



# Spatializing HIV: Putting Queer (men) in its place via social marketing

Tyler M. Argüello \*

Director and Professor, School of Social Work, California State University, Sacramento, 6000 J Street, 4010 Mariposa, MS 6090, Sacramento, CA 95819, USA

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## ABSTRACT

The current study is concerned with how HIV is *spatialized*, or emplaced in everyday life, and therefore how prevention, Queer identity, and the virus itself are given meaning. Employing a transdisciplinary methodology based in Critical Discourse Studies and critical human geography, this study provides a geosemiotic analysis of an HIV prevention social marketing effort called the Little Prick campaign. Findings showed that space was constructed through multiple competing dynamics across professionals and citizens, as well as amidst contested notions of risk and branding in the epidemic. The analysis illuminates the discursive relationship amongst Queer, HIV, and prevention. Equally, this study counters the biased notion that “prevention fatigue” in high-risk populations hampers professional labor by, instead, exposing a semiotic fatigue in the HIV epidemic and prevention efforts.

## 1. Introduction

HIV is located in any space in which people exist. Its existence is both biological and discursive. How people understand HIV is, in part, how they experience it physically (e.g., being HIV-positive, -negative, of unknown status) and how they experience as discourse, that is, the ways in which it is communicated throughout space and time (e.g., social media ads). HIV has been and continues to be an historically impactful collective trauma and epidemic; and, despite medico-pharmacologic advances, mass communication is still an integral part of a multi-pronged approach to preventing transmission, educating publics, and fighting stigma. Social marketing, more specifically, about HIV is one way to create large-scale social meanings, across varied geographic, technological, and social scales. In this, the daily environment of citizens is plastered with messages and signs that are intended to promote both people's understandings of HIV *and* of themselves as sexual citizens in relation to it. Social marketing is one best practice commonly used to get-the-word-out, raise awareness, and to change citizens' behaviors in ways more conducive to the mission of ending the transmission of HIV. More critically, social marketing contributes to the normalization of certain ways of thinking and behaving, individually and socially.

This study provides an original and empirical geosemiotic analysis of an HIV prevention social marketing effort called the Little Prick campaign. The purpose here is to understand HIV *emplaced* or *in place* – in everyday life, rather than in historical archives, predictive statistical models, or biomedical tests. This work has four premises: 1. how people

think about their identities is contingent upon the spaces in which they live; 2. space is alive, speaks to people, and is constructed via local and global cultural practices; 3. best practices are a product of knowledge-building activities; and, 4. identities of HIV are inseparable from identities of sexuality, specifically those of Queer men. This study is concerned with how the virus is *spatialized*, and thus how, through the placement of knowledge about HIV, contemporary Queer (male) identity is also given meaning. *Spatial-ization* references the interpenetrating technological, semiotic, and economic processes and interests of communication media and best practices [1]. For public authorities, the process of constructing space makes the virus, contingent identities, prevention, and knowledge intelligible, stylized, commodified, and transmittable via various mediums to (sexual) citizens. For citizens, this process provides the means to advocate for services, contest knowledge, and mobilize resistance. And, for critical researchers, this problematization of space sets well-intentioned best practices against the unequally distributed stakes of daily life, and thus works to deconstruct the hegemony in the production of HIV and Queer discourses.

This historical and empirical case study has importance today for the HIV industry as well as other politicized public health issues like COVID-19. Just like after the distribution of anti-retroviral medications, there is another wave happening of remedicalization of the epidemic and therefore the strategies to control and prevent, that is, biomedical solutions [2,3]. As of late, this paradigm shift back to the privileged primacy of biomedicine has been fueled by the wider, albeit still inequitable, dissemination of pre-exposure prophylaxis (PrEP) and

\* Corresponding author.

E-mail address: [tyler.arguello@csus.edu](mailto:tyler.arguello@csus.edu).

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doxycycline post-exposure prophylaxis (DoxyPEP) [4,5,6,7]. These inequities are not biomedical in nature rather socio-political in reality, and they illuminate the intersections of culture, medicine, economics, identities, and behaviors that foster marginalization. The evacuation of behavioral approaches from the arsenal of HIV prevention and care is, yet again, a mistake. Health promotion and harnessing the power of mass communication saturating contemporary life is critical, let alone the continued stakes of this epidemic give import to this case study.

To achieve this aim, this paper proceeds, first, with a literature review. Second, the methodology is discussed. Third, a critical analysis is presented, employing a Lefebvrian framework of space. Lastly, implications for health promotion along with concluding points are presented. Note: Gay and MSM (men who have sex with men) will be used throughout, but the more common critical term of Queer will be used both to signal sexualities beyond cis-masculine-heteronormativity and to complicate normativities.

## 2. Literature review

### 2.1. Social marketing as prevention

Social marketing arose from marketing in the private sector [8]. Instead of financial profit, societal benefit is the core motivation achieved via influencing voluntary behavior of a target market and reducing barriers to engage in that behavior. Endemic to this is a mutual fulfillment of interests for the organization (e.g., public health professionals) and the members of the target market (e.g., Queer men). As an HIV prevention intervention, social marketing has shown success. One of the first applications was the social marketing of condoms, in the late 1980s [9]; later, it was used to engage sexual minority men in motivational counseling to reduce high-risk sexual behaviors [10], to bring awareness of co-morbid infections like syphilis [11], to challenge assumptions related to the HIV status of sexual partners and oneself [12], to increase HIV testing in other high-risk populations like urban young people [13], and to raise awareness, testing, and capacity in Spanish on the U.S.-Mexico border [14,15].

#### 2.1.1. The geography of HIV

One of the most confounding qualities in the epidemic is that the virus is virtually out of sight and the immediate intelligibility of most people. Consequently, the ability to visually represent and physically place an identity of the virus has been left to those who can ascertain the microscopic qualities of HIV and to those who have power over the planning of space. In short, scientists and public officials have played central roles in locating where HIV exists.

Since the beginning, epidemiologic practices and ideologies have been able to control much of the knowledge about the virus – primarily through biomedicine's ability to chart the movement of HIV with microscopes, examinations, blood tests, and morbidity and mortality mapping [16,17]. The technologies in and of the body have made the space of the individual the important explanatory and portrayed vector of AIDS [18]. This investment in the body coupled with biomedicine's authority has contributed to a continual refining of *where* HIV exists via pointing out *where* its risky hosts are. Initially, before testing technologies, at-risk persons were identified through a fear-based focus on “the four H's”: homosexuals, Haitians, hemophiliacs, and heroin addicts. With the development of antibody tests, somaticization became the priority via virally categorizing people (i.e., being HIV positive, negative, or of unknown status). In addition, technologization soon evolved as a primary form of risk management with the rise of social and medical technologies for prevention and treatment [19]. One example is the creation of “MSM,” men-who-have-sex-with-men, as a nominalizing category to locate men who may not self-identify as “Gay” and who *also* have sex with other men [20]. Another example is anti-retroviral medications, allowing for a medical marking of risky bodies in space, transforming crisis into chronicity.

Alongside this scientific approach, institutions have provided spatial meaning to the epidemic. Targeting certain (sexual) identities, health promotion has focused on the certain behaviors to control transmission. In the early days of AIDS, locations such as bathhouses and other commercial sex venues came under socio-political scrutiny across the entire U.S., putting into question the civil liberties of particular bodies and behaviors, and policing where and how these stigmatized bodies could cohabitate in (public) venues [21–23]. Epidemiologic findings worked to foster more attention to the places of queer male bodies as HIV continued to mirror venues of association such as bathhouses and public cruising areas (e.g., back rooms of bars, adult bookstores) [24], as well as “Gay ghettos” of major U.S. urban areas [25] and the virtual social/sexual networking spaces of the Internet [26].

Parallel to the scrutiny of Queer bodies and HIV, formal and informal institutionalized support developed [17,27]. To care for those affected by HIV, queer organizing and activism constructed networks of AIDS Service Organizations [28]; later, these networks became more institutionalized via federal and private investments, such as Ryan White CARE monies. Not only do these formal structures offer a more sympathetic place for the epidemic and those infected and affected, they have provided a counter narrative to Queer men as solely vessels of contagion as well as they can also be seen as active political citizens.

#### 2.1.2. The case of Seattle

Seattle has been both a second wave city in the epidemic and long-standing destination for Queer migration [28,29]. The relatively tolerant atmosphere of Seattle (and the state) has led to the development of a robust 2LGBTQIA+ (Two Spirit, Lesbian, Gay, Bi/Pan/Plurisexual, Trans/Nonbinary, Queer, Questioning, Intersex, Asexual) community as well as robust AIDS shadow state since the late 1980's [30,31]. During the late 1990s and early 2000s, local and national media began reporting on a sense of complacency towards HIV prevention among MSM due to the normalization of AIDS. By 2001, Public Health of Seattle-King County (PHSKC) reported alarming increases in sexually transmitted infections among MSM, reaching pre-AIDS epidemic rates [32,33] and that HIV incidence was on the rise, the first time since 1993, from 3.6 to 11% [30,34]. Three explanations emerged: 1. Queer men were less afraid of risky sex due to anti-retroviral therapies; 2. Queer men had “prevention fatigue,” tired of self-policing and safer sex messages; and, 3. ab/use of drugs led to unprotected sexual behaviors.

Coalescing community leaders and service providers, PHSKC formed the STD/HIV Prevention Task Force (Task Force) [35]. In 2003, the Task Force developed the *Community Manifesto* to address sexual behaviors, sexual ethics, prevention and care, and to incite action [35]. Controversy ensued among media reporters, community groups, local leaders, and at town hall meetings. Still, PHSKC contended that strong support, claiming their *Manifesto* was the first known community-level intervention targeting ethical responsibility among MSM to promote health. PHSKC released two publications that legitimized their approach [36,37]. The first argued HIV infection in Seattle was significantly associated with three high-risk behaviors: 1. frequenting specific *places* for sex; 2. using crystal methamphetamine during unprotected anal intercourse (UAI); and, 3. engaging in UAI. PHSKC operationalized this in a *Strategic Plan*, animating interventions from 2008 to 2015 [36]. The aim of the plan was a 25% reduction in new HIV infections by 2015, via identifying new HIV cases among MSM, injection drug users (IDU), and foreign-born Blacks (FBB), and via reducing risk behaviors among MSM, IDU, and heterosexual FBB.

In the absence of a vaccine, PHSKC foregrounded testing and behavior change [36], having eyes on all (new) HIV cases in Seattle as well as believing that newly diagnosed people will reduce their risky behaviors “on average 60%” in the proceeding 12 months. This presumed altruism coupled with behavioral interventions contributed to a discourse of Seattle MSM, both HIV-negative and –positive, bearing the largest burden for HIV prevention. In previous years, health promotion centered on increasing condom use and limiting the numbers of sexual

partners. Per the PHSKC report, the focus now on *finding* new cases and determining risk via *venues* of association placed the pressure of prevention on the physical and metaphorical environment of what is known as Gay Seattle. To say, in Seattle, a commonsense concordance was drawn amongst Queer men, space(s), and HIV.

## 2.2. Materials and methods

The current study attempts to close the social distance between HIV professionals and the objects they study [30]. If space is predictive of the relation between Queer and HIV, then it begs attention to see what exactly is so *unique* about Seattle spaces. If certain spaces determine HIV risk for certain individuals (and not others) – but best practices have already been deployed – what keeps HIV hanging on in space, awaiting co-habitation with Queer bodies? Motivating this study is an intention to understand how Queer is spatialized via an emplaced HIV social marketing campaign. This case study, then, is a Queer reading of the Little Prick campaign conducted by PHSKC in 2008. This reading moves beyond dominant discourses of HIV, setting identities and geography against normativizing forces and moving away from what is argued natural and normal. Taking the lead of Lefebvre [38], space is not merely a neutral and material context: it is the outcome of social relations. In this study, the spaces that are in question are those presumed to be locations of Queer dwelling, and the social marketing materials provide an indication of the relationships amongst the HIV industry, health promotion, and (Seattle) Queer men. This study is original in its interrogation of *how* and *where* social marketing exist in the material world, complicating health communication and the assumed rational concordance between sender and receiver. It muddles the premise that simply disseminating knowledge about HIV incidence and technologies will (somehow) affect Queer men in a desired direction [39].

An attention to the emplacement of HIV is an attention to the cultural politics of space and semiotics (e.g., signs, symbols). The fact that HIV professionals have the power to purchase space and the authority to place products therein signals the domination of space via health promotion. This domination leaks into the ways in which citizens experience themselves and their local spaces. Social marketing does not dictate comportment or assure behavior change; rather, it is more sophisticated than that. The production of this information in space, the messaging, and the certain representations (and not others) obliges dwellers to make meaning about Queerness, space and place, and HIV. In a critical frame, the marketing materials analyzed here oblige Seattleites to regard themselves as citizen subjects via the HIV discourses that are available in the Little Prick campaign. And it is this exact authority that merits a critical analysis, as the stakes involved are more than buying one toothpaste over another; in the case of HIV, the inequitable stakes of HIV have always been life, death, and cultural survivance.

### 2.2.1. Methodology

A transdisciplinary methodology was deployed yoking together Critical Discourse Studies and critical human geography to critique a health promotion campaign. This approach collapsed space into a text, allowing for a two-dimensional reading of three-dimensional space [38]. Social Semiotics (SS) [40,41] were employed to systematically access the dialectic between micro level communication (e.g., language on a poster) and macro level social practices (e.g., HIV prevention). SS considers the use of *semiotic resources* to make meaning through signs (e.g., visual images) and meanings themselves [42]. At its core, SS has the goal of uncovering the veiled agendas of ideology at work in and through texts [43]. Ideology is not simply a descriptive account of values and beliefs; rather, in SS, ideology is “representations of the world that establish and maintain social relations of power and dominance and exploitation” [44]. Scollon & Scollon extend this into *geosemiotics* or the study of semiotic resources located in the physical world, paying particular attention to the selections made in *emplacing* resources and the interplay of meaning and regulating spaces and places [41]. Unlike

the dominance substantiated by professionally produced texts, SS raises critical consciousness via de-centering dominant meanings. SS makes texts accountable to the impact of their ideological work on the citizens who embody the discourses available in the texts.

Furthering this semiological methodology, a critical approach to human geography was deployed to make sense of everyday modern life, identities, and cultural lifeways in the *production* of space [38]. Within a Lefebvrian framework, three spheres map out how space becomes re-/produced:

1. *Perceived space* – common sense notions of people, places, and networks; spatial practices related to the reproduction of social relations; the natural logic of things, e.g., urban planning and the built environment.
2. *Conceived space* – dominant order of society; mental space produced by the power/knowledge of authority, evidenced through signs, symbols, depictions; how we order people and things, e.g., way finding, zoning, advertising.
3. *Lived space* – embodied everyday living; meanings constructed by inhabitants; a representational “thirdspace” that is both an imagined and real engagement; how things *actually* happen on the ground, e.g., transgressive communication, or how people actually move.

This tripart analytic exposes the production of space itself as an effect of discourse and modern life. It detonates the illusion of the social (spatial) order being something natural or normal and rather a thing or flow, simultaneously product and process, always deeply political. Everything takes place synergistically in space; it is space that “brings everything together” [38].

### 2.2.2. Data and materials

The design for this study was a cross-sectional case study of the Little Prick campaign in Seattle, Washington, deployed in 2008. The focus in data selection and analysis was the *spatial dimensions* of the campaign, operationalized into two parts: the marketing materials *emplaced* in venues positioned to be Seattle Gay places, and the strategies employed by PHSKC and creative officials. Presented first is the plan of PHSKC, followed by a description of the dataset selected for analysis.

### 2.2.3. The plan of Little Prick

Little Prick was an HIV prevention campaign, developed and conducted in Seattle-King County, Washington, over 2007 and 2008. PHSKC employed a local advertising agency, Radarworks (RW), to produce the creative deliverables. In June 2008, the first phase of the campaign launched via the annual Gay Pride celebration. While the global aim was HIV prevention in the local Queer male community, the primary objective was to encourage HIV testing, specifically by the most at-risk MSM. In collaboration with local organizations and businesses, the campaign’s key idea was: If you are having unprotected sex, get tested for HIV every three months because knowledge of your HIV status may help you stay healthier longer and prevent further spread of HIV. PHSKC and RW honed this position into the tagline: *It’s the little prick you can deal with. It’s just a swab or finger prick to know your HIV status. No condoms?...test often. test often. test often.* Building on the principal campaign design (see Figure 1), the product line involved: print advertisements, posters, online advertisements and banner ads, billboards, sidewalk chalk art, drink coasters, mirror clings, and a campaign website.

### 2.2.4. The dataset

Data were collected June through August 2008, after approval from the Human Subjects Division at the University of Washington, Seattle. The dataset is multi-modal (see Table 1), serving to increase the rigor and the trustworthiness of the analysis [45].

The ethnographic data was composed of four interviewed staff from PHSKC and RW; they were consented and compensated, and all cited names have been changed to protect confidentiality. After each



Fig. 1. Principal design for entire campaign

Table 1  
Dataset

Quantity	Selected Data	Modality
4	In-person interviews with campaign staff	Ethnographic
8	Professional campaign documents	Textual
9	Little Prick campaign marketing products	Textual
208	In-situ photographs of emplaced campaign materials	Visual
229	<b>Total Data Points</b>	

interview, the researcher transcribed the digital audio files and conducted an iterative coding attending to the production of the campaign, that is, the process and products. For the visual data, a sampling frame was constructed based on the official media plan. A map of the 40 venues intended for emplacement of social marketing products served as the basis for a walking map to experience them *en vivo* and take photographs. Over a three-week period, the researcher visited 34 venues that confirmed participation; of those, 25 housed marketing products: six bars, two bathhouses, three commercial businesses, three nonprofits, nine sidewalk areas, and two billboards. In total, 349 photographs were taken; 208 were selected, editing out venues without marketing materials, poor quality photos, and redundant shots.

In terms of textual data, there were two parts. First, the PHSKC and RW interviewees provided seven documents related to the development of Little Prick, including the creative briefs, media plan, and PHSKC's

strategic plan [36]. In total, eight documents were sampled and included in the dataset. The second part of textual data was composed of the marketing materials; a convenience sample was used for 12 final proofs obtained from PHSKC and RW. Excluding redundant products, nine were selected: one print poster; one billboard; one coaster; two campaign webpages; one mirror cling; two web banner ads; and one sidewalk chalk design. To organize and guide coding and analysis, an iterative coding process was conducted based on the principal dimensions of critical language and visual communication: semiotic resources; connotations / myths; actors / participants; difference, intertextuality, assumptions; visual image(s); genres; discourses / Discourses; style; modality; and, counter-discourse(s).

### 3. Results

The critical analysis developed nine themes, organized via the tripart Lefebvrian framework. Perceived space manifested via HIV and Queer men, Queers voice, and conclusive professionalism. Conceived space manifested via formative research, campaign content, and the marketing products. And, lived space manifested via a point of purchase, the sexual citizen, and branding.

#### 3.1. Results: perceived space

...when you're doing prevention messages, you have to meet people where they are. There's a sense, we need to acknowledge where men are...high risk gay men, so not all gay men, high risk gay men, we need to acknowledge where they are.

(Diane)

While a common euphemism, meeting people where they are is complicated when targeting a population that is not readily identifiable. In a Lefebvrian frame, *perceived* space provides the urban morphology that establishes the built environment [40], which embodies the interrelations between institutional practices and people's daily experiences, relying on *commonsense notions* of identities, people, and networks.

#### 3.2. Perceived space: HIV and Queer men

Epidemiologic practices determined the place of Queer men in Seattle, exercising their authority to paint a picture for citizens about where and in whom the virus resides circulates. PHSKC explained that the 65% of diagnosed HIV cases were concentrated in King County, which only receives a bit less than half of the state public health monies; so, surveillance provides a solid bang for the limited dollars. As Diane explained:

I've heard anecdotally that a lot of gay men are moving off of the Hill (Capitol Hill) because of the [housing] prices...But if you look at our surveillance data, you still see the [zip code areas] 98102, 98122, 98112 as to being where the cases are.

For PHSKC, the behavior of testing and the places to do so (e.g., clinics), stood in for *where* the targeted men live in Seattle. It was unclear if these select zip codes were where the men actually lived, or maybe a function of affordable pricing or a way to stay anonymous. These zip codes mapped conveniently onto the longstanding Gay neighborhood of Capitol Hill, which obviated the promotion plan:

The decision to focus on Capitol Hill was driven by insider knowledge of the statistics Public Health is always pulling, right?, about where new infections are? So it seems it made it really easy to say this is where the critical mass would be.

(Researcher)

Right.

(Megan)



### 3.2.1. Perceived space: the informing voice of Queers

Confounding case findings was a competing rationale based on the commonsense notions of the producers themselves – derived from formative research with Queer men. Instead of focusing just on sites of HIV testing, campaign producers attempted to target these men by imagining their movements around Seattle:

You know gay men are not just gay men, they're also men (laughs) who live in Seattle, who have jobs, you know they're men who go to grocery stores... this is why we use things like Metro transit. It's kinda, you know everybody sees a bus go by with a poster on it.

(Diane)

Queer men were no longer just vessels of disease, rather subjects of consumption [32], and Little Prick producers focused on their daily routines expressly to target their uptake of campaign messages. From focus groups and interviews, PHSKC produced a list of locations around Capitol Hill to strategically emplace campaign materials, including buses, gyms, television, grocery stores, and physicians' office:

... ideally if you have a lot of money, you'd try to place messages in a lot of different places, in such a way, clever way that people could see themselves in, you know....

(Diane)

They did not pick a group of different places; they chose venues co-located on Capitol Hill and within the zip codes where most HIV diagnoses were made. So, while PHSKC suggested to understand that Gay men exist in all parts of Seattle, the obvious place to promote prevention messages happened to be in the city's Queer neighborhood, specifically at sites of commerce and consumption. As Lefebvre suggests, a "normal lifestyle means a normalized lifestyle" [38]. Gay men were *not* aligned with less Queer-centric venues like a grocery store where the messages of HIV would mundanely mingle with food. As the reproduction of social relations is predominant [38] and the logic of public health is to contain and control disease, the map of where HIV testing messages needed to be placed reinforced the general assumption of where Queer men congregate *ergo* pass HIV. The decisions to *not* place materials in other venues may be logical, budgetary, or due to a larger inability to perceive HIV across a more normalized landscape; its effect, however, sequesters HIV in Seattle to the Gay ghetto.

### 3.3. Perceived space: conclusive professionalism

Little Prick relied on the conclusive professionalism of the producers. Relying solely on emplaced marketing materials would encourage the bias that HIV and Queer men are "just there" or "there naturally" [38] in the places where Little Prick was being promoted. That normativizing attention occludes the broader social forces that produce the patterned relationships depicted in the prevention messages. An important force was the professional judgment of the producers themselves:

57% [of the budget] was online which (RW) thought would be effective for the target audience. We tended to agree with them. So the breakdown on just online versus print vs outdoor vs guerrilla, we said, "That makes sense, um they're the professionals." ... kits to key bars and bathhouses, that was something that we had a little more sense than (RW) did ... So we worked with the bars and bathhouses that we worked with in the past, and then got some more recommendations. And put out a distribution plan based on that.

(Megan)

What came across in all the interviews is that they each had expertise; yet, more striking, was the rather matter-of-fact assumption that their recommendations were the true and correct campaign strategy, or that their expertise became the team's natural assumptions. For example, Michael's expertise was design, but he seemed to parrot the perspective of PHSKC:

...there are very little AIDS (*sic*) transmissions now [at bathhouses] in comparison to bars and specific pick-up places...of course, one of the most dangerous would be online hook up.

In another instance, Megan did not explain how she knew where to target the audience of highest risk Queer men, other than that her assumptions were a "communications perspective":

I think sometimes we hit it [promotional plan] right on the mark and it wasn't an issue because we know there's a venue, like Purr [bar], for example, where you know that's our target audience and it's pretty specific. You know somebody wanted to put something out in West Seattle 'cause they thought there was a lot of cruising going on, and we're like... "Not so much,"

probably gonna hit way too many non-target audience people...

Megan talked about the distribution of the kits (e.g., mirror clings, posters, coasters) relying heavily on the expertise of PHSKC, as well as the person-power of local young MSM volunteers to get the emplace kits. But the power to make tactical decisions relied ultimately on PHSKC and RW themselves, despite input from their target audience. Ironically, the reality of HIV is that its mobility depends precisely on that of the person carrying it; when questioned further about this, all the interviewers echoed:

It seems that the Internet is sorta the common denominator for everybody.... Radarworks felt we really needed to put the money into the internet. So, the Internet should sorta cut across all zip codes and stuff like that. I mean that would be the way that you reach those gay men that don't live up on [Capitol] Hill, um and don't frequent bars...

(Meagan)

Privileging the Queer identity aspect in the campaign's emplacement strategy worked to deprivilege the mobility of the virus. HIV depends on sex between two (or more) people – not the sexuality of those same people. While Gay Seattle may concentrate on Capitol Hill, the virus does not; the highest risk people may certainly circulate beyond this area's border. Megan's rejection (above) of the fact that people were (and are) cruising in the bedroom community of West Seattle denies the multiple ways space is constructed for all its inhabitants. Dominant perceived notions and manifestations of space are predicated upon productivity that support normative contemporary political economy: laboring bodies in space are privileged and heavily invested in by institutions (read: cisheteronormative), while bodies of (assumed) leisure are repressed and denied (read: Queer) [38]. It is the re-/productive bodies of the sexual citizenry that are showcased in space. For example, zoned areas for single family homes, phallic corporate skyscrapers, city parks for leisure (not sex), and now the Little Prick campaign [38,47]. While the prevention messages in Little Prick may hang in spaces frequented by Gay men, the passing of the virus may not necessarily occur there. Transmission may occur in a park, alley, bed, bar, car, or elsewhere. And, while the campaign did not only have to be located in sites of transmission, the power to refuse locating messaging in known Queer sites of sex (*ergo* transmission) for concern over the comfort of non-Queer park dwellers is not without important consideration. Disregarding Queer informants and submitting to the strategic wills of professionals to deploy HIV prevention messages pulverizes the (Queer) body in space [38]. As the body is left to be represented by dominant social relations, the sites of messaging to get people to change their testing behavior, in this case, are the sites of relations that support the political-economic interests of the space, e.g., drinking at a bar.

### 3.4. Results: conceived space

While perceived space offers the frame for spatial practices, conceived space presents the body with the material things and knowledge by which to understand the self and social life, lived and

represented [47]. In a word, it is the dominant order of society, with its attendant codes, knowledges, and semiotics [46]. These conceptions are mediated through sign systems and sign-making. Focus now turns here to the representations of space that produced the campaign.

### 3.4.1. Conceived space: formative research

The producers relied on empirical anecdotal formative research to concretize the marketing strategies. Three interviewees relied on what had *not* worked in HIV prevention, however none of them could specify what did not work. One interviewee rationalized:

...um...so the client usually particularly has a great deal of information how campaigns have worked before and those reactions. So you rely heavily on that. And then you would develop some directions that you think might go well. And then you test them.

(Michael)

Alternatively, PHSKC did not cite data from prior campaigns; they worked off prior survey research:

...we looked at [a mixed-methods study with high risk MSM], and we pulled out reasons why men were testing. We compared men who had tested recently, and not tested, and why they had tested, and why didn't they test. And we pulled out sorta the rationale...So that was sorta where a lot of this communications strategy brief had come from.

(Megan)

What also emerged from PHSKC's research was that Queer men were using the Internet to construct networks of social and sexual partners. PHSKC believed, then, the Internet to be a primary location for high-risk HIV transmission behaviors.

There's limited resources...you want the resources around testing, if you're motivating people around taking action, you want those resources to go to the target audience and not to those who are not at risk or at higher risk. So that was a constant...balancing act...it makes sense to put the money there [the Internet] and not try to geographically target too much.

It appears PHSKC had decided where the bulk of the dollars would be allocated; the reality of producing a campaign on a \$200,000 budget constrained what and where the creative materials would be.

Also informing the campaign were the interests of the target audience and community stakeholders. Each interviewee disclosed that the campaign messaging arose from both literature and their formative research. Prior to the launch, PHSKC had conducted focus groups with community members, HIV professionals, and stakeholders. With the target audience, PHSKC solicited opinions of two potential concepts: serial monogamy and consistent testing. With HIV professionals, PHSKC relied on their expertise or that testing is a best prevention method, short of a vaccine. Megan even quoted one medical provider stating that it was unrealistic to believe that (high-risk) MSM would be willing to use condoms in every sexual encounters. With the community stakeholders, PHSKC was doing, as in the words of Diane, "covering our ass work" to make sure the campaign would not offend people in the general population. The fear of offending the public with the word *prick* never materialized during the stakeholder interviews or the first phase of the campaign. Even so, despite formative research, as one RW interviewee framed it, PHSKC came to the table with decided opinions about the testing message and its geographics:

... PHSKC had a very clear and concise idea of what they wanted to do with this campaign, and they knew where they wanted to test it, and they knew where they wanted to advertise. And, it was our job to take those ideas and actually implement them.

(Jack)

What this points to is the popular fetishizations of biomedicine or

the biomedical imagination [48]. What is known to be "HIV/AIDS" and its disciplines are matters of discourse and the effects of social practices, rather than the naturally declared order of things. The biomedical imagination emphasizes the fictional dimensions of the medical enterprise, which allow the importation of *social* narratives into biomedical *technical* narratives. So, while Little Prick was informed by research, its ideological and material manifestations proved to be something *other than* the natural order of HIV. PHSKC's authority to control the message and its locations reified the power of the biomedical imaginary for Seattle citizens [49]: to control the spatialization of HIV dictates the ways it can be consumed. Although this message of testing could be seen as something harmless to the consumer, the authority to decide the content and form works deceptively to naturalize the object of HIV, testing, and its messaging – all the while occluding the balancing acts in the messy cultural space of HIV that the producers dealt with all along.

### 3.4.2. Conceived space: content of the campaign

The campaign content posed its own challenges:

... and people see themselves in a [social marketing] ad, you know, they're like, "I'm Black, I see myself." It's harder to do that with gay men....How do you make the creative reflect the population...And is your creative concept gonna turn people off?

(Diane)

In Little Prick, the principal semiotics were three hierarchized lines of text and a finger with a smiley face. In marketing social issues, Diane explained that bodies and faces must be utilized to speak to the target audience: consumers must identify. But, to reach Queer men, who or where are they? RW attempted to be unique by not relying on represented faces:

...people might see the image and then they'd go, "Well, that's not me so I don't need to get tested all the time." And that's how we ended up with this sort of finger thing that sort of applies to everyone...

(Diane)

... you know, steadfast kind of direction to what we need to do is get people get tested....Well, it's a swab or a finger prick, and so off you go, you look at that, it's a finger. And, uh, a neat fun way to talk about that is a "little prick," and then the finger becomes the penis, and you go, "Hey, I think I got something here."

(Michael)

Despite not looking like (all of) the target audience, the text and finger still hold a certain amount of persuasion and power. From a social semiotic perspective, the linguistic and visual elements engage Queer men and, ultimately, sell the discourse of behavior change [40,42,44]. Regarding the text, there are some important attributes. The dialogue occurring between the text and viewer is one of exchanging an activity, or that the author (PHSKC) gives information and makes the claim that one's HIV status can be ascertained from a simple little test; almost like, "You can deal with the test because it's just a minor procedure." The author is having this commonsense dialogue *for* the viewer, who is never clearly defined: are they a person, high-risk Queer man, finger, act of being stuck, or someone/-thing else? Also, they are passivated via the nominalizing metaphor of HIV testing [44]. Reducing testing to simply a "swab or finger prick" suppresses inequities for different people. It obfuscates the agency and responsibility for testing. It also recontextualizes the social activity of testing by abstracting the *lived* steps involved in accessing and participating in the test (e.g., transportation, payment/insurance, paperwork, stigma).

Even more critically, the text foregrounds that biomedicine provides a solution for sexually risky behaviors (i.e., testing), and better yet they can predict the outcome of these behaviors (i.e., HIV status). The performative power of linking fact and prediction is core to the

promotional culture of new capitalism [44]. Authorities do not merely describe social activities and life but rather they are able to bring into being what they describe. So, PHSKC and RW are not just offering testing to certain citizens, they are naturalizing a particular view of testing and normalizing a particular relationship amongst one's body, sexuality, HIV, and the biomedical industry.

... Basically what your communication is, is really intrusive words... So this specific design, because it has such an intrusive line to it, it got front and center, and the layout demanded that that be the major piece of art...the finger is secondary...

(Michael)

Despite its second billing, the finger appears across all but one of the campaign products. More than half the time it appears in a lighter skin tone, seemingly White. This was a point of concern for the producers:

... it wasn't that they [Radarworks] weren't trying to do it, but the reality about getting an image that looked dark enough was really hard...the inside of people's skin is light, it's white. We tried to, they tried to Photoshop it, but then it just looked bad. On some of the materials it looks better than others...

(Megan)

Though it may not be recognizable as a particular race/ethnicity, the finger still conveys a certain truth; semiotically, this is achieved via a heavily naturalistic representation, with degrees of sharpness like creases in the skin to the shading of contours. The finger is the object (or subject) of HIV testing technologies, and, despite submitting itself to those technologies, the finger remains happy. It is unclear if this is due to its (non-)HIV status. And, just as space pulverizes its inhabitants' sexuality, the campaign materials pulverize the rest of the body: now, the personified finger is the newly privileged, compliant, disembodied subject of HIV prevention.

In all, the finger and text cannot be separated; together they erect the full picture of the Little Prick campaign. Like the finger, on the whole the Little Prick creative achieves a sense of truth. Visually, the ads do this through the weight of the foregrounded large font size and little clutter, which increases the salience of the elements as well as the message at-large. The power of the text is further amplified via its production across multiple media and emplacement in multiple locations across Seattle. This amplification aestheticizes HIV testing in everyday life [44,50]. Testing is some-thing rebranded, made part of the lifestyle of its target audience (as well as other viewers). The relation between the body and biomedical technologies is reworked as something positive, unfettered, and highly stylized.

### 3.4.3. *Conceived space: medium of the marketing products*

The interviewees talked about the budget several times. Fifty-seven percent of the \$200,000 total budget went into online advertisements, 20% print advertisements, 9% billboards, and 11% into sidewalk chalk drawings and the kits for venues. Final decisions about promotion came down to practical recommendations:

...[Radarworks] basically said, "...we're gonna budget this many kits, you know, coasters, mirror clings, to last this amount of time, for this many bars..." You know, a lot of it is here is budget, "We want to put this percentage into online," so they say, "You should pick 12 bars and bathhouses, that you think are you know that would be useful."

(Megan)

Or, as Jack flatly stated, the mediums of the campaign responded to survival needs rather than (best) interests of the target audience: "... it's [chalk] a great way to hit your budget properly." Yet, the medium itself also posed its own challenges:

We also couldn't get the finger to print the way we wanted with the chalk. It came down to we could put the finger down compromising

the integrity of the design. Or we could just leave it out, and understand that there's high enough frequency of people seeing this campaign that should somehow be able to connect.

(Jack)

As the designers described, the finger in the chalk medium would have looked increasingly abstracted and unrecognizable. More likely, it would have appeared increasingly phallic – the perfect *double entendre* – but would not have been consistent with the advertising concept; that little prick is risky for Little Prick. Similarly, the Internet posed its own challenges:

... it's an online sidewalk. And there are things you can do on it that will work, and things that won't work...size restrictions... (and) finding just the right sex sites where people would go to hook up, making sure that those sites are willing to have this kind of downer message hanging around there...

(Michael)

In the on-line banner ads, the designers had to do their own balancing act of weighing the relative size and salience of the elements. The ads were a vehicle to tap into the lifestyle space(s) of the target audience, relying more on their location of emplacement. Still, for the producers, the internet was not without risk:

...we're sort of ghettoizing gay men if we say, "You know you're only on the Internet all day, that's all you do." I mean this is not true... people read the paper, they go to the grocery store, they walk down the street, and so having the message in other places reinforces the Internet piece but it also makes people feel like it's also not clandestine...

(Diane)

Social space is multifaceted, that it is both "abstract and practical" and "immediate and mediated" [38]. This notion directs attention back to the beneficiaries of the space, to who profits and how from spatial (and social) practices. Diane spoke to the desired impact of each medium:

...my feeling about print media and why I want to do it...is partially about the normalization of the message...and then the billboard piece of it, was largely to reinforce the message...it's kind of like, people...think it's important if it's on TV...and I mean the chalk stuff and the bar stuff, was really, I think our attempt to sort of cut through the "public healthy" stuff...it was sorta like the chalk thing really did seem to have this more of guerilla advertising feel that we were looking for.

The print medium normalized the message of testing, while countering its ghettoization in the on-line format; the billboard reinforced the other mediums, and the chalk functioned as a radical gesture to diminish the producers' authority. Jack dovetailed this by expounding on the coasters in bars:

...marketers are trying to get attention wherever they can now...um, for example, I've never really thought of a coaster as a form of advertisement...like we needed a place where we knew a lot of gay men would hang out, and a bar would be a very good place for that.

In a geosemiotic perspective, the synergy of all the materials across space provides the truth *writ large* of the campaign, underscored by their emplacement in Seattle by authorities and the business owners:

...there's this synergy, which is always important. We keep that text looking very similar to the ads....so if they've seen the print ad, they'll be reminded, "Yeh, it's that weird headline thing." So it gives you a tie-in and adds more spin to the different mediums that the message show up in...what they call an "integrated campaign"...so all of sudden your little sign that is on the sidewalk is recognized far more and much more quickly than it ever could if it was just that...so

it's a great way to take a medium that is a little ham-strung...it's really kind of a, you know, a media cheat.

(Michael)

The noted synergy was no accident of the emplaced marketing products: it was a conscious maneuver by the producers to exploit the quality, contents, and aestheticization of the semiotic resources. Given the consistency of the creative materials, their power goes beyond merely producing an integrated campaign. What they also produce is a coherent new brand, ostensibly for Queer men, but open to other publics, whereby the name, products, and symbols become instantly recognized signifiers for HIV and testing. In Seattle, absent other messages and symbols, HIV testing has started to become something dependent upon Little Prick, which also is a function of the spaces and conjoined geo-/semiotic resources around it. In keeping with its commercial genre, the emplaced campaign works diligently to control the dialogue:

...[in social marketing] every little mark on the page, every nuance that you would do...has to be agonized through...Because you just want to knock it out of the park. And then to twist it for intrusiveness, then that's where you kinda roll the dice and say, "Well, I'm gonna piss some people off, but my bet is that I'm gonna intrigue more than I'm gonna piss off"...And intrusiveness isn't necessarily a feeling of positiveness, it can be a feeling of uncomfortableness. It can be something that you, that angers you.

(Michael)

The emplaced materials do more than evoke emotions; they mediate the meanings of space for Seattleites. Just like the taglines and finger, the posters, billboards, and other products' appearances around the city work as an active dialogue with pedestrians. They demand attention and behavior change requesting short- or long-term occupancy in people's minds and bodies. In that, they adhere the biomedical imagination as part of everyday urban life.

As Lefebvre contends, "signs have something lethal about them...the forced introduction of abstraction into nature" [38]. While they may provide benefit to pedestrians, the perniciousness of the emplaced marketing is that it opens psychic and physical social space without the ability to predict the results of its forced introduction. While the producers may be able to roll the dice, sit back, and hope for the best in behavior change, consumers are not so fortunate. The anonymity of the products hanging in space obfuscates the producers themselves and their agenda; instead, the geosemiotics' own synergy disrupts the social environment. As Cronin argues, "the very placement of the advertisements carves out new urban spaces and routes" [51]. Little Prick inserts itself into the Seattle landscape and reworks social networks, physical routes, and the meanings of urban space. From a mainstream perspective, Little Prick remaps Seattle's places for sexuality, HIV, and Queer people. In this, the campaign demonstrates the biomedical imaginary's attempts to insert itself into the social world, bolstering its scientificity as well as demonstrating social and commercial institutions' continual discursive efforts to remap consumers and pedestrians, ostensibly in service of competition with and the fight against HIV.

### 3.5. Results: lived space

So far, the fight here has been against the HIV epidemic. In lived space, however, the fight is about an epidemic of signification, that is, a battle over meaning, power, discourse, culture, and bodies [52]. Lived space is the third space, replete with representational spaces and the innumerable potential uses of a given object evolving from the properties of the geo-/semiotics [42].

#### 3.5.1. Lived space: the "point-of-purchase"

In considering the real-time interaction between marketing products and consumers, one turn-of-phrase was repeated: a point-of-purchase.

The producers thought Little Prick could insert itself where Queer men would be initiating a (sexual) transaction:

...it's meeting people at "point-of-purchase," so just like you put the Coca Cola bottle right at the check-out line so you buy right when you're ready to purchase. So the idea was, "Let's do on-line because that's where people are going to hook up....that's where we gotta get them, at the 'point-of-purchase'..."

(Megan)

Initially positioned as an on-line strategy, interviewees said this metaphor infected the entire product placement strategy. None of the interviewees could explain where this idea arose from, rather they said it is a common marketing tactic. Still, they really wanted to intercept Queer men's attention when cruising for sex on-line. Diane expressed some ambivalence, though:

...I'm a little bit weary of it [on-line promotion] because I think, I mean their feeling was that this is the "point-of-purchase"

...But, I guess my question is, if they're looking for a sex partner, are they wanting to look at an ad for testing? I mean are they just gonna zone it out?

On-line networking sites are not a static, solitary space; these sites are part of the larger lifestyle and political economy of contemporary Queer culture. New technologies are of great import as is information itself and its mediation [44]. An economic process like capitalism tends to generate diversity – financially and culturally; any idea that homogenization exists today is a function of political, rather than economic factors [38]. This idea of "purchase" colonizes the suspected leisure-laden cyber environment, demanding productive (capitalist) consumers. Diane's ambivalence signals the instability of both sexual desire and on-line space. Social/sexual networking websites are in constant flux, as content is updated either by the producers and/or users. Also, intentions vary: might users seek a long-term partner, friendship, to lessen boredom, masturbation, a date, to avoid the workday, to conduct social science research, or, yes, to find a risky sexual encounters? The process of capitalism, ironically, encourages a Queer consciousness via the commodification of sexuality and increased attention to mediated images in emplaced spaces [51]. In other words, these websites serve the individual, social, and lifestyle needs of the Queer consumer. This may involve sexual expression, but on-line activity may have many other motivations, all the while frustrating to the Little Prick producers and their hopes for a map of sexual activity in Seattle. It could be that the representation of Queer identities is what is more satisfying, however decentralized.

The on-line environment is *not* the exact site of high-risk behavior, ultimately. No cyber transaction is literally at the point of any purchase of HIV. The actual exchange of HIV exists off-line in non-cyber spaces, when people leave the Internet and meet face-to-face or, bluntly, ass to cock. This is the risk of the prevention message, exposing how it misses the point- or penetration of purchase. Little Prick's desire to regulate space (e.g., to inflexibly determine exactly *where* men engage in sex) attempts to make a spatial fix and to order how bodies should and can move therein [47]. Yet, modern capital culture promotes an ideology and reality that are unfixed and mobile; Little Prick is part of that culture. So it is curious to consider what (social) order would have been upset by little pricks popping up in spaces, punctuating homogenized culture with transgressive and unauthorized Queer sex-/uality [41].

#### 3.5.2. Lived space: the presumed sexual citizen

The focus now shifts to the presumed sexual citizen who has been both the target and the ideal subject of Little Prick. This citizen is the idealized high-risk Gay man dwelling in Seattle, who was central to the development of the marketing strategy:

We know testing is one of the best ways to really prevent new infections: people know their status, they don't reinfect. If they can get



on, if they know their status early, they'll get a plan for ARVs [anti-retroviral treatment] and they'll keep their viral loads down...When people find out they're positive, the majority of them, really the you know at least 60% of them will stop having risky behaviors. So you cut the transmission there.

(Diane)

The sexual citizen presumed to inhabit Seattle was someone with certain ethics to care for their own body, health statuses, and the community. It was someone mobile, with access, knowledge, and agency, among other attributes. This citizen was also someone based upon public health research and literature, published prior to 1991, according to the PHSK strategic plan.

Absent an effective vaccination, the idea of sexual citizenship has held value in the field of HIV/AIDS. The notion of the sexual citizen has functioned largely in two ways. First, it allows for a method to address how social expectations, such as responsibility for HIV prevention, affect the sexual and social practices of individuals. Second, it works to expose how sexuality is politicized and has political-economic consequences [53]. This concept has been deployed in considering the governance of sexual practices and social obligations (e.g., PHSK's *Manifesto*) and to interrogate biomedical categories of sexuality and gender. In a critical frame, often this citizen has been positioned against the liberty and rights-bearing dimensions of political participation, incessantly demanding rights to be sexual in resistant ways that are denied in a cisheteronormative and anti-Queer society [30].

Despite the confidence with which the producers speak about this altruistic sexual citizen, some hesitation was voiced about how the polity of Seattle might react upon the campaign's debut. While the public would view the campaign messages, it was assumed that those who were primarily targeted (Gay men) would be the ones who would (hopefully) take action and increase their testing. In all interviews, three expectations emerged for how sexual citizens would react to Little Prick:

...for HIV negative people who get counseled and tested and told they're negative, their behavior doesn't really shift. It's kinda like... "Phew! I don't have that!" And we go back to what I was doing. ...I mean it's like it's human nature....it's really hard to get people to change behavior...

(Diane)

...if we broadcast this message that it's so easy to "Get tested, get tested, get tested," you pull in a lot of people who don't need to get tested. And that's a waste of our resources... In Seattle-King County, 80% of our cases are in MSM, so we don't want to test anyone to hopefully find that one man who has sex with men.

(Megan)

...one thing that happens with this kind of campaign is that you're reinforcing behavior of people who have already accepted your message...it makes them feel good about themselves...At [testing clinic] they tell me they have people who come in there and they're like, "Please don't come back," [laughs] because they're coming back all the time and they're not at risk.

(Diane)

First, the citizen is the natural human being, disinvested from their health, prompted to enter medical care by induced fear. The campaign would seem to invoke consumption of biomedical technologies instead of (appropriate) susceptibility to risk and threats to health, like HIV. Second, the ungrateful (and potentially hypochondriacal) citizen is a drain on the system. There is a presumed universal understanding of the global need for testing and prevention balanced against an appreciation for the local constraints of offering public health services. And, third, the worried-well Gay male subject operates in the minds of the producers. While the Queer man is disciplined into (routine) testing, it is inappropriate for him to insert himself unduly in the biomedical machine by

demanding tests too frequently, whether as a prophylactic to the risks of being a sexual citizen or as a self-prescribed treatment for the anxieties that may ensue secondary to those same sexual behaviors.

Confounding the producers' operating notions here is the information they gained from their formative research with high-risk MSM:

Even though ["it's just a swab" is] not 100% accurate of their (MSM's) experience, they got the fact that "prick" is another idea for HIV testing, they don't necessarily say, "Oh wait I don't get that, because when I went into the clinic I got a blood draw"...

(Diane)

While the findings assisted the producers in honing marketing materials, it appears that participant feedback was not read as *also* typical of Seattle Queer men. The producers and Diane confirmed that their high-risk MSM interviewees understood the campaign and that the finger is a symbol for testing. The men got the implicit message of "prick" and the happy finger to signify needle/stick, medical procedure/testing/truth, blood/nature/real, science/objectivity, Gay/lifestyle/sexuality/HIV, and nominally have the prick double as cock/penis/male body.

Little Prick signifies the public social order. Because of this, the well-intentioned message related to Gay male health promotion is disruptive to its venues and viewers' minds. It is almost like the finger on the marketing products is the finger or, better yet, cock of the decontextualized sexual citizen. It is the finger or penis of authority, inserting itself into the private life of the citizenry, pointing at them, demanding that viewers incorporate a continual laboring for the social order. The campaign profits from its self-authorized commonsense moral-ethical voice by fostering a normativity around HIV testing and naturalizing the attitudes, beliefs, and assumptions therein.

Lefebvre argues, however, that "any mobilization of 'private life' would be accompanied by a restoration of the body, and the contradictions of space would have to be brought out into the open" [38]. This restoration involves all senses, including that of the sexual. The transgressions of citizen's bodies under the social order implicitly contradict the idealized and sanitized body of the universal sexual citizen. These transgressions exist in and are a by-product of spatial construction, as in the venues targeted through Little Prick's promotion. Given the discursivity of space and social life, these operative contradictions are experienced through the restoration of the body in space; the contradictions are an effect of embodied experience. Embodiment is a site of critical contestation that is not well attended to in the public sphere, and therefore confounds the relationship between the Little Prick viewer and the geosemiotics of the campaign. Embodiment is often taken-for-granted and relegated to identity politics; but in the case of HIV, the body is essential. Physical and notional bodies only become visible and of import when they conform to the trifecta of the state, science, and media [17]. The body is the site of infectivity, transmission, interventions, and apparently now prevention with the Little Prick's finger. The body is instrumental and confined to rational comportment and disciplining prevention technologies.

Like the irrationality of language and Queer sociability, HIV and its literal and discursively embodied forms do not fit well into ratio-critical debate, thought, or representations. Appreciating embodiment in the epidemic involves an appreciation of the inequitable history of HIV [54], that is, the impossible traumas of global loss of bodies, generations, and cultures [55,56]. This extends to considering the normativizing and commercializing of the body within the epidemic [57,58,59], caught up in systems of communication, technologies, and oppressive forces not often made explicit or visible. Of all the aspects of lived space in the campaign, embodiment is the element that must frustrate Little Prick the most. Sexual citizens' embodiment, regardless of testing and ethics, demands attention to more compassion, empathy, and interrogation about how and which discourses are reproduced and plastered across the walls of social space, always and necessarily intrusive. Let alone, embodiment exposes the limits and paradoxes of biomedicine's

prescriptions around agency, risk, and transmission [60].

### 3.5.3. *Lived space: branding*

The producers expressed one hope for the campaign. Beyond increasing the frequency of testing and reducing incidence, the producers intended that Little Prick become a brand for HIV testing that could live on:

...one of the ideas...is that it [Little Prick] becomes a brand that can be used over time, so you can do other things with it... something recognizable that would slowly take on a life of it's own and be associated with that behavior....I think people's associations with testing have really to do with medical, government. I mean, it's not a positive association.

(Megan)

The producers were unclear about the forms of brand extension and if it would signify HIV testing. Yet, they sought to capitalize on an intrusive and catchy semiotic. Above, Megan recognizes that testing has a long-standing relationship with institutional authority *ergo* not a positive association. It is unclear, then, why the campaign did not resist dominant notions of testing or transgress those meanings associated with biomedicine and government authority. This points to a social distance between the campaign producers and the target audience, that is, the producers are not just set apart from their audience because of their jobs but also in their social positionality related to HIV, testing, and risk. As Lefebvre argues,

the fact is that the most basic demands of 'users' (suggesting underprivileged) and 'inhabitants' (suggesting marginal) find expression only with great difficulty, whereas the signs of their situation are constantly increasing and often stares us in the face [38].

In a critical frame, the choice for a happy finger to be the universal symbol of HIV testing could be problematic. Known early in the campaign's development was the tension that could surface with the increased universality and strength of a Little Prick brand. Twice Megan explained conflict within PHSKC and with community organizations at the prospect of Prick being emplaced across Seattle:

...[some of the businesses] they're working hard to shift some image around Capitol Hill away from being a "gay ghetto." And that can be construed as homophobic, but the reality is they had some concerns about people who might be downtown, um tourists or people who live in Kirkland, who come to their businesses, and then it reinforces a certain perception and stereotype of Capitol Hill.

...it's Public Health, and so any words and the edginess is gonna be under a lot of scrutiny, whereas a community-based organization doing a campaign could go way more edgy...it was important for Public Health to be seen, and so there's some fine lines...Radarworks had a very tough job, because their job was to make this edgy, make this resonate with the target population, and make it appropriate for Public Health's name logo to be on it...

The branding of HIV testing was not going to exclusively serve the interests and welfare of the target audience. It was created in concert, and in contention, with other political-economic interests and obligations. The target area of Capitol Hill is a space to be used by suburbanites and tourists, while also being seen as the hot bed of HIV risk and most dense converging point for (high-risk) Seattle Queer men. The interests of transient visitors proved important for the commercial viability of this neighborhood as well as constrain Queer men's bodies, sexuality, and their relation to HIV and testing. The internal integrity of the PHSKC brand must demand some consonance from the subjects they govern. If PHSKC is to be co-branded with HIV and testing in ways responsive to the Seattle population most at-risk, then that semiotically described relationship must not be too edgy or too grounded in the lived

experience of these subjects. The fear seems to be that a semiotic-based response to Queer men's lived experiences would disrupt the universalized notion of PHSKC that extends beyond the borders of any singularly targeted area and audience: the reality of Queer might scare the tourists away.

The question arises: For whom is this campaign really intended? Seattle Queer men? Better business bureaus and neighborhood groups? PHSKC? The control and eradication of HIV in Seattle? A combination thereof? Maybe it is a happy medium to balance the political-economic interests in Seattle. The happy Prick signifies serving Queer men who are infected and still dying disproportionately in Seattle from HIV – but, it also is in service of a happy, productive Seattle that is yet-to-come, a space to be fostered in part through HIV prevention efforts. One sure way to brand the latter idea is directly through signs: the most effectively appropriated spaces are those occupied by symbols [38].

A brand is a more meaning-laden, more power-filled form of a geo-/semiotic. Yet, its influence is hard to control, as the producers mentioned. Jack put this into perspective, "...it (sidewalk chalk) was something that was pretty viral. I mean you don't get to see so many chalk drawings down. It's hard to get permission for them." Once it is out there in place, the producer does not know what viewers will do with it. It is unknown what the semiotic itself will do beyond the viewers and producers. This problem only has increased in late capitalism saturated with technology and information. In this era, culture is largely a function of signs, their values, and their interactions. To say, culture is an industry of signification and signs have lost their anchorage in networks of signification [39,61]. The idea that Little Prick can be controlled is naïve to the extent that the power of semiotics is not acknowledged. While producers may be able to stylize Little Prick in various shapes, sizes, and forms, they will never have any certainty where Little Prick may go. The producers themselves, ironically, are at-risk. Pragmatically, a long chain of command exists in the production of signs, signaling multiple opportunities for the sign to be contorted, subtly nuanced, and further flung into the hyperreal. While the viability of Little Prick as a brand for HIV testing has yet to be determined, it has punctured the landscape of Seattle. The real question will be how that brand retains any semblance of its *raison d'être*. Little Prick may catch people's attention and prompt them to do a host of things with their bodies and fingers; all the while, every agonized nuance that has been made to re-/produce Little Prick will inhere within, pointing to the shadows of the Seattle Queer men for which it was initially erected to ostensibly protect.

## 4. Discussion and conclusion

Lefebvre argues that "the process of producing things in space tends to annul rather than reinforce homogenization" [38]. This study has shown that Lefebvre's ideas hold value. For Seattleites, to know one's relation to HIV, testing, the biomedical imaginary, the city, and, most critically, themselves is more than "just a swab or finger prick." This study investigated specifically how emplaced HIV impacts understanding of the epidemic, prevention technologies, and the imagined community of Queer men. As an original HIV research study based in social semiotics, this study did *not* test an intervention rather deployed critical theories often not aligned with the dominant notion of HIV research in service of intervening where knowledge about the HIV is produced in the first place. The overarching methodology employed here is (social) semiotic as it is based in critical understandings of language and visual practices foregrounding the work of various semiotic resources in service of ideological and social agendas. This type of research appeals, "to an informed judgment of typicality, supported by the inclusion of multiple examples selected from a wide range of data sources" [62]. This methodology can speak to the *normalization* of processes but not distributions therein [44], and it is one way to provide clarity on *how* communication in all its forms permeates the social world.

The triadic spatial analytic deployed here revealed several findings about HIV, Queer, and prevention through the emplacement of Little

Prick. First, ontologically, the campaign appeared more driven by the commonsense notions held by professionals than by other information regarding the target market they wished to penetrate. Professionals decided to locate Seattle Gay men within the areas with the most reported HIV incidence. In addition, commercial venues of association confirmed by a small sample of Gay men directed attention to *where* marketing collateral should exist in space. The professionals relied on their best assumptions and most familiar practices to decide where Gay men dwell in Seattle, and therefore where HIV testing messages should be located.

Conceptually, Little Prick was given life through strategic and creative practices. The professionals most fronted the formative research conducted with Seattle Queer consumers to map out their strategy for emplacing marketing collateral. This downplayed the power of the communication they in fact created; the linguistic and visual elements proved to be witty, catchy, and persuasive. The campaign led the viewer to the presumed correct HIV prevention lifestyle, all the while inserting a privileged pale phallocentrism onto the Seattle Gay scene. The professionals deliberately harnessed their specialized knowledge of and practices with various mediums to channel a range of marketing collateral. This multi-pronged approach to HIV prevention created an environment inundated with a homogenizing discourse, synergized at every turn with the multiple scales and formats of Little Prick.

In terms of a living space, despite informed and casual attempts to direct Little Prick and its viewers, the professionals could not ultimately contend with the inherent behavior of the signs themselves. Little Prick and the lived experience of Seattle Gay men were not in all respects a happy marriage. The producers sought principally to intersect the point-of-purchase of Gay men, and thus the risk for HIV. This financializing and privatizing of high-risk missed the multiple touchpoints of sex in space that Gay men in Seattle have, let alone elsewhere. The campaign opted for commercialized venues that privileged economic and social access to a Gay lifestyle, instead of a more democratic and pragmatic focus on the point-of-transmission of HIV itself. Thus, Little Prick reified a particular altruistic sexual citizen, unfettered by marginalized statuses (such as poverty and race) as well as occluding the critical embodiment of gayness and the HIV epidemic. In this way, Little Prick is an uncomplicated beacon of a well-disciplined sexual Seattleite, but therefore also a device to continue othering all the bodies, people, and politics it does *not* represent and that choose, for various reasons, not to follow its directions. Little Prick could evolve towards a new brand of HIV prevention, a standardized icon of the privileging and othering discourse with which it is indeed replete. This centralization of a brand for HIV testing and prevention is indeed responsive to epidemiologic understandings of high-risk individuals, however, as discussed by the professionals, it competes with political factions and motivations in the Seattle community. It is still unclear if the brand is really for the high-risk citizens it is advertised to protect, or if it is for those persons with political and financial stake in Seattle who hope to create an urban space unfettered by HIV and the risky subjects that are seen to promulgate the epidemic.

Little Prick effectively circumscribes, to varying degrees, an inclusion/exclusion for certain subjects and HIV prevention practices. The social marketing collateral were centralized to places of commerce for Gay men and the general public of (First World) consumers. The fundamental ability to take part in the privileged healthy and responsible lifestyle (i.e., HIV testing and consumption) is predicated upon the assumption that the targeted populations could and would enter these spaces of commerce, wherein individuals are obliged to purchase *things* to dwell in that space and to gain entry into the desired lifestyle promoted by the products.

The Little Prick producers believed that the marketing collateral existed at the *point-of-purchase* of (high) risk, related to HIV embodiment and transmission. Individuals were encouraged to place themselves at the point of purchasing an *idea* of HIV prevention, an *ideology* about how public and personal welfare and consumer culture intersect, and an

*identity* of a privileged subject within this matrix of social behaviors, economic forces, and sexual practices. To be a part of – or *included* within – the dominant social order, certain requirements are demanded of the viewer/user/consumer. Little Prick literally placed boundaries around where (high-) risk resides in Seattle, allowing for a tacit or more conscious assumption that if someone is a Gay Seattleite *not* inhabiting the hotbed zip codes that defined the campaign's deployment, then he does not have to worry about transmitting or purchasing HIV. In reverse, if someone is a high-risk Seattleite inhabiting the borders of the campaign, then the emphasis is *less* on actual sexual practices and *more* about if he can gain access to the targeted mainstream commercial spaces that the allow for prevention to be promoted.

This type of HIV prevention discourse promotes an intolerance of Queer *lived* identities and behaviors; perhaps animated by a fear of the Queer (i.e., person or action). What is othered and excluded from the representations of mainstream, privileged Gay life, prevention technologies, and consumer culture is not just the *un*-desired habits of citizens. What is rejected are the hope and possibility that multiplicity exists, that bodies, desires, identities can evolve over time and be experienced in different ways across different contexts. To be affected by HIV as Gay men signals that someone has not followed the privileged path in social life, deviating in terms of their race, class, and gender. Among other social subjectivities, Queer men embody that which is expendable. In political economic terms, they are bodies full of leisure, not reproductive labor. In gender terms, they are penetrated or penetrable, akin to women. In more ethnic or racial terms, they are bodies in service of something other, enslaved to economies and made culturally different. They are that which you do not want to be, at all costs lest you become branded with and by HIV. Little Prick reproduces this through pointing at its viewers demanding they take sides with the dominant voice and behavior of public health. In hopes to ostensibly rehabilitate the sexual citizenry, Little Prick refuses to acknowledge the incorrect, arbitrary, and discriminating borders cordoning off the practices and possibilities of Queer sex/uality. Little Prick points more to a sanitized Gay-free lifestyle rather than to the mobile and lived spaces of Gay sex/uality in Seattle.

For practitioners, this analysis foregrounds the relationship amongst Queer, HIV, and prevention as one that is discursive. There is no fundamental quality that makes HIV Gay; no germane attribute to wed Queerness to HIV. There is, however, a naturality to HIV that connects it to Queerness: the viral processes of HIV rally against the functioning of the body; Queerness finds mobility largely by its socially aggravating performance through the body. Both processes infect the social body, working against the normativizing forces of the body politic. They are both given social life via discourse, imbuing them with meaning and making their illusive attributes visible. The risk they pose to the march of progress in modern life is substantial enough that they must be prevented. And, since prevention technologies are manifested through discourse, the attention to language and visual culture is imperative. Given this complexity, the intervention through this study is one that attacks the theories, perceptions, conceptions, and securities of HIV work and research. To the system, the risk is that tacit assumptions and practices will be put into play, questioned, and resisted; resultantly, the system might be changed (hopefully) to some degree. To the intervention, the risk is that it will be marginalized as something ineffective, unable to be scaled up and disseminated, and left as theory disarticulated from practice.

To counter this risk, some practical steps can be taken to operationalize all this theory matter. Given that discourse is natural to the epidemic, Queerness, and prevention efforts, the fatigue talked about by HIV professionals attributed to undisciplined or tired (Gay male) bodies might better be thought about as a fatigue of the semiotic. This semiotic fatigue connotes signs circulating in space, attempting to impact audiences, but constrained by the very act of their sign-making. The certain desire to control HIV and mobile bodies accounts little for the risk of irrationality inherent in manipulating the semiotic for the social order. It

is unquestionable that Little Prick and its producers undertook a difficult task to motivate action, least some degree of consciousness, around prevention and HIV after three decades of the pandemic. Their labor in many ways can be commended. And what Little Prick directs attention to is the preeminent role of semiotics in the prevention of HIV. Signs and their manipulation hold great power. Instead of viewing HIV as uncontrollable solely due to the fatigue of its high-risk subjects, professionals in this epidemic should consider the fatigue of the semiotics used to create HIV prevention discourses. This is not to point fingers, rather it is to intervene in the reproduction of discourses that are tired through overuse and do not seem to resonate anymore with the place and pace of HIV. Little Prick seems to be protecting the globalizing political economy of AIDS and the privatizing interests of Seattle stakeholders, rather than the welfare of those for whom it was intended. One way to address this semiotic fatigue is through more participation by targeted community members and key informants when developing interventions laden with visual elements and reduced (and reductive) cultural messages in service of biopolitical technologies on and through the body.

An important implication for practice from this study is one of time. In the race to outmaneuver HIV, the stakes of the game remain. Surely life and death continue to be the name of the game in the epidemic. But between now and each person's certain fate, a space exists that will undoubtedly be produced through geo-/semiotics. For Queer people, semiotics are essential for its own networking [63]; semiotics give life to Queer publics and culture, make them visible, readable, known as performed, intelligible, and allowed to speak their name. Semiotics do not simply make (Queer) sex happen, inflected with the chronic risk of HIV. They produce the space that makes the world possible for Queer to exist. For all the sign-making done upon them, semiotics are most critically a world-making project. The risk of HIV only makes that mission more vital.

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## CRediT authorship contribution statement

**Tyler M. Argiuello:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

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