

CHAPTER 1

Introduction

I HAVE WRITTEN *Viral Mothers* as an exploration of anxieties about breastfeeding and contamination. I began this research thinking to focus solely on HIV/AIDS¹ and maternal transmission of the virus through breastfeeding, but I found other, somewhat similar, preoccupations salient in local and global conversations about mothers. These anxieties, as I came to think of them, are manifested in dominant ideological formations, revealed in public health approaches to maternal behavior, and realized in mothers' own practices. They seem most pervasive in wealthy countries, where biomedical research and health-conscious advice guide maternal behaviors, but are also evident in public health debates about women who live in the poverty environments of the global south. In modern life, breastfeeding is a practice that seems to sharpen cultural ambivalence about mothers and their bodies.

In *Viral Mothers*, I examine why the maternal body is a focus of intense concern in modernity, or how modernity causes us to focus on the maternal body as a problem in particular ways. I am not claiming that the focus on mothers' bodies is a new problem. Rather, I am arguing that modernity poses particular problems for mothers' bodies *and* that mothers' bodies pose problems within and for modernity. Maternal bodies seem to constitute a special case that demonstrates and exemplifies contemporary obsessions with contagion and contamination as particularly modern risks.

Breastfeeding has always been a focus of concern in modern social formations. In Enlightenment France, Jean-Jacques Rousseau discussed the shaping of citizens that occurred initially at the maternal breast. According to philosopher Rebecca Kukla, "Even Rousseau's critics, such as Mary Wollstonecraft, did not dare to call into question the Rousseauian tenet that nursing is a civic duty crucial to the production of sympathetic and well-

ordered citizens.”² Yet advancing industrialization allowed for the development of proprietary infant foods in the nineteenth century, calling into question women’s unique contribution to the nutrition and development of human offspring. The impact of globalization with respect to foods to replace breast milk was first publicly noted by physician Cicely Williams in 1939 in her famous “Milk and Murder” speech but was realized most fully in the Nestlé boycott of the 1970s and 1980s.³ Most recently, the crisis of mother-to-child transmission of human immunodeficiency virus (HIV) through breastfeeding has initiated a new round of debates about infant feeding in the resource-poor contexts of the global south. It is clear that the anticipated achievements of 1980s breastfeeding activism—the preservation of breastfeeding as the dominant mode of infant feeding around the world, aided by the passage of international codes, policy guidelines, and other agreements—have been severely challenged by HIV/AIDS.

The medical community has known since the late 1980s that HIV is passed through breast milk from infected mothers to their babies. In highly industrialized countries, HIV-positive mothers are advised not to breast-feed their babies. Because replacement feeding is considered ordinary in these contexts, this public health protocol receives little attention. But breastfeeding has continued to be a predominant and culturally normative practice in poor countries. In addition, until the 1990s breastfeeding was thought to be a partial solution to problems of infant health and welfare in resource-poor contexts. Now, in areas of high rates of HIV infection and high infant mortality, decisions concerning infant feeding are terribly conflicted. As a result, breastfeeding receives significant attention in the medical literature concerning AIDS in poor countries, and there has been an enormous shift in international public health conversations concerning infant formula manufacturers and replacement feeding.

As a result, mother-to-child transmission of HIV (MTCT) garners tremendous attention from breastfeeding advocates. The global community of breastfeeding supporters is worried about what it perceives to be a renewed zeal to introduce breast milk substitutes in areas beset by high HIV-prevalence rates. In the minds of advocates, such prevention efforts to end MTCT reveal a lack of understanding of the fundamental health contributions of breastfeeding in these contexts. They worry that AIDS researchers and policymakers will make changes to infant feeding policies to stop transmission of the virus while not attending to overall infant mor-

bidity and mortality, which breastfeeding advocates think will increase if breastfeeding rates decrease in the global south.⁴

AIDS itself is a quintessential illness of modernity. An incurable, fatal, slow-acting virus, it has challenged advanced biomedical research and public health systems with its biological, epidemiological, and social complexity, demonstrating that modern medical institutions have not conquered or tamed microbes and their devastating potential. It emerged in equatorial west Africa in the late 1950s, with decolonization and the momentous transformations in the politics, cultural life, and economic and social organization of African countries. Following labor migration routes in Africa, HIV/AIDS is an illness dependent on an imperialist history and the structured inequities of the colonial labor systems established in the late nineteenth century and the first half of the twentieth. Yet the establishment and spread of HIV/AIDS have also traced the dislocations and political unevenness of the postcolonial period.⁵ The epidemiology of HIV/AIDS differs around the world, testifying to the divisions that characterize modern global society.

The transmission of HIV through breastfeeding is a medical and public health issue that touches on and augments contemporary concerns about bodies, germs, and the environment. These concerns affect all people around the globe as we struggle with the meanings of health, risk, and embodiment in modernity. *Viral Mothers* addresses and explores current constructions of mothers in order to understand the dense cultural meanings evoked by postnatal transmission of HIV. In so doing, the book pays special attention to fears of contamination and contagion that emerge as consequences of a medicalizing modernity.

Ideology and Rhetoric

Viral Mothers is a book about representations—the discourses, rhetoric, and images that contribute to and emerge from public debates about mother-to-child transmission of HIV through breastfeeding. It therefore addresses the representational staging of an argument about maternity. Because of this, the book itself is not an argument about real women, but a set of critical commentaries concerning conflicting ideas about motherhood, particularly the embodied practice of breastfeeding. These ideas struggle to resolve the problem of the maternal body within modernity. *Viral Mothers*

traces and analyzes this struggle over ideas in the context of power relations, cultural forces and meanings, and everyday practices. As such, it is a book primarily addressing ideologies and the controversies they engender.

Any wide-ranging critical study of ideology and its effects, especially one that attempts a broadly sweeping analysis across continents and disciplinary domains, risks oversimplification. While the book is set up as a series of case study commentaries focusing on ideological configurations, my interpretive gestures are synthetic, to demonstrate regularities across representations. It is my hope that whatever fine complexity is lost in this endeavor is made up for in the revelation of those representational similarities that guide contemporary global thinking about mothers' bodies and their potentially dangerous relation to fetuses and infants.

My own work is not ethnographic, although I have attended professional conferences in order to listen to the discourses about infant feeding and HIV that are current and to engage, in a limited manner, the kind of "visceral learning" cited by Emily Martin as a basis for anthropological research.⁶ I am not trained in ethnography, so my efforts at participant observation are self-taught and less systematic than those of a professional anthropologist. I use my experiences of observation as ways into particular nodal points of meaning that would otherwise be difficult to identify or analyze, but these experiences themselves never make up the main subject the research itself focuses on.

My methodology involves identifying and analyzing pervasive and dominant themes in contemporary discourses about infant feeding, maternity, and HIV. The problems that I am addressing in this book are generally taken up by people and organizations devoted to *practical plans*, either direct research, the implementation of research findings, clinical practice, or the development of public health guidelines. My project is to demonstrate how language use matters in each of these contexts, how seemingly technocratic approaches depend on images, beliefs, and unseen cultural patterns in order to make sense or be effective. The larger field within which this research finds a home is cultural studies, with a particular focus on rhetoric.

Rhetoric is an interdisciplinary field of study focused on persuasive discourse, in the form of language, visual imagery, or nonverbal behavior. Rhetorical inquiry usually focuses on language use but also pays attention to these other elements of meaning-making that contextualize language. While lay understanding of the term *rhetoric* often suggests that it means

the purposefully manipulative use of language to gain devious ends, rhetoricians are usually more open and positive about the study of rhetoric. Wayne Booth, quoting Lloyd Bitzer, provides this as one among many definitions: "Rhetoric is a mode of altering reality, not by the direct application of energy to objects, but by the creation of discourse which changes reality through the mediation of thought and action."⁷ Postmodern perspectives would alter that statement to emphasize the rhetorical construction, not rendering, of reality.

In cultural studies, the kind of persuasive discourse that I analyze goes by the name of *ideology*. *Ideology* is a name for forms of knowledge and meaning that shape people's direct experience and determine its significance. Ideological analysis exposes how particular kinds of meaning are naturalized and made normative in given cultural contexts. Such analysis asserts that the work of ideology overall is to obscure contradictory and problematic elements of material life from ordinary people in order to forestall their inquiry into, and resistance to, the status quo. Ideological analysis is not a democratic approach to knowledge. Ideological analysis presumes that most individuals do not have access to critical modes of thinking that will break through layers of mystification that circumscribe and define experience. Rather, this method assumes that dominant ideologies operate in the service of dominant groups, although individuals who serve these ideologies are largely unaware of their roles.

For Marxists, or quasi-Marxists like myself, ideology inheres in material practices. Ideas themselves are important as elements of culture, but it is through practices of daily life that ideologies are made real for people and become natural ways of being a person. Actions and habits that go without question thus are instances of the naturalization that ideology accomplishes. But studying ideology is largely conducted through the analysis of discourses available as text or speech. Because of this, the field of rhetoric is a significant arena for the study of ideology since rhetorical scholars examine persuasive language in concrete contexts of use, using various forms of documentary evidence. Rhetorical analysis is one method of critical thinking that can break through or uncover the mystification produced by ideologies, largely by focusing on the signifying activity that supports supposedly natural modes of being and thinking. Rhetorical study can demonstrate how cultural consensus is created, common sense comes into being, and norms of behavior are established and sustained. Semiotics, the

study of sign systems, is a mode of rhetorical analysis that examines the representational apparatus of cultural meanings, especially advertising, mass media, and other discursive forms that dominate the public sphere.

There are advantages and constraints to the semiotic analysis of ideology. Let me first enumerate the constraints. Ideological analysis can be crude and stereotyping, even as it attempts to explode the stereotypes that can characterize ideological figurations. It is not fine-grained enough to address lived experience or the idiosyncrasies of individual lives. It can encourage a simplistic analysis that poses ideology against material reality, as if everyone's experiences are not forged through complex accommodations and resistances to dominant formations. It is not democratic, and suspects all belief systems of conformity to the status quo. It is skeptical rather than empathetic. The semiotic analysis of ideology can make it seem like individual people do not matter at all because they are understood to be pawns in the larger game of power being played out in the discursive contexts of culture. In addition, its evidence base can seem thin, because ideological analysis targets symptomatic, rather than representative, examples.

But analyzing dominant ideologies through the discursive systems of culture is a way of identifying and critiquing norms of behavior and belief that do not serve the interests of most people. In being a form of skeptical reading, the semiotic analysis of ideology helps us to see modes of being in the world as connected to interests that we did not even realize were operating in our lives. Ideology obscures from people the difficulty or unsustainability of the actual conditions of their existence or sometimes just the fact that those conditions are not given but constructed by and naturalized through particular discursive mechanisms. Its critique can reveal to us ways of moving forward and altering those conditions. Ideological analysis is founded on the belief that ideas, representations, and meanings matter to the material conditions of people's lives, and that direct critique of ideology's hold on perception and practice can effect individual and social transformation. Ideological analysis has, as its goal, not just understanding, but change.

Ideological analysis informs us of existing constraints on our own modes of thinking, discovery, and practical action, suggesting that such constraint always acts in the service of politics and power. In *Viral Mothers*, I want to show, in very specific terms, how mothers are disadvantaged by dominant ideologies about maternal embodiment and practice. I am less interested in how mothers imagine themselves than in those forces shaping

their beliefs and experiences. My emphasis, then, is tilted toward the forces and away from the women themselves, toward understanding the myths and not women's responses to the myths. This is not because I do not care about women and their lives. My method results from my belief that individual experience is forged within ideological contexts that are determining and limit the kinds of freedoms available to individuals. Constraint—living within boundaries not of one's own making—is the common experience of most people's lives. Thus analysis of the constraining forces—the systems of ideas, practices, and meanings that constitute dominant ideologies—is one way of understanding human experience, albeit not by direct participation in people's lives or ethnographic encounters.

The focus on ideology has another significant effect on the analysis produced. *Viral Mothers* is not a book that will show us how to separate real concerns from imagined ones. Unveiling ideologies does not allow us access to a real or true level of experience beneath or beyond cultural constructions.⁸ In this book I argue that valid concerns about mothers' bodies are always imagined and experienced through ideologies of maternity. Identifying the work of ideology does not do away with these concerns, nor reduce them to insignificance, but it does demonstrate the cultural importance of meaning systems disseminated by powerful institutions and evident in everyday practices and beliefs. Exposing ideological constructions allows us to imagine ways of resisting dominant modes of understanding and experience. Resistance is the first step in transforming cultural constraints toward more liberating alternatives.

Globalization

Most of the dominant ideologies I examine in this book emerge from the global north, in particular the United States, and often they are simply targeted back to inhabitants of the highly industrialized contexts that characterize the developed world. My own expertise is in cultural studies of the United States and its medical institutions and practices, with a focus on gender, sexuality, and maternity. But one purpose of this project, for me, has been to expand my understanding of how particular beliefs about mothers and their bodies influence physicians and policymakers all over the world. Because biomedicine has its roots in the cultures of the global north, figurations of maternity that guide medical thinking about mothers' bodies, illnesses, and risks emerge from those same contexts. Moreover,

medical ideas about mothers from the global south are highly inflected by norms of maternal behavior forged in the global north. Just as American culture seeks global outlets as a way of marketing American goods and services, biomedicine transports cultural imperatives as it crosses borders and seeks to improve health outcomes around the world.⁹

The terminology to describe the divergence of human circumstance globally is fraught with political contestation. In the first sentence of the previous paragraph, I purposely used three sets of terms that often are used interchangeably to identify the world's wealthy nations: *developed*, *highly industrialized*, *global north*. Other terms include the *West* and *First World*. Terminology in use to identify the world's poorer nations includes *global south*, *Third World*, *non-West*, *underdeveloped*, or *developing*. In the body of this book, I have settled on *global north* and *global south* as names that designate levels of industrialization, wealth, and global economic power. Noting that "like all binaries . . . it is problematic if taken too seriously," philosopher Alison Jaggar describes her use of *global north* and *global south* as follows.

The collapse of the Soviet bloc has made the older terminology of First, Second and Third Worlds inapplicable, and it is now often replaced by talk about the global North and the global South. Roughly, the "global North" refers to the world's highly industrialized and wealthy states, most of which are located in the northern hemisphere—though Australia and New Zealand are exceptions. The "global South" refers to poorer states that depend mostly on agriculture and extractive industries and whose manufacturing industry, if it exists, is likely to be foreign owned. . . . Northern states often have a history as colonizing nations, and Southern states often have been colonized.¹⁰

There are other reasons to jettison *Third World* and *developing*. The first/third distinction suggests a hierarchy of value, just as developed/developing does. That the global north sets the paradigm for development is not at issue, but the meaning of its power is. Indeed, one of the advantages of the global north/south terminology is the fact that as a distinction it does not map actual north/south geographies exactly but is meant to signify a distinction in power and wealth. The north/south distinction is one within the context of neoliberal globalization, not merely in relation to geographic positioning, as

Jaggar's description makes clear. Those who use the global north/south terminology are calling attention to critiques of development paradigms and the hierarchization of modernization implicit in official development institutions like the World Bank and the International Monetary Fund.

The West/non-West distinction is interesting to consider in this regard. Like global north/south, it suggests a geographical difference that is actually a political and economic difference. But its usefulness seems to have diminished, and its specificity is unclear: does West/non-West refer to Euro-America against the Eastern Bloc, or Euro-America against Asia? And all of the terms, I should point out, ignore differences *within* the totalities described: not all communities in the global north share in its overall wealth and have access to its power. Unevenness characterizes modernities around the world.

In *Viral Mothers*, the analysis of modern constructions of maternity in the global north is derived primarily from explorations of the U.S. context. In the discussion, I make this focus on the United States explicit. The United States represents a limit-point of the modern trends investigated here and, arguably, emblemizes the expectations of modern paradigms. One goal of this book is to show how preoccupations developed in the ideological contexts of highly industrialized countries can be seen to inflect policy considerations about and representations of women in the global south, particularly in sub-Saharan Africa, the epicenter of the AIDS epidemic. A fuller consideration of these issues would use a more truly global lens. But even in the more narrow comparative analysis provided here, we can see that debates (in the media and in policy contexts) about what mothers in the global south should do when they are HIV positive are articulated in relation to an "economy of statements" that constrain and produce expectations of modern maternity in the global north.¹¹

Countries of the global north, and perhaps especially the United States, export ideology in the service of neoliberal goals. Jaggar offers another useful definition.

Neoliberalism is the name given to the version of liberal political theory that currently dominates the discourse of globalization. Neoliberalism assumes that material acquisition is the normal aim of human life, and it holds that the primary function of government is to make the world safe and predictable for the participants in a market economy. Although its name suggests that it is a new variety of liber-

alism, neoliberalism in fact marks a retreat from the liberal social democracy of the years following World War II back toward the non-redistributive laissez-faire liberalism of the seventeenth and eighteenth centuries.¹²

As Bradley Lewis points out, and as I develop more fully in the next chapter, globalizing biomedicine is a new development in this old internationalist strategy. Instead of a military-industrial complex, the global north is expanding its “medical-biotech-pharmaceutical sector.”¹³ That neoliberal developments would spread to (and through) global health-care initiatives is no surprise, given the increasing proportion of GDP that health-care expenditures take up in the economies of the global north. Lewis argues that the exportation of northern biomedical practices and products to the cultures of the global south is also the exportation of “cultural solutions,” suggesting that medicalization is a specific and normative response to social circumstances and concerns. That is, the globalization of health care is much more than just an attempt to improve the well-being of impoverished individuals around the world. It entails the domination of local modes of thinking and acting by the energy- and capital-intensive regimes of medicalized bureaucracies.¹⁴

Viral Mothers is not a book of political economy. Yet ideological analysis focuses our attention on those discourses and practices that sustain political economy. It is impossible to analyze culture without paying attention to the structures and agents that are shored up and perpetuated by ideology. Global biomedical endeavors are not ideology free, and are intimately linked to other globalization efforts that are more commonly thought of as political economy. Within biomedical systems of thought “health” is a natural state of the human body, and medicine is a scientific response to illness or impairment. Medical treatment from a professional is thus what one commonly seeks in response to an accident, falling ill, or becoming disabled. But such a response can only occur when a medical infrastructure exists to make such action normal. And the medical infrastructure depends on the attitudes and actions of individuals to utilize, respect, and pay for the treatments and procedures administered by medical professionals. Advanced medical practices, technologies, and pharmaceuticals are an ordinary aspect of life in the global north for many people, but it is precisely what is accepted as ordinary that ideological analysis targets for interpretation and critique.

Medicine as a Value System

Biomedicine is an arena of knowledge and practice bounded by specific constraints: its dependence on medicalization as a basic paradigm that improves lives, its focus on statistically identifiable risks and rational choices with respect to known risks, its obscured relation to the conditions of advanced industrialized development (and thus to an intensely energy-dependent infrastructure not available in many parts of the world). Most inhabitants of highly industrialized countries are subjected to biomedical paradigms that define good living—at a cost to other cultural systems of meaning and value. When we analyze biomedicine as a cultural system, we can see that it has won overall (or official) consensus in the global north but that it conflicts consistently with other cultural systems both within the global north and in other contexts around the world.

This is not to say that biomedicine makes no valuable contribution to health or the public good. The point here is not to vilify medicine or health-care personnel, nor to subject the vast global project of public health to criticism for its importation of values from the global north to the global south. Rather, what I aim to do is to demonstrate and work from the understanding that many discussions purporting to be focused on medical risk or health are really about cultural meanings and values. Insofar as biomedicine can be figured as a value system, it is a value system that pretends to not be one because it defines itself as science. Science is often thought to be interested in truths that are outside of or untouched by culture. To demonstrate that medicine is a cultural system with a value system, we must reveal its repudiated, disavowed discourse about values. In this project, the discourse of values underlies attitudes and perceptions that apply to mothers and their bodies. Such revelation is one result of attention to the discursive construction of both medical knowledge and the dissemination of medical ideas and practices globally.

Focusing on the rhetorical presentation of biomedical arguments and evidence is one way of addressing the value-laden nature of scientific discourses. Biomedicine presents its information about the body in the form of scientific studies, public health policies, and clinical practice. Biomedical resources clearly operate as important sources of information about the body. But medical information is also an element of the “circuits of culture,” an idea originally articulated by Stuart Hall and developed by Bradley Lewis with respect to medicine. Biomedical knowledge is produced by

people and rendered in certain forms.¹⁵ And ideas are not only produced and represented, they are *consumed*, they provide opportunities for *identification*, and they are *regulated* (or mediated) in a variety of ways (both officially and unofficially). As Lewis writes, “What is considered ‘true’ and ‘good’ in medicine is not determined simply by science, but also by complex currents of culture.”¹⁶

In *Viral Mothers* I focus on the cultural consensus necessary for medical facts to be accepted as such, emphasizing the circuit of consumption in the production of scientific truth. Scientific studies are persuasive to individuals and groups for many reasons, some of which have little to do with data itself. Because of this, cultural consensus is crucial to the verification of scientific knowledge in the public sphere. We can discover the normative ideals driving scientific and medical research and the dissemination of its findings, exploring the complex nature of public consensus that responds to, validates, and supports biomedical conclusions culturally.

Reading *Viral Mothers*

Viral Mothers is divided into three parts, each with internal chapters. “Frames,” the first part, provides a set of conceptual and theoretical frameworks for the subsequent analysis. The second part, “Risk and Purity,” focuses on the elaboration of these themes in public discourses about maternity in the United States. The third part, “Breastfeeding and Global Public Health,” demonstrates how configurations of risk and purity—developed in the highly medicalized global north—contribute to accusations of denial and the construction of false paradigms of choice for mothers in the global south. These themes—*risk*, *purity*, *denial*, and *choice*—define the terms through which the viral mother is constituted in discourse and enacted publicly as a set of identifiable, culturally legible, concerns.

In “Frames,” the chapter “Viral Mothers” introduces the concept of the viral mother as an imago dominating perceptions of breastfeeding in the age of HIV/AIDS. “Modernity” presents the basic theoretical foundation for *Viral Mothers*, offering a wide-ranging discussion of medicalization and globalization in the uneven, contested, multiple, yet relentless conditions of modernity. “Modernity” addresses issues within a theoretical framework informed by cultural studies and critical theory, in a language that may be challenging to some readers. While I have tried to make the discussion accessible, “Modernity” may seem less inviting than other chapters. Readers

are welcome to skip the chapter, or skim through it selectively, looking for definitions of modernity, medicalization, discipline, and biopower as they see fit.

In “Risk and Purity in the Contemporary United States,” I explore the public articulation of risks to breastfeeding and risks of not breastfeeding in the United States, as well as fears of environmental contaminants in mothers’ bodies. This part includes six chapters, including a theoretical introduction, “Theorizing Risk, Imagining Purity,” which overviews theories of risk selection and notions of a risk society. “West Nile Virus” examines concerns about West Nile viral infection through breast milk during fall 2002 in the United States. “The 2004 U.S. National Breastfeeding Awareness Campaign” explores the controversies over risk messages in an Ad Council public health campaign, and “Guilt” demonstrates how the threat of maternal guilt functions culturally to forestall public acknowledgment of the health risks of not breastfeeding. These chapters focus on the United States as a cultural whole influencing perceptions of risk and infant feeding practices. I argue that the strong susceptibility to certain kinds of medicalized risk discourses, and seeming indifference to others, depends on cultural consensus rather than the absolute value of scientific facts. As a result, cultural norms emphasize microbial threats—and their passage through breast milk—but downplay medically established risks of not breastfeeding.

Current concerns with environmental contaminants in breast milk are the subject of the last two chapters of this part. Here I connect issues of viral contagion and toxic contamination by showing how the transfer of dangerous substances from mother to infant is set against an idealization: a pure maternal body. The notion of a pure maternity that relies upon clear distinctions between what is inside the body and what is outside cannot accommodate breastfeeding as a material practice. It is an idealization that relies on medicalization and engenders distrust for mothers who do not practice their maternity under the supervision of physicians or medical ideas. This part, also largely focused on the United States, is divided into two chapters: “Pollution Taboos and Pregnancy Advice,” which analyzes pregnancy advice books concerning their presentation of chemical contaminants, emphasizing how expectant mothers are introduced to maternity through highly disciplined and medically regulated practices; and “Contamination and the Sacred Maternal Body,” which examines ambivalent representations of breast milk in environmentalist discourses. These two chapters demonstrate the importance of the concept of risk in imagining an

idealized, pure maternal body, which is contrasted to real mothers' bodies that are fully permeable, with no plausible barriers that can be set up to protect a baby from its mother's contaminating influence.

In "Breastfeeding and Global Public Health: Denial, Choice, and HIV/AIDS," I shift focus from the United States as a context generating ideologies of risk and purity to specific representations of and within global public health that are affected by those ideologies. The first chapter of this part is an overview of the issues at stake in mother-to-child transmission (MTCT) of HIV. "MTCT" offers the reader a basic understanding of global public health guidelines concerning infant feeding, especially concerning the Nestlé boycott and the advent of HIV/AIDS, and introduces various ways in which denial figures into perceptions of viral mothers. "Denialist Rhetorics" examines AIDS denialism and demonstrates how it operates from the margins of science as a challenge to hegemonic biomedical beliefs. Without supporting its claims, I examine how denialism functions rhetorically and can be identified as a particular style of argumentation. The final chapter on denialism, "Situating Denialism," explores the official AIDS denialism of the South African government in order to understand, through analogy, breastfeeding advocates' usage of denialist discourses.

Scholars have understood South African denialism as reflecting the ongoing struggles of the new black majority government confronting the legacies of racist science and struggling to handle the burgeoning epidemic, in the midst of other forms of denial in the world system. Breastfeeding advocates assert that too many AIDS researchers are blind to—in denial of—the crucial contributions that breastfeeding makes to health, everywhere, but particularly in the global south. These chapters focus on denial's function as a judgment on mothers, at the same time that it operates rhetorically as a challenge to certain kinds of authority. As accusations of denialism are made with respect to the global AIDS pandemic and breastfeeding advocacy, an analysis of the discourses involved demonstrates why it is so important to understand the discursive mechanisms that make these charges so difficult to refute, and also so damaging to global efforts to fight HIV/AIDS.

The final two chapters of the book continue the global focus of this part by looking at how maternal choice is represented in mass media and public health discourses. "Representing African Women" looks at news reports in the U.S. media that portray replacement feeding as preferred choices for HIV-positive African women. This is a significant shift from the days of the

Nestlé boycott, when bottle feeding in the “Third World” was equated with dead babies. The final chapter examines global public health guidelines for infant feeding that emphasize “Informed Choice” for HIV-positive mothers, setting these against the way choice in infant feeding is presented to American women by infant formula manufacturers. Discussing controversies over infant feeding practices in the medical and public health literature, I show how two groups are split over how to address poverty as an agent of infection in the global south. This chapter ends the book with a meditation on the real fear of breastfeeding advocates in the time of AIDS—that breastfeeding will disappear as an ordinary relation of mothers and babies. The conclusion to chapter 14 is a conclusion to *Viral Mothers* as a whole.

While each chapter can stand on its own as an independent analysis, the book’s discussion overall builds from beginning to end. In dividing the book into parts and composing the argument through shorter chapters, I lay out the complex ideological web constraining women’s lives, as well as the connections between and among these ongoing contestations about maternal experience. As should be clear in the book’s organization, I am particularly concerned about the globalization of specific biomedical values, especially as they trade on mothers’ vulnerability and widespread lack of power. HIV/AIDS is an illness that defies easy answers, especially with respect to MTCT in the global south. Analyzing discourses about it is no simple task, and does not lead to obvious or unambiguous conclusions.

Yet I have written this book because I believe that cultural studies scholarship can address the seemingly intractable, and tragic, problems posed by HIV in the modern world. Medicine is fully embedded in, and not outside of, the cultural spheres in which it operates. Cultural studies scholarship can help to solve the world’s problems by framing its analysis as contribution, not just critique. It is in this spirit, and in the context of this framework for engaged research, that I present *Viral Mothers*.