gays, lesbians, bisexuals, and the transgendered’.[[9]](#footnote-9) It is with the spirit of a critique of identity in mind that this article deploys queer theory: to ‘queer’ the idea that the state can be a homeostatic, closed container in rejection of non-normative sexuality and race. As an analytical tool, queer theory also assumes a verb form: to *queer* is ‘a discursive strategy involving the displacement or the placing into doubt of foundational assumptions […] for the purpose of opening up new possibilities for critical social analysis and political practice’.[[10]](#footnote-10) Queer theory is therefore fundamentally about blurring inside/outside and to queer should be seen as (ab)normal. To IR, this theoretical approach enables a critique of the conventional understandings of the state and sovereignty.

In this paper, queer theory contributes most clearly to a critique—a ‘queering’—of the state. In the section that follows, I discuss ideas of the state as a person or organism, considering it to be a powerful political metaphor that grounds thinking about state identity. By expanding on that metaphor, I embrace Nick Vaughan-Williams’ challenge to think of new terminologies and new imaginaries with which to think about the state and its borders[[11]](#footnote-11). In this case, the idea of state personhood creates an analytical frame through which to understand the production of the state’s identity as a bounded, secure and homeostatic space. ‘Queering’ the state—through the exercise of questioning its claims to stable identity—helps to show the consequences of thinking of the state as a container, person or organism. Among these consequences are the casting off that states do of migrants deemed deviant or abnormal through abjection at the bodily/national border. Conscious of the nefarious effects of anthropormorphic metaphors of statehood, I theorize the process of rejection, casting-off and *abjection* at the border. Part of contesting the normatively constituted ideal of the state as a unified, homeostatic/stable and ‘healthy’ actor is to highlight the functioning of its border as a site of abjection. This, in turn, adds to a familiar critique of the inside/outside of sovereignty, but the use of Kristeva’s concept of abjection adds an affective undercurrent to state exclusion practices, highlighting the role of disgust and fear as drivers of rejection.

**Metaphors of state**

The spatial development of the sovereign state, both conceptually and in practice, has been achieved partly through the ‘mastery of space’.[[12]](#footnote-12) This form of territorial statehood has been underwritten by the notion of an internal national space that is safe and inward looking and as a result, mobility has been associated with the insecurities of looking outward. This outside has been constructed as a threatening, insecure space along with those who reside within it. Set against the backdrop of an emerging globalization, The ‘territorial trap’[[13]](#footnote-13) in state thinking which considers territory, power and political authority to be coextensive relies on the ideal of a strict line between an ordered domestic inside set against an anarchic international. This territorial trap assumes the state to be a container that is somehow prior to the society it ‘rationalize[s] and homogenize[s]’, obscuring the ‘*making* [of] spatial exclusivity’.[[14]](#footnote-14) If we assume that ‘spatial practices and representations of space are dialectically interwoven’, particularly by those who are involved in the exercise of power or policy process,[[15]](#footnote-15) this helps us to account for the role of ideas of state personhood in producing safe inside or dangerous outside spaces.

Theories of the sovereign state, both in terms of its internal sovereignty and its external interactions, have often rested on anthropomorphic foundations. The famous illustration on the frontispiece to Thomas Hobbes’s *Leviathan* shows a crowned giant made up of a mass of individual bodies rising above the landscape, above a deliberately juxtaposed array of religious and military symbols. This is no coincidence, as the content of the next 700-odd pages sets out a view of the state as a personified *body politic*, or container of authority over territorial space that has profoundly influenced theories of the state in geography and international politics. It is to this question of the state as person that I now turn, in order to ‘queer’ the concept of the state. I pay particular attention to Alexander Wendt’s constructivist theory of the ‘state as person’,[[16]](#footnote-16) which posits that dominant theories of international Relations have conceived of the state as a personified concept and ascribed to it many of the biological characteristics of living things. I also use the work on metaphors of state by Paul Chilton and George Lakoff,[[17]](#footnote-17) who suggest that the metaphor of the ‘state as person’ is evident in the discourses of both ‘high’ and ‘low’ politics.

Wendt is most interested in two ways in which the state has been conceived of anthropomorphically: as a person or agent, and as a biological organism.[[18]](#footnote-18) Wendt sees the state as having been cast as a rational actor in theories of international politics[[19]](#footnote-19) and argues that the concept of state personhood is a ‘useful instrument for organizing experience and building theory’.[[20]](#footnote-20) Similarly, Chilton and Lakoff argue that the ‘state as person’ functions as a metaphor – for phenomena such as rationality and interstate war—which participates in the (ontological) construction of the political reality of the state.[[21]](#footnote-21) The rhetorical force of the state-as-person has been a ‘remarkably persistent mode of representing the state […] elementary not just to academic IR, but also lay discourses of international relations’, and it is easier to grasp the concept of the person at a cognitive level than the abstractness of the state.[[22]](#footnote-22) Wendt notes that citizens and policymakers ascribe to states characteristics that suggest that it is capable of some kind of ‘subjective experience’[[23]](#footnote-23). Chilton and Lakoff suggest a similar utility for this metaphor in the ascription of personality and rationality to the state.[[24]](#footnote-24)

States can be ascribed personalities and rationality, but they can also be assigned identities. According to Wendt, states are anthropomorphized in terms of their intersubjective constitution. The ways in which states are constituted is similar to the relational way in which humans are as well—discursively and practically from both the inside and the outside.[[25]](#footnote-25) Indeed, the intersubjective identities of states can be constituted through continual interactions that solidify identities or stereotypes[[26]](#footnote-26) and throughout popular culture states are anthropomorphized from editorial cartoons to magazine covers to everyday conversation. The major impact of such constructions of identity is that they can act to construct the realities through which experts and policymakers undertake political decisions.[[27]](#footnote-27) This is particularly visible in lobbying by American religious groups in reaction to a possible lifting of the HIV/AIDS travel ban in 1991, with the issue framed as one of stopping the ‘importation’ of homosexuality and AIDS *in* to the United States.

Wendt also sees the state as being taken to be a biological creature or organism. With the state understood in biological terms, the question of disease, and the problem of immunity, become clear. As Chilton and Lakoff argue: ‘If the state is a person, it has a body, and bodies can grow, mature, decline, be healthy, be developed, underdeveloped, weak, strong, diseased, and so on’[[28]](#footnote-28). In this case, the metaphor of the state as organism has the potential to be used as an exclusionary tactic of control, particularly in ‘epidermal’ border zones. I return to this conception of the state in the next section, contextualizing the biological fear of disease as a key drive behind the abjection of bodies socially constructed as diseased or deviant. Rejecting the rationalist model of statehood, but also rejecting the overly ‘thick’ view of the state as a physical organism, Wendt sees the state as a complex collective that can function as a ‘single cognitive system’[[29]](#footnote-29). He goes on from this basis to outline how the state can be theorized according to five common criteria used by biologists to typify living things: organisms must be individual, organized, homeostatic, autonomous, and capable of genetic reproduction. Of course, Wendt acknowledges that the final requirement does not quite fit[[30]](#footnote-30) yet the other four criteria do map onto how states are commonly held to function. Of these five characteristics of states as biological organisms, it is the homeostatic characteristic of states that is most relevant to the queering of the state and to my discussion of abjection. The ‘process of closure’ and the ‘maintenance of boundaries’ as well as an evolutionary need for survival[[31]](#footnote-31) show how the bordering process is not only one of fixing lines on territory, but of conceptualizing the boundary between the national body and the outside, something which can be applied to the multiplicity of sites at which the border decision is made such as embassies, in a capital city, or in remote computer databases. The attempts by states to remain (biologically) closed to the outside world foreshadow the way the abject destabilizes conceptions of the state body by exposing the shattered inside/outside binary.

The concept of state personhood is critical because this metaphor is a powerful and widespread understanding of statehood. It contributes to the implicit and explicit assumptions that shape policy choices. Speaking of the state as an organism enables the ‘irredeemably biopolitical’ fusion of HIV, health and security as a means of ensuring an image of the disease as a threat to the ‘national biopolitical body’.[[32]](#footnote-32) As a result, lay and expert thinking about border security and the purity of the ‘state container’ are inevitably cast through this discursive frame. I suggest two points: First, the ‘state as agent’ aspect of state personhood is central to seeing the ascription of identity to the state. Second, the ideal of the ‘state as container’ is challenged by that of the ‘state as organism’ because understanding the state as a homeostatic organism challenges the classic inside/outside understanding of the state: if the state is biological, it is subject to the liminal relationship of abjection that challenges this binary. This abjection comes to the fore in the control of public health and migration.

**Abjection**

The concepts of ‘abject’ and ‘abjection’ illustrate the impossibility of homeostatic closure in border politics and highlight the marginalization and repudiation of migrants based on health status. The ‘abject’ I consider to be that which is framed as a threat to the body of the human or state, and the ‘abjected’ as those who are excluded by virtue of being framed as abject. Julia Kristeva describes the abject in stark terms: ‘Excrement and its equivalents (decay, infection, disease, corpse, etc.) [that] stand for the danger to identity that comes from without: the ego threatened by the non-ego, society threatened by its outside, life by death’,[[33]](#footnote-33) situating the psychoanalytic threat to the self and the life of the polity as coming from something that occurs outside its boundaries, a ‘jettisoned object’.[[34]](#footnote-34) The abject is that which is considered unclean and opposed to the ‘self’ and ‘abjection’ is synonymous with exclusion and the desire to conserve the purity of the self in the face of the Other. The concept of the border is problematized by Kristeva’s own admission that the bordering process of abjection is not a question of drawing a clear line of distinction. Instead, it is one of ‘ambiguity’, where abjection ‘does not radically cut off the subject from what threatens it’.[[35]](#footnote-35) This is a central way that the concept of abject destabilizes the metaphors of the state as ‘container’.

Who, then, are the abjected? The abjected are those framed through discourse and practice as unwanted, excluded and a threat to the rigidity of the inside/outside distinction. Abjected people are ‘prime candidates for [the use of] “hidden, frightful, or menacing” subjectivities to define their condition’.[[36]](#footnote-36) Abjection is simultaneously a rejection of abject and a making-into abject, where the abject is an object of disgust and fear that is both internal and external to the body of the subject. In the context of the US ban on entry of PLHIV, the ‘abjection’ metaphor enables us to see it as a bordering practice that aims at the regaining of rigidity, assurance and purity. If the abject is ‘what [one] permanently thrust[s] aside in order to live’, then abjection is a condition of possibility for the very existence of a secure, internal space of statehood. What is abject-*ed* is on ‘the other side of the border’,[[37]](#footnote-37) where the border in this case is the border of the human body, to which the homeostatic, anthropomorphized state has been made analogous in popular discourse.

Kristeva’s concept of abjection—and the indistinction it represents—takes us beyond the conventional critiques of inside/outside that are prominent in IR scholarship. Abjection encapsulates familiar critiques of the impossibility of a neat inside/outside or norm/exception delineation[[38]](#footnote-38) but also recognizes the affective element of sovereignty. With emphasis squarely on the drive to assure purity, and the affective reaction of disgust towards that which is thrust aside, the conceptual possibility opened by the term ‘abject’ is fitting to describe the logic of sovereignty that excludes PLHIV. The US ban, for instance, was driven not by a rational-scientific logic of transmission risk, but by a cultural fear (with sexual and racial imaginaries) translated into legislative action. Abjection is fundamentally non-rational, and its logic is instructive as to the basis of the sovereign desire to exclude.

Abjection therefore unsettles the inside/outside binary of the state as container and shows the precarity engendered by the state understood as an organism. The state as organism’s borders, rather than being seen as lines successfully drawn and defended, should rather be seen as *spaces of abjection* in which the state attempts—and fails—to undertake exclusion through law and regulation. For instance, the US border space stretches from the consulate at which visa requests are made, to the medical office in the country where an applicant is tested for HIV, to the US airport where antiretroviral drugs found in a bag might be cause for exclusion. Abjection is played out in visible government practice and public discourse, enabled by various state personhood metaphors, and is a fundamental performance in the construction of the state’s identity. If we think of borders as liminal spaces that are ‘infused through bodies’[[39]](#footnote-39) and of the abject as representing ‘indistinction itself’[[40]](#footnote-40), Kristeva’s theory provides a conceptual vocabulary with which to understand how abjection is inscribed onto the bodies of migrants who are framed as abject.

Abjection at the national border is sustained by a view of HIV as a threat to the security of the national body. The abjection of PLHIV is sustained on one hand by a politics of ‘exceptionalism’ dictated by the disease’s framing as an existential threat, and on the other by the discursive linkage established between disease and sexual or racial ‘others’. Securitization theory posits that ‘security’ is nothing more than the deeming of an existential threat (in the form of discursive ‘speech act’) towards a referent object by particular actors, a discursive move which if accepted by an audience is removed from the realm of contestability and enables exceptional intervention[[41]](#footnote-41). While normal politics in America may involve concrete calculations of risk (insurance rates etc.) and a reliance on rationalist evidence-based policy making, the classification of HIV as a threat, with little regard for medical evidence, indicates that a fear-driven security/identity politics is at play. For instance, the fear around AIDS in the years around the enactment of the US HIV travel ban was enacted enabled exceptional measures such as the internment of HIV-positive Haitian refugees at Guantánamo Bay prison in 1991, outside the legal norms of the refugee determination process. Securitization is also a discursive production of identities[[42]](#footnote-42) and it is necessary to define the threatening other and the existentially threatened self. Language is fundamentally political and is ‘a site for the production and reproduction of particular subjectivities and identities’ of security.[[43]](#footnote-43) Discourses of security create and problems (such as disease) and frame the solutions to them (exclusion), through the creation of meaningful epistemological categories but also of practical structures.[[44]](#footnote-44) This is visible in the discourse of US immigration policy, a framework which describes the identities of non-citizens outside the United States as ‘alien’, and frames the regime of visa controls and medical examinations at the external border (the embassy or examining doctor’s office) as a concrete—and necessary—solution to an ideational problem of health security. Indeed, the notion of the state as a person or organism necessarily suggests an identity. The various metaphors of state personhood ascribe agency, personality and identity to the state. It is through the outside that disease is constituted as a security threat, but this is always referential to an idea of what the national ‘self’[[45]](#footnote-45) or the identity of the state as agent is.

With abjection illustrating the desire to reject that which threatens or disgusts the national self, mobility between inside and outside becomes a transgression of the inside/outside distinction. Mobility also comes into direct conflict with the imperatives of the sovereign state, straddling ‘the cosmopolitan aim of international society, which is the necessity for freedom of mobility, and the national aim of governments, which is to protect populations from disease’[[46]](#footnote-46) and practical securitization of migration is ‘based on our conception of the state as a body or container for the polity’.[[47]](#footnote-47) These assumptions about mobility shape the assumptions of key players: scientists at the National Institutes of Health, officials at Health and Human Services who decide what a ‘communicable disease of public health significance’ is, immigration officers in embassies, conservative activists, and more. Those who inhabit spaces outside this national self become transgressive bodies[[48]](#footnote-48) with the national ‘self’ portrayed as heterosexual and healthy and the other suspected as diseased, queer, or racialized. The spectre of HIV/AIDS, as a form of the ‘abject’, triggers particular affective fears (about disease, race, sexuality, and so on) within a given audience, enabling the securitization of a nexus between mobility, security and public health. While health care specialists do often conceive of immigrants as a burden on public health,[[49]](#footnote-49) this does not necessarily apply to all immigrants. The health examination which the US and Canada both use as a major bordering practice places health as a security requirement for migration and citizenship,[[50]](#footnote-50) yet it is aimed at keeping out only *certain* bodies and allowing others in who are not deemed deviant.[[51]](#footnote-51) Indeed, the global mobility regime is reliant upon the performance of differentiating migration flows, with control and exclusion applied selectively and according to normative notions of what is risky to the state body. Securing the international border is always a technique of *selective* exclusion, yet total closure or even perfect selectivity is in fact impossible, as the metaphor of the abject suggests.

Securitization is fundamentally about seeking control[[52]](#footnote-52) but also seeking a purity or ‘certainty and order’[[53]](#footnote-53) in terms of entry into the national polity, even if this certainty or fixity can never truly be achieved. Threats are never expunged, and where migration controls are relaxed states compensate by increasing (medical) surveillance at the border, a form of filtration or ‘social sorting’.[[54]](#footnote-54) Such surveillance and social sorting as the medical examination is surrounded by an economy of deep shame, whereby migrants are denied medical privacy (particularly in detention) and are often tested by doctors unqualified or unprepared for HIV testing. This control that states seek through border control, however, rests on an unstable definition of the state as bounded and containing (or even requiring) a secure inside. Similarly, control over the HIV/AIDS epidemic itself rests on a tenuous link between HIV/AIDS and state stability and a securitization of the disease.[[55]](#footnote-55) This linkage of HIV/AIDS to instability can be seen as an underlying factor in unlikely places: the medical inadmissibility criterion of ‘excessive demand’ on publicly-funded social services that Canada uses for excluding many non-refugee migrants found to have HIV/AIDS[[56]](#footnote-56) is one such example. Next, I take an empirical turn and examine America’s 23-year ban on the entry of PLHIV, situating it in historical context and examining the discourses that led to its instauration in 1987 through the lens of metaphors of state, abjection and security/identity politics.

**The HIV travel ban in context**

The ban on the migration of PLHIV was a product of the 1980s but was also the latest iteration of a long tradition of migration control in the United States based on public health or behavioural factors.[[57]](#footnote-57) Even though AIDS discourse in the 1980s was referential of different sources of threat, the ban itself was not a radically new way of determining who could and could not immigrate. The *Immigration and Nationality Act* of 1952 barred entry of migrants who had any infection that was on a set list of ‘dangerous contagious diseases’.[[58]](#footnote-58) Similarly, the earliest US federal immigration laws in 1879 and 1891 had provisions explicitly targeting health condition, poverty, moral calibre and mental condition.[[59]](#footnote-59)

The ban on migration of PLHIV specifically was enacted in 1987 after then president Ronald Reagan had given a speech in May of that year calling for immigrants, prisoners and marriage licence applicants to be tested for HIV.[[60]](#footnote-60) That same month, the Republican senator from North Carolina—and prominent social conservative—Jesse Helms successfully added an amendment to H.R. 1827, which passed 96-0 in the US Senate, to ensure that no funds intended for HIV treatment would be spent if the president, through the Public Health Service’s administrative discretion, hadn’t added AIDS to the list of ‘dangerous contagious diseases’ (provided for by the 1952 immigration legislation) by the end of June 1987.[[61]](#footnote-61) In the end, the legislation only targeted immigrants, and not prisoners or marriage licence applicants as many on the right had hoped.[[62]](#footnote-62) In 1990, as a new Immigration Act replaced the 1952 legislation, the term ‘communicable disease of public health significance’ replaced ‘dangerous contagious disease’, preserving the administrative discretion of the Health and Human Sciences department to keep the disease listed but removing the legal compulsion (from the Helms amendment of 1987) to do so. This move towards a ‘public health’ rationale, modified by the concept of ‘significance’, removed the explicit reference to contagion but preserved an implicit sense that the national body as a whole could be under threat of transmission. Indeed, it reflects the scientific reality that HIV is *transmitted*, rather than contagious through casual contact, but the question ‘public health significance’ concept plays—by its loose definition—the same securitizing role as the ‘dangerous’ of the previous definition.

Although the ban on migration of PLHIV was consistent with trends in American immigration policy, it also relied on the specific context of the 1980s, one featuring scientists grappling with how to categorize the emergence of the HIV virus, conservative groups using the AIDS ‘threat’ to critique sexual norms and racial identities, and politicians seeking to exploit (and convey) constituents’ fears of disease and its associated social imaginaries. The ban flew in the face of evidence and sound public health, with the World Health Organization ‘conclud[ing] in 1987 that screening international travelers was not an effective strategy to prevent the spread of HIV’, with migrant medical testing ‘criticized by experts on the grounds that it creates a false sense of security in a country's nationals that only migrants are at risk for HIV’.[[63]](#footnote-63) The association between HIV/AIDS, GLBT people and sexual deviance,[[64]](#footnote-64) for example, is one that has persisted and HIV/AIDS strikes at the ‘deepest anxieties of western civilizations, namely sex and death’.[[65]](#footnote-65) Sen. Jesse Helms, who played an instrumental role in framing the anxious discourse around sexuality that sustained the travel ban, told the New York Times in 1995 that AIDS was ‘a disease transmitted by people deliberately engaging in unnatural acts’.[[66]](#footnote-66) This mentality also informed a number of his congressional actions in the 1980s with regards to AIDS funding, abortion and equal rights. Technocratic organizations such as the Centers for Disease Control (CDC), albeit with scientific justification, still echoed the sexual and racial aspects of the debate by listing ‘homosexuals’ and ‘Haitians’ as groups at particular risk.[[67]](#footnote-67) In addition to the CDC classification, the waivers allowed under the INA also reproduced the sexual logic of exclusion. Exclusion could be avoided ‘if the alien is the spouse or unmarried son or daughter or the minor unmarried and lawfully adopted child of a United States citizen, an alien lawfully admitted for permanent residence or an alien who has been issued an immigrant visa’.[[68]](#footnote-68) While the existence of the waiver could be seen as a concession, its terms effectively undermine the public health rationale and, in their reinforcement of the traditional family attachments, still exclude attachments deemed ‘queer’ from the terms of the waiver, particularly in light of restricted definitions of family enforced by legislation such as the 1996 *Defense of Marriage Act*. The idea of a necessary linkage to an American citizen further suggests the notion of a safe national inside, guaranteed by citizenship status, within the American state-as-container.

From the ‘gay disease’[[69]](#footnote-69) to the ‘problematic cultural imaginings’ such as ‘African AIDS’,[[70]](#footnote-70) HIV/AIDS has consistent been understood in relation to crime, sexuality and race. The association of AIDS with crime was perceptible in the US Congress’s April 1988 legislation putting forward a comprehensive federal response to the AIDS crisis of the time. In this bill, language was inserted to ensure that those convicted of ‘drug and sex crimes’ would be automatically tested for HIV. In addition, the bill was amended by Sen. Jesse Helms to prevent what he deemed the ‘promotion’ of homosexuality in HIV/AIDS educational materials[[71]](#footnote-71). A few years later, in the context of debate on the renewal of the travel ban enacted in 1987, Helms in the Senate said that ‘compassionate Americans have seen their Government make concession after concession to the AIDS lobby, and to the homosexual movement which supports it […] What originally began as a response to a public health emergency has become a battle for the transformation of the American value system. I doubt that many look with favor upon that’.[[72]](#footnote-72) In both of the cases above, HIV/AIDS is associated to both criminality and to deviant sexuality. The discursive linkage sets up American subjectivity as compassionate, heterosexual and pure which had to be defended from its abject—both internal and external—in the form of dishonest lobby groups and impure outsiders.

In a stunning parallel with Kristeva’s reminder that the abjected is also within the self, an association of HIV/AIDS with criminality was reflected within the United States in the segregation of inmates with HIV/AIDS from the general prison population at a number of state prisons across the United States. Although the number of prison systems in the United States segregating HIV-positive inmates has dropped from 46/51 (including federal prisons) in 1985 to 6/51 in 2010, many systems persist with this practice.[[73]](#footnote-73) Alabama, South Carolina and Mississippi still subject inmates to mandatory HIV testing on arrival and in some cases prisoners display visible markers of their health status on their uniforms.[[74]](#footnote-74) This emphasis on screening responded to public pressure and to the political zeitgeist of the 1980s, in which the idea of filtering different risk groups gained prominence. In 1987, an NBC News / Wall Street Journal poll found that 82% of the American public was in favour of introducing AIDS screening for the granting of marriage licences, with president Reagan also said to be in favour of such a measure.[[75]](#footnote-75) In June of the same year, Jesse Helms spoke to CBS’s popular *Face the Nation* program and called for those with positive HIV tests to be quarantined. In the interview, Helms harked back to how the US treated syphilis earlier in the century.[[76]](#footnote-76) When the hysteria around HIV/AIDS came back to prominence in 1991, with the renewal of the travel ban again in the public consciousness, there were calls to have doctors tested for HIV.[[77]](#footnote-77) The association of HIV/AIDS to criminality, and the desire to screen in a targeted manner, reflect at once the assumption of a pure self but also the assumption that those to be abjected can easily be identified by behaviouror group identification.

Amy L. Fairchild and Eileen A. Tynan[[78]](#footnote-78) find two major types of immigration control in the history of the United States: a first based on ‘behavior, mental condition, socioeconomic status or medical history’ and a second based explicitly on race intended on ‘protecting superior American germ plasm from adulteration with inferior foreign genes [and] the degeneration of American culture’.[[79]](#footnote-79) HIV/AIDS they argue, is ‘entwined in a complex mesh of anxieties’.[[80]](#footnote-80) It is a combination of these two strands of thinking that is embodied in the ban on migrants living with HIV, and it is shaped by implicit understandings of the state as organism. Take, for example, the early 1990s treatment of Haitians fleeing political crisis in their country and fleeing towards the United States. With the ever-present fact that a disproportionate number of PLHIV in the United States are black[[81]](#footnote-81) acting as a justificatory backdrop, these political asylum seekers were treated as economic migrants and interned at Guantanamo Bay prison. The internment of Haitian refugees (fleeing a coup d’état against president Jean-Bertrand Aristide) at Guantanamo Bay in 1991 showed the carceral logic of exclusion as well as the resort to exceptional (in this case extra-legal) measures that typified responses to AIDS. The New York Times editorial on 14 March 1993 noted that ‘it probably costs more to keep them at Guantanamo that it would to treat all of them for AIDS in the U.S.’,[[82]](#footnote-82) critiquing the policy of internment on the grounds that a rational measure (cost) was being subordinated to one founded on a security (disease) imperative. Although there was a ten year old agreement between the US and Haiti allowing off-shore processing on Coast Guard vessels, the sheer number of migrants meant that the US naval base at Guantanamo Bay became the ‘world’s first HIV-positive refugee camp’[[83]](#footnote-83) well before its association with the ‘war on terror’. In the camp, refugees were subject to denationalization over the course of their 18 month ordeal, with children born in the camp effectively rendered stateless.[[84]](#footnote-84) With thousands of letters sent to the US government from concerned citizens, the HIV exclusion policy was upheld. It was in the fallout to the Haitian crisis, in 1993, that then president Bill Clinton signed into law an extension of the *National Institutes of Health Revitalization Act*, extending the travel ban, against scientific evidence and his own campaign promises.

The racialized nature of this border policing strategy is evident, particularly in light of the fact that ‘since the early 1980s, US immigration policy has served to erect barriers against Caribbean and African immigrants, who are believed to threaten the blood supply of this nation with HIV’, creating the need for ‘contain[ing] the blood of particular nationalities’.[[85]](#footnote-85) The idea of foreign, racialized blood permeating the inner space of the assumed state-as-container, and threatening the health of the state-as-organism, is central. In a study on self/other relationships and disease, Carol J. Nemeroff shows that the linkage between germs and evil is psychologically compelling and that most people react differently to the same germs due to ‘affective and symbolic antecedents’.[[86]](#footnote-86) In the American case, the association of AIDS—as a *disease* rather than a simple virus—recalled fears of contagion and infiltration of sexual and racial others. The association of HIV with its carriers and the racial imaginaries they represent inevitably shaped the policy response to the Haitian crisis and the travel ban throughout the 1980s and 1990s.

Race and a security logic oriented around contagion combined to create a geographical understanding of disease. ‘Popular racial discourses’, claims Charles L. Briggs, ‘shape constructions of diseases and patients’, while ‘microbes themselves seem to redraw racial boundaries’[[87]](#footnote-87). One instance of this, as Cindy Patton shows, is the way the WHO has zoned the spread of HIV/AIDS into patterns that map onto zones of the globe. Recalling the argument that geopolitics is constituted by material and discursive practices, the WHO’s mapping exercise can be seen to have created an implicit link between race and raced subjects and the spread of the HIV pathogen itself. The security logic of HIV/AIDS is expressed through the parallels that were drawn between disease and geopolitical security threats of the era. This was prominent in one of Ronald Reagan’s notable speeches on HIV/AIDS, a disease he said was ‘surreptitiously spreading throughout our population, and yet we have no accurate measure of its scope’.[[88]](#footnote-88) This recalled the anti-communist paranoia of the Cold War (with their invisibility itself constituting the threat, like the invisibility of the HIV virus) with the addition of a scientifically invalid proposition that HIV/AIDS had taken on a form of aggressive, threatening agency. The understanding implicit in these geographical aspects of HIV/AIDS is that the disease comes from an ‘other’, located outside the state’s organic body yet permeating it and threatening its identity as clean and pure. This logic of securitization—the naming of an existential threat to enable exceptional politics—was central to the enaction of the travel ban in 1987.

Previous attempts to ease the ban by experts at the CDC brought about a backlash which illustrated the understanding of America as a homeostatic body. In January 1991, the CDC published a notice in the Federal Register notifying its intention to keep only tuberculosis on the list of ‘communicable diseases of public health significance’, illustrating its own limited agency to resist the more securitized framing of the disease prevalent in Congress. During the comment period customary for rules added to the Federal Register, the Christian Action Network sent out leaflets asking ‘Are there not enough homosexuals with AIDS in the United States that we now need to import more?’, adding that removing the ban would result in ‘more homosexuals, more AIDS, more death being brought to the United States’.[[89]](#footnote-89) This reflects an assumption that HIV/AIDS comes from a ‘failure of cultural containment’[[90]](#footnote-90), where the homosexual-disease-death identity linkage sits in explicit contrast to the heterosexual-healthy-living axis that the national body should supposedly be striving for.

What the discussion above shows is that practices around the regulation of migrants who were PLHIV were underwritten by a metaphorical understanding of state personhood that as a compelling heuristic with which to see the state. State personhood metaphors were not always explicit in the discourse around migration of PLHIV, but they implicitly shaped policy articulations. The anxiety about sexuality and race, and even immigration legislation, posited a state identity that was heteronormative and free from disease, while the travel ban itself was consciously a desire to isolate the self. The biological metaphor of state, as an organism, was also evident in Reagan’s contagion anxiety cited above. This stems in part from a fusion of the two distinct ‘thoughtstyles’ Cindy Patton finds in AIDS discourse. Patton identifies tropical, colonial thinking in which ‘the scientist’s lab was […] in homologous relation’ to the state, with ‘the colony of germs […] homologously represented in a body’.[[91]](#footnote-91) She contrasts this to an epidemiological thinking ‘obsessed with transfer’[[92]](#footnote-92) which promised a an ideal future time free from disease.[[93]](#footnote-93) This seemingly impossible striving for a disease-free future was reflected in the fact that HIV testing continued even though the testing methods used on immigrants at the border—the Western Blot and ELISA tests—were largely unreliable and potentially invalid was not an obstacle. These methods only gave a *probability* of infection, resulted in too many false positives (1 in 15) and overlooked the 3-6 month window from HIV infection to virus detection.[[94]](#footnote-94) The travel ban’s role was thoroughly symbolic, rather than scientific.

Recalling Kristeva’s view of the abject as ‘the other side of the border’[[95]](#footnote-95) of a ‘society threatened by its outside, life by death’[[96]](#footnote-96), I find that PLHIV were abjected at the borders of the United States—that I see as ‘spaces of abjection’—by being forced to remain on the geographical outside and through their association with the abject that was HIV/AIDS. If we think of abject as ‘indistinction itself’[[97]](#footnote-97), then this separation is never actually maintained. Abjection is always an attempt. As Kristeva herself writes, the separation of self from the abjected object is never attainable. That the United States is a net exporter of AIDS is a net *exporter* of AIDS,[[98]](#footnote-98) yet maintained a ban on migrants who were PLHIV, shows this logic of abjection very clearly. This, I suggest, profoundly ‘queers’ the ideal of the the state as a geographic container capable of selective hermetic closure.

**Conclusion**

Why did a nation that has over a million people living with HIV or AIDS[[99]](#footnote-99) within its borders maintain such a strong abjection of migrants who were PLHIV? Although the United States never attained ‘purity’ from HIV, it used borders as spaces of abjection to struggle against the simultaneously internal and external threat HIV/AIDS posed to the state. In this article, I have argued that there is a duality to the state as a bodily, personified form: thinking of it this way unsettles the ‘container’ metaphor but state personhood assumptions which sustained the HIV/AIDS exclusion. I have shown how PLHIV have been excluded through the twin securitizations of mobility and of public health, which make HIV/AIDS exceptional and place it in relation to a heteronormative state identity emphasizing purity. Engaging with Julia Kristeva’s idea of the abject enables a new approach to states and their borders that enters the psyche of the state and problematizes the functioning of its borders.

International organizations, public health experts and GLBT groups almost universally welcomed the HIV travel ban’s removal in January 2010. Its practical removal required a change in everyday routines of border control, at the level of immigration arrivals at the border, which are handled by US Citizenship and Immigration Services (USCIS), as well as visa applications which are adjudicated by embassies abroad (i.e. the State Department), and doctors abroad who carried out medical examination. For instance, forms used by doctors abroad carrying out medical examinations were changed, and the CDC issued guidance for Panel Physicians and Civil Surgeons instructing them to ‘Put a line through the spaces for HIV test results’ on the relevant forms.[[100]](#footnote-100) USCIS staff were issued new memoranda instructing them that HIV was no longer a reason for exclusion. The removal of the ban, despite the political work that went into it, was a simple switch within the same frame of sovereignty: the same national self that had abjected PLHIV now identified itself as an open and welcoming space. This language was reflected in a 2008 *Washington Times* editorial by US Senators John Kerry and Gordon Smith in which they argued that the ban placed the US ‘in the same company as Sudan, Russia, Libya and Saudi Arabia’ and had no basis in public health concerns.[[101]](#footnote-101) Although the lifting of the ban was arguably a progressive move, its justification and enactment largely kept the boundaries of sovereignty and American identity untouched, moving away from only one aspect of the state anthropomorphism that had enabled the politics of immunity against PLHIV.

Despite the fact that the US HIV travel ban was lifted, there remains broad scope for the scope for studying health-related exclusions, which are a part of the backbone of sovereign power. Many countries still maintain strict bans on any circulation of PLHIV, for reasons that, like the US ban, rely on particular sexual, racial and national imaginaries as well as concerns about ‘public charge’. Beyond this, a broader politics of (ab)normality runs through other practices including sexual orientation testing for asylum, the use of ‘pinkwashing’ as a foreign policy obfuscation tool, and through the broader politics of othering that runs through the surveillance practices of the war on terror. There is much work ahead for queer theory as an analytical tool in IR, particularly as a critique of sovereign power.

1. Cindy Weber makes this argument most clearly in ‘Why is there no Queer International Theory?’, *European Journal of International Relations,* published online (2004): 1-25. [↑](#footnote-ref-1)
2. For instance, work such as Weber’s ‘Performative states’ (*Millennium* 27, no. 1, 1998) has drawn on the concept of ‘performativity’ of gender by Judith Butler (*Gender Trouble*, London: Routledge, 1990). [↑](#footnote-ref-2)
3. T. De Lauretis, ‘Queer Theory: Lesbian and Gay Sexualities. An Introduction’, *differences* 3, no.2 (1991), iii-xviii. [↑](#footnote-ref-3)
4. D. Altman, ‘On Global Queering’, *Australian Humanities Review*, no. 2 (July 1996). See for instance E.K. Sedgwick, *Epistemology of the Closet* (Berkeley, CA: University of California Press, 1991). [↑](#footnote-ref-4)
5. A. Jagose, *Queer Theory* (Melbourne: University of Melbourne Press, 1996), 2. [↑](#footnote-ref-5)
6. S. Seidman, ‘Deconstructing queer theory or the under-theorization of the social and the ethical’, in *Social Postmodernism: Beyond Identity Politics*, eds. Linda Nicholson and Steven Seidman (Cambridge: Cambridge University Press, 1996), 132. [↑](#footnote-ref-6)
7. Ibid 5 [↑](#footnote-ref-7)
8. V.S. Peterson, ‘The Intended and Unintended Queering of States/Nations’, *Studies in Ethnicity and Nationalism* 13 no. 1 (2013): 58. [↑](#footnote-ref-8)
9. L. Berlant and M. Warner, ‘What does queer theory teach us about X?’, PMLA 110 (1995), 344. [↑](#footnote-ref-9)
10. S. Seidman, *Difference Troubles* (Cambridge: Cambridge University Press, 1997), x-xi. [↑](#footnote-ref-10)
11. N. Vaughan-Williams, *Border Politics: The Limits of Sovereign Power* (Edinburgh: Edinburgh University Press, 2009a). [↑](#footnote-ref-11)
12. J. Agnew and S. Corbridge, *Mastering Space: Hegemony, Territory and International Political Economy* (London: Routledge, 1995). [↑](#footnote-ref-12)
13. J. Agnew, ‘The Territorial Trap: The Geographical Assumptions of International Relations Theory’, *Review of International Political Economy* 1, no.1 (1994): 53-80. [↑](#footnote-ref-13)
14. Agnew, ‘The Territorial Trap’, 71. [↑](#footnote-ref-14)
15. Agnew and Corbridge, *Mastering Space*, 47. [↑](#footnote-ref-15)
16. This is a concept that figures in A. Wendt, *Social Theory of International Politics*, (Cambridge: Cambridge University Press, 1999), but gets more detailed treatment in A. Wendt, ‘The state as person in international theory’, *Review of International Studies* 30, no. 2 (2004): 289-316. [↑](#footnote-ref-16)
17. P. Chilton and G. Lakoff. ‘Foreign Policy by Metaphor’, in *Language and Peace*, eds. C. Schäffner and A.L. Wenden (Aldershot: Ashgate, 1995), 37-60. [↑](#footnote-ref-17)
18. Wendt, ‘The state as person’. [↑](#footnote-ref-18)
19. Ibid., 295. [↑](#footnote-ref-19)
20. Ibid., 290 [↑](#footnote-ref-20)
21. Chilton and Lakoff, ‘Foreign Policy by Metaphor’, 56. [↑](#footnote-ref-21)
22. M. Luoma-Aho, ‘Political Theology, Anthropomorphism, and Person-hood of the State: The Religion of IR’, *International Political Sociology* 3, no. 3 (2009): 294. [↑](#footnote-ref-22)
23. Wendt, ‘The state as person’, 313. [↑](#footnote-ref-23)
24. Chilton and Lakoff, ‘Foreign Policy by Metaphor’, 40-41. [↑](#footnote-ref-24)
25. Wendt, ‘The state as person’, 293. [↑](#footnote-ref-25)
26. Chilton and Lakoff, ‘Foreign Policy by Metaphor’, 47-48. [↑](#footnote-ref-26)
27. This specific effect of discourse in shaping the boundaries of social action is a point emphasised by Agnew and Corbridge as well as Chilton and Lakoff. [↑](#footnote-ref-27)
28. Chilton and Lakoff, ‘Foreign Policy by Metaphor’, 43. [↑](#footnote-ref-28)
29. Wendt, ‘The state as person’, 304. [↑](#footnote-ref-29)
30. Wendt concedes that states do ‘replicate’, and it would be possible to theorise the breakaway of territorial regions as a form of ‘genetic reproduction’ of states, or multilevel governance as a form of familial taxonomy. However, this would require a few more biological analogies and an even greater number of pages. [↑](#footnote-ref-30)
31. Wendt, ‘The state as person’, 308. [↑](#footnote-ref-31)
32. A. Ingram, ‘Domopolitics and disease: HIV/AIDS, immigration, and asylum in the UK’, *Environment and Planning D* 26, no. 5 (2008): 875-894. [↑](#footnote-ref-32)
33. J. Kristeva, *Powers of Horror: An Essay on Abjection*, (New York, NY: Columbia University Press, 1982), 71. [↑](#footnote-ref-33)
34. Ibid., 2. [↑](#footnote-ref-34)
35. Kristeva, *Powers of Horror*, 9. [↑](#footnote-ref-35)
36. P. Nyers, ‘Abject cosmopolitanism: the politics of protection in the anti-deportation movement’, *Third World Quarterly* 24, no. 6 (2003): 1074. [↑](#footnote-ref-36)
37. Kristeva, *Powers of Horror*, 3. [↑](#footnote-ref-37)
38. The most notable of which is perhaps RBJ Walker’s in *Inside/Outside: International Relations as Political Theory* (Cambridge: Cambridge University Press, 1992). [↑](#footnote-ref-38)
39. N. Vaughan-Williams, ‘The generalised bio-political border? Re-conceptualising the limits of sovereign power’, *Review of International Studies* 35, no. 4. (2009b), 733. [↑](#footnote-ref-39)
40. 33 B. Diken and C.B. Laustsen, ‘Becoming abject: Rape as a weapon of war’, *Body & Society* 11, no. 1 (2005): 114. [↑](#footnote-ref-40)
41. 35 B. Buzan, O. Wæver, and J. De Wilde, *Security: a new framework for analysis*, (Boulder, CO: Lynne Rienner, 1998); O. Wæver, ‘Securitization and Desecuritization’, in *On Security*, ed. R. Lipschutz (New York, NY: Columbia University Press, 1995), 46-86. [↑](#footnote-ref-41)
42. 34 L. Hansen, *Security as Practice: Discourse Analysis and the Bosnian War*, (New York, NY: Routledge, 2006). [↑](#footnote-ref-42)
43. Hansen, *Security as Practice*, 18. [↑](#footnote-ref-43)
44. Ibid., 21-22. [↑](#footnote-ref-44)
45. Hansen, *Security as Practice*, 35. [↑](#footnote-ref-45)
46. M.B. Salter, *Rights of Passage: The Passport in International Relations* (Boulder, CO: Lynne Rienner, 2003), 70. [↑](#footnote-ref-46)
47. D. Bigo, ‘Security and Immigration: Toward a Critique of the Governmentality of Unease’, *Alternatives* 27 (2002): 65. [↑](#footnote-ref-47)
48. H.J. Nast, ‘Unsexy Geographies’, *Gender, Place & Culture* 5, no. 2 (1998): 195. [↑](#footnote-ref-48)
49. Bigo, ‘Security and Immigration’, 78; Salter, *Rights of Passage*, 65. [↑](#footnote-ref-49)
50. S. Wiebe, ‘Producing Bodies and Borders: A Review of Immigrant Medical Examinations in Canada’, *Surveillance & Society* 6, no. 2 (2009): 128-141. [↑](#footnote-ref-50)
51. R. Pain and S. J. Smith, *Fear: critical geopolitics and everyday life* (Farnham: Ashgate, 2008). [↑](#footnote-ref-51)
52. Bigo, ‘Security and Immigration’; Hansen, *Security as Practice*; Buzan, Wæver and De Wilde, *Security*. [↑](#footnote-ref-52)
53. A. Ceyhan and A. Tsoukala, ‘The Securitization of Migration in Western Societies: Ambivalent Discourses and Policies’, *Alternatives* 27 (2002): 21-39. [↑](#footnote-ref-53)
54. 56 D. Lyon, ‘Surveillance as social sorting: Computer codes and mobile bodies’, in *Surveillance as social sorting*, ed. D. Lyon (New York: Routledge, 2003), 13-30. [↑](#footnote-ref-54)
55. S. Elbe, *Security and Global Health* (Cambridge: Polity, 2010). [↑](#footnote-ref-55)
56. Canada’s *Immigration and Refugee Protection Act* (2002) bases medical inadmissibility on danger to public health or to public security, though most permanent resident applicants who test positive for HIV are found inadmissible because the cost of antiretroviral therapy in Canada exceeds average social service spending per citizen. This makes them likely to cause ‘excessive demand’ on the publicly funded health care system. [↑](#footnote-ref-56)
57. 59 An 1882 US law to limit immigration mentioned ‘lunatics’ and ‘idiots’ as particularly undesirable. A law of similar spirit was passed in 1924 with the purpose of limiting Asian immigration to the United States. [↑](#footnote-ref-57)
58. 60 U.S. Citizenship and Immigration Services, ‘Immigration and Nationality Act’ [online], no date. Available from: <http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextchannel=f3829c7755cb9010VgnVCM10000045f3d6a1RCRD&vgnextoid=f3829c7755cb9010VgnVCM10000045f3d6a1RCRD> (Accessed 20 May 2014) [↑](#footnote-ref-58)
59. 61 N. White, ‘The Tragic Plight of HIV-infected Haitian Refugees at Guantanamo Bay’, *Liverpool Law Review* 28 (2007): 249-269. [↑](#footnote-ref-59)
60. D. W. Webber, *AIDS and the Law* (New York: Aspen Publishers 2010), 486. [↑](#footnote-ref-60)
61. U.S. Congress, *Supplemental Appropriations Act*, Senate amendment 248 (Sen. Jesse Helms) (Washington, DC: The Library of Congress, 1987). [↑](#footnote-ref-61)
62. 64 J. Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill, NC: University of North Carolina Press, 2009), 107. [↑](#footnote-ref-62)
63. 65 J. J. Amon and K. W. Todrys, ‘Fear of Foreigners: HIV-related travel restrictions on entry, stay, and residence’, *Journal of the International AIDS Society* 11, no. 8 (2008): 2. [↑](#footnote-ref-63)
64. 66 R. Sabatier, ‘Migrants and AIDS: Themes of Vulnerability and Resistance’, in *Crossing borders: migration, ethnicity, and AIDS*, eds. M. Haour-Knipe and R. Rector (Abingdon: Taylor & Francis 1996), 86-101. [↑](#footnote-ref-64)
65. B.D. Adam, ‘The state, public policy, and AIDS discourse’, *Contemporary Crises* 13 (1989), 1. [↑](#footnote-ref-65)
66. K. Q. Seelye, ‘Helms Puts the Brakes to a Bill Financing AIDS Treatment’, *The New York Times*, July 5 1995. Available from: <http://www.nytimes.com/1995/07/05/us/helms-puts-the-brakes-to-a-bill-financing-aids-treatment.html> (Accessed 20 May 2014) [↑](#footnote-ref-66)
67. 70 C. L. Briggs, ‘Communicability, Racial Discourse, and Disease’, *Annual Review of Anthropology* 34 (2005): 273. [↑](#footnote-ref-67)
68. U.S. Citizenship and Immigration Services, ‘Immigration and Nationality Act’. [↑](#footnote-ref-68)
69. One of the early names of HIV/AIDS was GRIDS, short for ‘Gay-related immune deficiency syndrome’. [↑](#footnote-ref-69)
70. C. Patton, *Globalizing AIDS*, (Minneapolis, MN: University of Minnesota Press, 1992): xiii. [↑](#footnote-ref-70)
71. D. Collin, ‘Senate Passes Bill for Assault on Aids’, *Chicago Tribune*, April 29 1988. Available from: <http://articles.chicagotribune.com/1988-04-29/news/8803120952_1_helms-amendment-testing-and-confidentiality-questions-of-aids-testing> (Accessed 20 May 2014) [↑](#footnote-ref-71)
72. Sen. Jesse Helms, Extension of Remarks, 24 January 1990, page S197 of Congressional Record. [↑](#footnote-ref-72)
73. American Civil Liberties Union (ACLU) and Human Rights Watch (HRW), Sentenced to Stigma: Segregation of HIV-Positive Prisoners in Alabama and South Carolina (April 2010). Available from: <http://www.hrw.org/sites/default/files/reports/health0410webwcover.pdf> (Accessed 20 May 2014) [↑](#footnote-ref-73)
74. Ibid. [↑](#footnote-ref-74)
75. J. Gerstenzang and D. Lauter, ‘AIDS Marriage Test Debate Widens: President May Support Proposal but Issue Divides GOP’, *Los Angeles Times*, 22 May 1987. Available from: <http://articles.latimes.com/1987-05-22/news/mn-1223_1_aids-testing> (Accessed 20 May 2014) [↑](#footnote-ref-75)
76. Chicago Tribune, ‘Helms Calls for Quarantine On Positive Tests’, 16 June 1987. Available from: <http://articles.chicagotribune.com/1987-06-16/news/8702140384_1_aids-virus-sen-lowell-weicker-prison-inmates> (Accessed 20 May 2014) [↑](#footnote-ref-76)
77. E. Rosenthal, ‘Angry Doctors Condemn Plans to Test Them for AIDS’, *New York Times*, 20 August 1991. Available from: <http://partners.nytimes.com/library/national/science/aids/082091sci-aids.html> (Accessed 20 May 2014) [↑](#footnote-ref-77)
78. A. L. Fairchild and E. A. Tynan, ‘Policies of Containment: Immigration in the Era of AIDS’, *American Journal of Public Health* 84, no.12 (1994), 2011-2022. [↑](#footnote-ref-78)
79. Ibid., 2011-2012. [↑](#footnote-ref-79)
80. Ibid., 2012 [↑](#footnote-ref-80)
81. R. Noble, ‘United States HIV & AIDS statistics summary’ [online], 2009. Available from: <http://www.avert.org/usa-statistics.htm> (Accessed 20 May 2014) [↑](#footnote-ref-81)
82. New York Times, ‘Help the Guantanamo Haitians’, 14 March 1993. Available from: <http://www.nytimes.com/1993/03/14/opinion/help-the-guantanamo-haitians.html> (Accessed 20 May 2014) [↑](#footnote-ref-82)
83. White, ‘Tragic Plight’, 249. [↑](#footnote-ref-83)
84. White, ‘Tragic Plight, 269. [↑](#footnote-ref-84)
85. Fairchild and Tynan, ‘Policies of Containment’, 2013. [↑](#footnote-ref-85)
86. C. J. Nemeroff, ‘Magical Thinking About Illness Virulence: Conceptions of Germs From “Safe” Versus “Dangerous” Others’, *Health Psychology* 14, no. 2 (1995): 150. [↑](#footnote-ref-86)
87. Briggs, ‘Communicability, Racial Discourse, and Disease’, 276. [↑](#footnote-ref-87)
88. Brier, *Infectious Ideas*, 107. [↑](#footnote-ref-88)
89. AIDS.org, HIV Travel/Immigration Ban: Background, Documentation. Available from: <http://www.aids.org/topics/hiv-travelimmigration-ban/> (Accessed 20 May 2014). [↑](#footnote-ref-89)
90. W. Haver, *The Body of this Death: Historicity and Sociality in the time of AIDS*, (Stanford: Stanford University Press, 1996), 11. [↑](#footnote-ref-90)
91. Patton, *Globalizing AIDS*, 35. [↑](#footnote-ref-91)
92. Ibid., 48. [↑](#footnote-ref-92)
93. Ibid., 45. [↑](#footnote-ref-93)
94. Christine N. Cimini 1991-1992 - United States Policy on HIV Infected Aliens: Is Exclusion an Effective Solution - Connecticut Journal of International Law 7 (367) [↑](#footnote-ref-94)
95. Kristeva, *Powers of Horror*, 3. [↑](#footnote-ref-95)
96. Ibid., 71. [↑](#footnote-ref-96)
97. Diken and Laustsen, ‘Becoming abject’ 114. [↑](#footnote-ref-97)
98. C. Gorman, ‘Opening the Border to AIDS’ [online], 1993. Available from: <http://www.time.com/time/magazine/article/0,9171,977792-2,00.html> (Accessed 20 May 2014); R. Morrow, ‘AIDS and Immigration: The United States Attempts to Deport a Disease’, *The University of Miami Inter-American Law Review* 20m no. 1 (1988): 131-173. [↑](#footnote-ref-98)
99. Noble, ‘HIV & AIDS statistics summary’. [↑](#footnote-ref-99)
100. Centers for Disease Control and Prevention, ‘Guidance for HIV for Panel Physicians and Civil Surgeons’, January 2010. Available from: <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/hiv-guidance-panel-civil.html> (Accessed 20 May 2014). [↑](#footnote-ref-100)
101. J. Kerry and G. Smith, ‘America’s unfair HIV/AIDS policy’, *Washington Times*, 25 June 2008. Available from: <http://www.washingtontimes.com/news/2008/jun/25/americas-unfair-hivaids-policy/> [↑](#footnote-ref-101)