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Health media & global inequalities

Since its emergence in the nineteenth century, public health has primarily been the charge of nation-states acting to maintain the health of populations.¹ In addition to taking steps to prevent disease, governments deploy the rhetoric of health and “hygiene” to police the behavior and movements of immigrants and colonial subjects.² Yet the mobility of microbes that circulate “through air travel, commerce, and the circuits of capital”³ has given rise to transnational institutions such as the U.S. Centers for Disease Control and the World Health Organization, which track disease vulnerability worldwide and pursue improvement in the health of world populations. How is the project of global health bound up with the uneven exchanges of globalization,⁴ and how does it attempt to produce “healthy” subjectivities across lines of race, gender, class, language, and citizenship?

Public service campaigns deploy mass media to frame health as the responsibility of individuals and communities. From instructing parents to have their children vaccinated to warning against the risks of illegal drugs, media campaigns provide states and other agents

with a means to shape citizens’ health behaviors. This “hypodermic” model of education, as media studies scholars term it, presumes that information can be “injected” into passive audiences to produce desired changes in attitude or behavior.⁵

Not only the content, but also the narrative and aesthetic features of health communications mediate and impact their reception. These features, in fact, “create a range of publics”⁶ and resist association with any idea of a universal “public” to be educated. Public health campaigns, therefore, demand interdisciplinary analysis that combines textual interpretation with research that addresses local and transnational forces that affect the health of populations. We know that discourses about health shape and direct people’s experiences of embodiment and subjectivity, their perceptions of risk, and their health behaviors; so how do educational campaigns that intend to transmit health information across national boundaries affect these experiences? What kinds of subjectivity are called forth when health information travels?

While epidemiological data confirm the quantitative aspects of global disparities in health, mass-mediated health discourses allow us to study the cultural

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and political dynamics of these disparities. Two such discourses – *Bodies ... the Exhibition*, which displays anatomical specimens produced in China for consumption in wealthy first-world nations, and a comic book produced by international health and human rights agencies to raise HIV/AIDS awareness among young people in the developing world – illustrate the role of global inequality in shaping the production and consumption of health messages. Both are international public health communications complicated by the fact that their materials have originated in locations far removed from the sites of their consumption. *Bodies ... the Exhibition* both leverages and conceals the economic inequalities and health disparities between its sites of production and consumption; the HIV/AIDS comic book campaign attempts to redress global health disparities, but ultimately avoids engaging questions of inequality. These representations of health, bodies, and human rights circulate between developed and underdeveloped nations, over-emphasizing universal human qualities and neglecting the critical role of economic and social vulnerability in distributing health disparities unevenly around the globe.

Bodies ... the Exhibition profits from global inequalities, which are disguised through images of anatomical universalism.⁷ A controversial and well-attended international exhibition of chemically preserved, “plastinated” corpses, *Bodies* has drawn criticism from human rights groups as well as experts on health education. Setting aside questions about the exhibit’s self-designation as a resource for public education, *Bodies* nonetheless conveys a tremendous amount of information regarding cultural constructions of health, selfhood, and the body to an

audience that numbers in the millions. *Bodies* has been on tour since 2005, and is currently on view in nine international cities, including New York, Madrid, Vienna, Budapest, Las Vegas, and Copenhagen. Addressed to middle- and upper-class visitors (the price of admission in New York, for example, is \$27.50), the exhibition’s didactic texts privilege voluntary health behaviors. A closer look at the exhibition’s sourcing of its specimens, however, shows that this voluntaristic model – which encourages individuals to take responsibility for their own healthy “lifestyle” – at once requires and conceals global disparities in environmental toxicity, economic resources, and availability of health care.

Although exhibitions of preserved bodies have proven tremendously lucrative, their curators often appropriate the rhetoric of “public health” to legitimize the private, for-profit trafficking of corpses. *Bodies* couches its display of preserved corpses in a populist claim: that specimens should serve not only the medical establishment and its educational apparatus, but also the edification of the public at large. In the words of Gunther von Hagens, inventor of the “plastination” process, the public display of dissected cadavers attempts to “democratize anatomy.”⁸

While the gallery displays of *Bodies* borrow from the cool, distancing representational techniques of science museums and anatomy textbooks, their rhetoric also relies on psychological processes of identification. “With educational relevance for all ages,” *Bodies* advertises, “this exhibition of real human specimens immerses visitors in the complexities of the human body, telling us the amazing story of ourselves with reverence and understanding.”⁹ *Bodies* orchestrates the “story

of ourselves” through visual and textual strategies of “immersion” that cue visitors to identify both with idealized bodies and with the social, economic, and technological forces that underwrite their display.

At the entrance to *Bodies* in New York, an inscription announces, “To see is to know.” Yet many of the bodies on display seem posed for theatrical effect rather than anatomical instruction. While individual galleries include glass cases filled with body parts – a spinal column, a shoulder joint, a smoker’s lung – most also include one or two elaborately posed bodies designed to exemplify the beauty and complexity of the human form while also illustrating the interdependence of corporeal systems. These idealized, partially dissected bodies are posed on pedestals as athletes handling footballs and basketballs to exhibit the movement of joints and the interdependence of skeletal muscles, or as a musical conductor wielding a baton to illustrate the workings of the nervous system.

Bodies actively encourages viewers to recognize themselves in the plastinated corpses on display, which are rendered superficially universal by the removal of their skin and the insertion of artificial blue eyeballs. The placards that accompany individual bodies ask viewers to try moving their own body parts to feel the muscles, joints, and cartilage they are looking at: “Bend an ear toward your face and notice how it instantly regains its shape.” Thus *Bodies* is not only an anatomy lesson, it is also a lesson in self-recognition in which viewers learn to grasp, manipulate, and manage their own bodies. As John Zeller, the exhibition’s co-curator, puts it when describing the bodies’ “approachable” appearance, “You’re seeing this mirror image of yourself.”¹⁰

Compared with the carefully labeled body fragments displayed under glass, the freestanding bodies that comprise the main attraction convey only a modicum of anatomical knowledge, and an excess of theatrical display. Poised to pitch a baseball or conduct a symphony, they are exemplary specimens of athleticism and self-care. Through them, the exhibition instills a desire to live what Michel Foucault calls a “medically informed life,” by endorsing normative health behaviors.¹¹ For example, a Plexiglas box located near displays featuring diseased tissues is accompanied by a placard suggesting that the viewer “Leave your cigarettes here and stop smoking now!” Elsewhere, visitors observing a body posed as a basketball player are advised to “do your sit-ups.” More broadly, the exhibition aims to shape visitors’ routine conduct: “Muscular weakness is easily reversed by normal everyday activity. It is never too late to start that workout.” These rehearsals of apparently common-sense advice on physical habits recall Foucault’s comments on the “generalized medical consciousness” that accompanied the emergence of clinical medicine, wherein “the consciousness of each individual must be alerted; every citizen must be informed of what medical knowledge is necessary and possible.”¹²

In addition to asking viewers to identify physically with the plastinated specimens on display, *Bodies* also moves viewers to affirm a health care system based on notions of “freedom” and formal equality in which the individual, not the state, is charged with the responsibility of maintaining life and health. This model of health care, which assumes the individual exercise of voluntary activities and rational decision-making, has been tied to a clinical per-

spective that tends to “blame the victim” while disregarding structural contributors to health. As anthropologists Paul Farmer and Arthur Kleinman put it:

The concept of autonomous individuals who are solely responsible for their fate, including their illnesses, is a powerful cultural premise in North American society. . . . Individual effects of powerful social forces beyond personal control are discounted.¹³

This premise of individual responsibility masks numerous inequalities that render *Bodies*' specimens available in the first place. While *Bodies* claims to uphold a commitment to public health, the exhibit carefully obscures connections between subject and society. The dissections in *Bodies* maximize exposure of physiological content, label constituent parts selectively, and are stripped of demographic and individual identifiers. Exhibit spokespeople claim that the full-body specimens originate as “unclaimed” cadavers that have become the property of the Chinese state. Citing legal protections of confidentiality, the organizers of *Bodies* have refused to release information pertaining to individual specimens, and the exhibition's didactic materials indicate the circumstances of death only “where appropriate.”¹⁴ Though a concern for the “dignity” of the bodies is cited as justification for these measures, the removal of physical and legal identifiers symbolizes – and facilitates – the removal of citizenship from the cadavers: their eviction not only from particular demographic groups, but also from the category of persons with enforceable rights.

The designations “body,” “specimen,” and “exhibit” prioritize the status of the cadavers as bearers of biological content, eliding the social and cultural contexts from which these individuals have been

abstracted. If these subjects are “human,” however, the exhibitors of *Bodies* must demonstrate that they consented to this posthumous use of their bodies. Paradoxically, by refusing to disclose the names and life circumstances of these subjects, and by ensuring that they cannot be physically identified, the exhibitors of *Bodies* assert that their probable violations of the subjects' rights to informed consent cannot be ascertained without violating those subjects' rights to privacy. Stripping away both the skin and the personal histories of its specimens, *Bodies* produces a category of anonymous beings who are bearers and exemplars of humanistic qualities and values, but disarticulated from history and agency and rendered beyond the reach of “human rights.” Here it is worth recalling Hannah Arendt's contention that the “universal” condition of humanity, recognized as sufficient for the protection of “human dignity” or “human rights” by liberal humanist political discourse, proves insufficient to establish the physical and political security of stateless subjects. In the case of *Bodies*, legal guarantees of (certain) individual rights actually enable abuses by denying access to documentation.¹⁵

The most significant factor contributing to both a flexible labor reserve and a continuous supply of anonymous bodies in China is a massive population of dislocated “floating people” who have moved to urban centers in search of employment. “[Since] the state sanctioned the entry of peasants into the newly marketizing cities after 1983,” political scientist Dorothy Solinger writes, a floating population numbering between forty and one hundred million has resided and worked in China's cities.¹⁶ The difficulty of identifying and counting these people attests to their vulnerable status as itinerants who “reside in a

realm of uncertain legality.”¹⁷ Now comprising up to a third of China’s urban population, floating people, according to political scientist Michael Dutton, are:

[T]he Chinese subaltern. They are the floating outcasts of a society that is organized to ensure that everyone has a place.... Economic reform has left ... internal migrants, the poor, the destitute, the criminal, and the undesirable – more vulnerable than at any time since the 1949 revolution.¹⁸

Dutton contends that floating people represent a form of marginalization and vulnerability that has been overlooked by Western discourses of human rights, which tend to focus on overtly political dissidents. Similarly, much of the outcry against *Bodies* has been generated by allegations of the use of executed prisoners in such exhibitions and the lack of government oversight in Chinese “body factories.”¹⁹ Focusing on the floating population, by contrast, draws attention to larger demographic issues that predispose some subjects to early and anonymous death.

Studies of the health of Chinese urban migrants show that the floating population is at disproportionately high risk for infectious disease, employment-related injury and illness, and premature death. Predominantly male, young to middle-aged, and often far removed from their families, floating people may constitute a major source of unclaimed urban corpses. These factors are compounded by poor housing and sanitation, social stigmatization,²⁰ and the relative inaccessibility of health care for floating people. Most importantly, as anthropologist Judith Farquhar and professor of Chinese medicine Quichang Zhang have shown, the desocialization of China’s health care system initiated in the 1980s has introduced a rapid shift toward a

“fee-for-services” model that leaves many citizens unable to afford medical care.²¹ The dead may be “unclaimed” due to lack of nearby relatives or the difficulty of identifying rural kin, but other factors, such as the rising costs of burial and cremation, probably play a role as well. The predicament of the floating population shows how inequalities – between capitalist and post-communist countries, country and city, resident and migrant, permanent worker and undocumented laborer – contribute to the availability of unburied dead in Chinese cities.

While *Bodies*’ privatized displays make spurious claims to public health education, our next example is a formal global health campaign intended to redress the effects of health vulnerability and human rights abuses in underdeveloped nations. Unlike *Bodies*, it does address directly the relation between health and human rights; however, like *Bodies*, it remains constrained by ideals of universalism and individual responsibility that implicitly gloss over political and economic inequalities, specifically in terms of the global epidemiology of HIV.

Whereas the pedagogical efficacy of body exhibits has been questioned, informal illustrated texts often convey information more readily than doctors, medical journals, or public health agencies themselves. Although the entertainment industry has generally shied away from depictions of AIDS and has avoided including HIV-positive characters in storylines,²² AIDS awareness campaigns have often appropriated the comic book format to disseminate their message. Building on a long-established genre of cartoons designed to spread health information,²³ the World Health Organization (WHO) and the United Nations recently launched a series of comic

books including *The Right to Health* (2002), *HIV/AIDS: Stand Up For Human Rights* (2003), and *HIV and AIDS: Human Rights for Everyone* (2006). Translated into several languages and distributed among “poor, vulnerable and marginalized population groups” in the global south, these materials aim to spread awareness of the universal right to health and dignity.²⁴ Yet they do so by calling on readers to “stand up” to their own communities and national governments and make claims for rights that may be supported neither by material circumstances nor positive legal entitlements. *HIV/AIDS: Stand Up For Human Rights* presents a particularly clear example of both the importance and the difficulty of developing a rights-based approach to global health.

In 2003, the WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Office of the United Nations High Commissioner for Human Rights (OHCHR) developed *HIV/AIDS* as a twenty-page comic book and launched a campaign to circulate it to a growing list of countries, including Botswana, Ghana, Mozambique, South Africa, Thailand, Uganda, and Zambia. With the support of the Fédération Internationale de Football Association (FIFA), whose head stated that the “universal nature of football” made it an ideal medium for messages about health and human rights, the comic book was distributed to youth via national football associations in some African countries.²⁵

The comic’s action takes place “one day at the football field,” in a geographically unspecified location and among a multiracial group of youths who collectively stand in for the global village. The football game is postponed when a young black man named Freddy refuses to play because he has to stay home and help his sick mother. As the other foot-

ball players discuss whether Freddy’s mother “should be told to leave the village” because she is HIV positive, a young white man interrupts with a monologue about AIDS transmission, risks, and the duty to “protect ourselves and help our friends who have HIV instead of leaving them sad and lonely.”²⁶ He then leads the group of friends to Freddy’s home, where Freddy’s mother informs them tearfully that the doctor at the village health center refused to help her. Fortunately, one of the other football players, a South Asian woman named Alisha, is the daughter of the supervisor at the health center. She speaks with her father that evening, and the next day he orders the doctor to “treat a person with HIV/AIDS with respect and dignity like everybody else.”²⁷ Freddy’s mother is admitted to the hospital, and the group of friends discusses other ways to defend human rights by fighting discrimination based on gender, class, and race. As the youths and their neighbors assemble to make posters about the universality of human rights, the white man who first stood up for Freddy’s mother explains why he knows so much about HIV: “because actually I am HIV positive as well.”²⁸ The final pages of the comic are left blank so that readers can design their own posters and write down ideas for combating discrimination.

By populating its global village with subjects whose differences are racial, ethnic, and cultural, but not economic, political, or behavioral, *HIV/AIDS* enables almost any reader to identify with a character who looks “familiar.”²⁹ Whereas *Bodies* produces a negative version of universalism by encouraging its predominantly white, privileged viewers to identify with a stripped-down and apparently raceless body, *HIV/AIDS* encourages readers in the global south to identify with one of the diverse char-

acters who physically resembles them. This enables the comic to be exported without rescripting to address factors that shape the local epidemiology of AIDS: the distribution of wealth and poverty; constructions of gender and sexuality; access to HIV prevention and treatment programs. *HIV/AIDS* has been translated into French, Portuguese, Spanish, and Thai, but its illustrations and storyline have undergone no revisions for distribution to individual nations, and no data have been collected regarding the comic's impact on its readers.³⁰

While at the level of language the text connotes universal ideals of multiculturalism and equality, its illustrations and characterizations reinforce particularity and social stratification, recruiting racial and gender stereotypes to drive the plot and command the identification of readers. Readers are allowed to identify with the person who physically resembles them, yet simultaneously they are encouraged to identify with the person who speaks for them: the white male character, who dominates the cartoon's dialogue. The young, well-informed white man intervenes at a key moment to instruct his friends in both scientific and humanitarian aspects of the HIV epidemic, convincing them not only to tolerate Freddy but to visit his mother's home and think of ways to help. Although he turns out to be HIV positive himself, this character is positioned as an "outside expert" who does not share in the material hardships that render Freddy and his mother vulnerable to a range of health risks. The comic represents the white character as an exemplar of the universal: unlike Alisha or Freddy, he has no name, and is never shown with his family or with markers of obvious ethnic or national belonging.

(His appearance and clothing, in fact, are reminiscent of the Belgian cartoon character Tintin, whose international adventures have been critiqued as a celebration of colonialism.) While his attentive friends sometimes appear baffled by his discourse, he speaks the language of human rights as if it were intuitive.

His rhetoric, however, reinscribes the very differences of race, class, gender, and geographical location that the comic's setting suspends. His warnings against needle sharing and unsafe sex are accompanied by panels depicting stigmatized scenarios of deviant, risky behavior (see inside back cover). Unsafe sex, for example, is illustrated by silhouetted figures performing a sex act in an orientalized setting, possibly a brothel. By contrast, an example of safer sex is provided by a white couple civilly negotiating condom use in a cozy bedroom.³¹ While the comic's emphasis on "human rights" is grounded in the universalizing metaphor of a level playing field for the multicultural football players, these panels reinscribe the geographically and demographically uneven distribution of poverty, drug abuse, sex work, condom availability, and gender equality that underlie differential vulnerability to HIV/AIDS.

The plot of *HIV/AIDS* deemphasizes these differences, modeling human rights interventions in terms of individual and interpersonal actions. Interpersonal sympathy crosses the boundaries of race and HIV status, undoing the social stigmatization of people living with HIV. First, the white football player intervenes by educating his playmates about HIV transmission and persuading them to sympathize with Freddy and his mother. Next, Alisha's sympathy moves her to speak with her father, who directs the hospital staff to provide Freddy's mother with care. Finally, in a scene

that resembles a political demonstration, the football players gather near the hospital and make signs with slogans like “Stand up for human rights” and “Do not discriminate.” In all of these instances, sympathy for people living with HIV stands in for concrete political and material changes. It is thus not surprising that Freddy and his mother are absent from the demonstration, and instead are seen making their way back into the clinic, while one of Freddy’s friends calls out “Well done Alisha for talking to your father!” By contrast with the HIV-positive white protagonist, the black woman’s case for human rights does not appear self-evident, nor does the comic depict her as capable of standing up for herself. *HIV/AIDS* marshals a politics of sympathy, not a politics of self-advocacy or an ethic of self-care. The interventions it depicts are voluntary, exceptional acts that normalize the absence or selective removal of material entitlements. Freddy’s mother ultimately receives care not on account of her independence or her claims upon the health care system, but owing to the sympathy of others.

These individual interventions in the name of human rights stand in for political action and substantive changes that might secure material entitlements to health care. The protagonists ultimately translate their concern for Freddy and his mother into a public demonstration of concern, but their appearance in the street with handmade signs is not a tool of political pressure. Instead, they work to transmit a human rights message to fellow citizens, some of whom join them and contribute statements about the rights of women and the poor. While *HIV/AIDS* presents the process of learning about human rights as contemporaneous with simulated social justice activities, the right that is enacted most ro-

bustly is the community’s right to frame concerns in terms of human rights language, not its right to the economic or material inputs to health. Thus, one desired outcome of the comic, as evidenced by the pages left blank for readers to “Draw your own poster for a campaign on HIV/AIDS discrimination,” is to self-replicate by generating more media about the universality of human rights.³²

The interpretation of human rights as comprising political entitlements rather than economic and material needs has, as Farmer argues, traditionally informed the mandate of agencies working to relieve poverty and social affliction.³³ Drawing on his experience as a health worker in Haiti and other resource-poor, justice-starved countries, Farmer notes the frequent mismatch between the priorities of aid agencies and their client populations:

Although those we served ardently desired civil and political rights, they spoke more often of what are termed “social and economic rights.” These rights include the right not to starve to death or die in childbirth; the right to treatment, even for . . . difficult-to-treat afflictions such as AIDS; the right to primary schooling and the right to clean water.³⁴

In *HIV/AIDS*, we are not shown whether Freddy’s mother is in need of food, employment, health insurance, or a clinic equipped with sufficient medication, electricity, and latex gloves: the discussion of her “rights” does not bring these questions into focus. Instead, the comic implicitly depicts the hospital as fully equipped, but staffed with prejudiced doctors.

In an essay on the discrepant priorities of human rights organizations and African citizens, the human rights lawyer

Chidi Anselm Odinkalu notes the need for a movement that “evoke[s] responses from the political process.”³⁵ Since the traditional mandate of first-world relief agencies has eschewed political and economic solutions in preference to narrowly conceived legal agendas, he argues, “real-life struggles for social justice are waged despite human rights groups . . . by people who feel that their realities and aspirations are not adequately captured by human rights organizations and their language.”³⁶ By framing human rights primarily in terms of individual altruistic actions and calls for state governments to respect human rights, *HIV/AIDS* deemphasizes transnational factors, such as the legacy of racialized colonialism, the impact of structural adjustment programs, and legal protections for pharmaceuticals as “intellectual property,”³⁷ which have contributed profoundly to the globally uneven distribution of disease and premature death.

In a press release announcing the launch of *HIV/AIDS*, Dr. Jim Kim, former director of the WHO’s HIV/AIDS department, stressed the importance of a rights-based approach to public health:

[N]ot only ensuring access to treatment as part of the realization of the right to health, but equally addressing HIV-related stigma and discrimination, paying particular attention to vulnerable population groups, incorporating a gender perspective, and making sure that other related human rights aspects, such as the right to information and the right to participation, are integral components in our response to the epidemic.

Although *HIV/AIDS* directly addresses the issues of stigma and discrimination, it does so by naturalizing two social groups: one of informed, empowered activists like Alisha and the white pro-

tagonist; and one of “vulnerable,” minimally characterized victims. Characters like Freddy and his mother receive access to treatment and the right to participate only by proxy, through the exceptional individual interventions of more socially and economically privileged subjects. The comic’s shortcomings illustrate the difficulties of representing and realizing the substantive entitlements that Kim endorses.

With its cosmopolitan first-world audience, its commercial motivations, and its connection to human rights abuses among vulnerable populations, *Bodies* puts forward a deeply problematic health message. By encouraging audiences to identify with its anonymized, “universal” human specimens, the exhibit conceals and compounds the social stratification that contributes to ill health worldwide. Where *Bodies* turns global political and economic disparities to its advantage, *HIV/AIDS* represents an attempt to articulate the connections between human rights and health. Intended as a readily translated document accessible to diverse audiences, the text presents official, authoritative knowledge on HIV, human rights, and risk behaviors. However, the comic’s universalist commitments neglect the material needs and social stigmas tied to local contexts. More critically, *HIV/AIDS* fails to provide insight into the large-scale factors that contribute to ill health, and inadvertently reinscribes racial hierarchies by scripting an omniscient white male character who takes charge of a naive, tractable “global village.” As both examples illustrate, public health representations that fail to contextualize their interventions within inequities of power and access to resources fail to address the roots of long-standing global health disparities.

ENDNOTES

- ¹ Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham, N.C.: Duke University Press, 2008), 51.
- ² Alan Kraut, *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (New York: Basic Books, 1994); Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001); Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, N.C.: Duke University Press, 2006).
- ³ Wald, *Contagious*, 25.
- ⁴ David Harvey, *Spaces of Global Capitalism: A Theory of Uneven Geographical Development* (London: Verso, 2006).
- ⁵ Everett Rogers and F. Floyd Shoemaker, *Communication of Innovations: A Cross-Cultural Approach* (New York: New York Free Press, 1971).
- ⁶ Charles Briggs, "Why Nation-States and Journalists Can't Teach People to Be Healthy," *Medical Anthropology Quarterly* 17 (3) (2003). Briggs argues, at 311, that health messages reinforce preexisting social hierarchies by "differentially interpellat[ing] people on the basis of their perceived relationship to hygiene, medical knowledge, and ways of preventing and treating diseases. Public health has thus involved, since its modern inception, ways of addressing 'the public' that create a range of publics. Health discourse has thus played a crucial role in defining and naturalizing social inequality."
- ⁷ This section draws on a longer discussion of the Exhibition, published as Hsuan L. Hsu and Martha Lincoln, "Biopower, *Bodies . . . the Exhibition*, and the Spectacle of Public Health," *Discourse* 29 (1) (Winter 2007): 15–34.
- ⁸ Quoted in Mary Orr, "Anatomy as Art, Unsettling But Drawing Crowds," *The New York Times*, July 9, 2002.
- ⁹ Available at <http://www.bodiestheexhibition.com/> (accessed November 19, 2007).
- ¹⁰ Quoted in Bruce J. Navarro, "Exhibition Gives a Look Inside the Human Body: Skinless Cadavers, Variety of Organs on Display in New York Show," *MSNBC Health News*, December 1, 2005; available at <http://www.msnbc.msn.com/id/10137337/> (accessed August 12, 2007).
- ¹¹ Michel Foucault, *The Care of the Self: The History of Sexuality*, vol. 3, trans. Robert Hurley (New York: Vintage, 1986), 100.
- ¹² Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (New York: Pantheon, 1973), 31.
- ¹³ Quoted in Paul Farmer, *AIDS and Accusation: Haiti and the Geography of Blame* (Berkeley: University of California Press, 1992), 247–248.
- ¹⁴ "Frequently Asked Questions," *Bodies . . . the Exhibition* Press Materials (2007), 2.
- ¹⁵ Hannah Arendt, *The Origins of Totalitarianism* (New York: Harcourt Brace, 1979).
- ¹⁶ Dorothy Solinger, *Contesting Citizenship in Urban China: Peasants, Migrants, the State, and the Logic of the Market* (Berkeley: University of California Press, 2003), 17–23.
- ¹⁷ *Ibid.*, 17.
- ¹⁸ Michael Dutton, "Street Scenes of Subalternity: China, Globalization, and Rights," *Social Text* 60 (17) (1999): 63–86.
- ¹⁹ David Barboza, "China Turns Out Mummified Bodies for Displays," *The New York Times*, August 8, 2006.
- ²⁰ See Li Zhang, *Strangers in the City: Reconfigurations of Space, Power, and Social Networks* (Stanford, Calif.: Stanford University Press, 2001).

- ²¹ Judith Farquhar and Quichang Zhang, "Biopolitical Beijing: Pleasure, Sovereignty, and Self-Cultivation in China's Capital," *Cultural Anthropology* 20 (3) (2005): 320.
- ²² Matthew McAllister, "AIDS and Comic Books," *Journal of Popular Culture* 26 (2) (1992): 1–24.
- ²³ For a brief survey of cartoons and other images in public health campaigns since the 1800s, see Allison Grady, "Use of Images in Public Health Campaigns," *Virtual Mentor: American Medical Association Journal of Ethics* 9 (8) (2007): 583–590.
- ²⁴ "New Cartoon Hopes to Catalyze Activism on the Right to Health," WHO Press Release, December 6, 2002; available at http://www.who.int/hhr/activities/cartoon_press/en/index.html (accessed November 16, 2008).
- ²⁵ <http://www.who.int/mediacentre/news/releases/2004/pr90/en/>; <http://www.fifa.com/aboutfifa/worldwideprograms/news/newsid=95638.html>.
- ²⁶ *HIV/AIDS: Stand Up for Human Rights* (Geneva, Switzerland: World Health Organization, 2003), 3, 5.
- ²⁷ *Ibid.*, 10.
- ²⁸ *Ibid.*, 14.
- ²⁹ The characters include a South Asian woman (Alisha), several dark-skinned characters (including Freddy, his mother, and the doctor who refuses to treat her), a white man (the human rights educator), an East Asian woman, a woman who may be Mayan, an indigenous Latin American man, and several characters of indeterminate ethnicity.
- ³⁰ Authors' personal communication with Helena Nygen-Krug, November 25, 2008.
- ³¹ Unlike other comics treating HIV, safer sex, and safer needle drug use, which have included explicit depictions of stigmatized behaviors to promote "harm reduction" (for example, the 1980s-era "Safer Sex Comix" and the 1990s-era Canadian "Tête à Queue"), these images in *HIV/AIDS* seem to give weight to the notoriously misleading notion that only "risk groups" are threatened by HIV.
- ³² *HIV/AIDS*, 17.
- ³³ Paul Farmer, "Challenging Orthodoxies: The Road Ahead for Health and Human Rights," *Health and Human Rights* 10 (1) (2008): 5–19.
- ³⁴ *Ibid.*, 5.
- ³⁵ Chidi Anselm Odinkalu, "Why More Africans Don't Use Human Rights Language," *Human Rights Dialogue* 2 (1) (1999); available at http://www.cceia.org/resources/publications/dialogue/2_01/articles/602.html (accessed November 23, 2008).
- ³⁶ *Ibid.*
- ³⁷ Melinda Cooper, *Life as Surplus: Biotechnology and Capitalism in the Neoliberal Era* (Seattle: Washington University Press, 2008).