

## **Profiles, Compulsory Disclosure and Ethical Sexual Citizenship in the Contemporary USA**

Carlos Ulises Decena  
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**Abstract** Almost thirty years after AIDS was first recognized in the USA, behaviorally bisexual men of color who do not identify as gay are portrayed as deviant but redeemable through the disclosure of their sexual behaviors. The rhetoric of coming out, and the perceptions of internalized homophobia linked to those who do not, are mobilized to produce an ethical sexual citizen, not a gay man. The author analyzes results reported in a *Morbidity and Mortality Weekly Report* that coincided with media attention given to men 'on the down low'. He demonstrates that the data the researchers present tell a much more complex story than the analysis and commentary that the researchers provide. The author suggests that this *MMWR* is symptomatic of a regime of compulsory disclosure in the USA where identities, practices, and desires are emerging as alternatives to normative heterosexuality *and* homosexuality.

**Keywords** AIDS cultural critique, disclosure, men who have sex with men, neoliberalism, Young Men's Survey

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## Profiles, Compulsory Disclosure and Ethical Sexual Citizenship in the Contemporary USA

Representations of African American<sup>1</sup> men who have same-sex relations without identifying as gay or homosexual demand critical engagement. Recent public health research on this population can tell us much about contemporary subject formations, forms of governance, and the relationship of individuals to society. A close reading of a text from the epidemiological literature, followed by an analysis of the conditions shaping the questions researchers asked, the problems they formulated, and the solutions they proposed, demonstrates the importance of self-revelation to the construction of ethical sexual citizens in the USA.

The categories 'men who have sex with men' (MSM) and men 'on the down low' (DL) aim to resolve the relationship of sexual behaviors to

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identities.<sup>2</sup> On the one hand, the category MSM responded to a desire to draw attention to risky sexual behaviors (Young and Meyer, 2005) and move away from the view of gay identity as a proxy for risk of contracting HIV.<sup>3</sup> On the other hand, the 'down low' signals a rejection of gay identity by some populations. Jason King explains that 'down low' gained wider circulation through its appearance in the lyrics of popular songs in the 1990s as a phrase that names men who have sex with men but who do not self-identify as 'gay, bisexual, or queer' (King, 2006: 65).<sup>4</sup>

Although MSM and DL emerged recently as sociocultural categories, that men have sexual relations with other men while avoiding a gay identification was not news.<sup>5</sup> Behaviorally bisexual people have often struggled against negative perceptions as they cross homosexual/heterosexual boundaries. But the commercial and critical success of films such as *Brokeback Mountain* (Dir. Ang Lee, 2005) illustrates that at least white men in these situations could be represented sympathetically.<sup>6</sup> On the other hand, men of color moving across these divides began to be viewed as sinister. As Millett et al. (2005) point out, the terms MSM and 'down low' came together in the US public mind with the publication of *Morbidity and Mortality Weekly Reports* (MMWR) documenting the high incidence of HIV infection among men in the MSM category. Many of the black men in the population samples analyzed presented themselves as heterosexual (Millett et al., 2005: 52S).

This article concentrates on a *Morbidity and Mortality Weekly Report* (MMWR) published in 2003 because of its role in changing perceptions of African American MSM in the contemporary AIDS crisis. Although this MMWR article is not representative of public health as a whole, the MMWR has been influential in setting the terms of the discussion of AIDS. Apart from being the first official source documenting the similarity of symptoms linking various patients walking into emergency rooms of hospitals throughout the USA in the early 1980s, the MMWR set the stage for the initial designations of high-risk groups. A close textual analysis of the MMWR article illustrates one way behavioral scientists currently frame the discussion – a framing that has direct consequences in the setting of funding priorities and programmatic agendas.

My analysis demonstrates that men of color who identified as MSM are cast as deviant but redeemable through the disclosure of their sexual behaviors. This act is tantamount to ethical sexual citizenship. The results reported and the editorial commentary by the Centers for Disease Control (CDC) in this MMWR underline internalized homophobia and its psychological effects to authorize calls for these men to come out to others (especially women) about their sexual activities. As I will show, the arguments advanced in this article contradict the data that the authors report. The first section of the article argues that the sexual profiling of men of

color requires the surveillance of the intimate sphere and allocates sexual policing to the men and women engaging in sexual relations with one another. The rhetoric of coming out and the perception of internalized homophobia of the persons who do not are mobilized to produce an ethical sexual citizen, not a gay man. This is a rhetorical mobilization that takes place irrespective of the complexity of the data. The second section of the article suggests that the presuppositions informing the *MMWR* characterize a regime of compulsory disclosure that collaborates in a sexual status quo in a neoliberal USA. Hegemonic forms of gayness participate in and benefit from the legitimacy authorized within this regime because they are consistent with the entitlements of the upwardly mobile, white, and urban US citizen.

## Sexual profiles

Recognizing the materiality of the language used to represent AIDS (Treichler, 1999) goes beyond acknowledging the importance of how we name what we study. The proliferation of conferences, books, articles, requests for proposals, proposals, intervention modules, outreach strategies, and surveys on ‘men who have sex with men’ give us a sense of how such nomenclature becomes integrated into public health, health services and health activism. The professional legitimacy of a critic, researcher, counselor, activist, and other parties in the health field or the academy depends on their ability to create objects of study, service, and intervention. MSM functions as one such object.

Professional legitimacy and mobility depend on the alignments of the work of experts with policies of the state – with the problems researchers formulate, the studies they undertake, and the solutions they propose. By producing what I call *sexual profiles*, researchers like the *MMWR* authors make arguments about the problem that men of color who have same-sex relations represent to public health and to society.

The *Morbidity and Mortality Weekly Report* article in question was published on 7 February 2003 as the only HIV-related article in an issue that opens with a highlight on the ‘third annual National Black HIV/AIDS Awareness Day’ (CDC, 2003: 81). Titled ‘HIV/STD Risks in Young Men Who Have Sex with Men Who Do not Disclose Their Sexual Orientation – Six U.S. Cities, 1994–2000’, the article presents one central research problem: there is a lack of knowledge of risks for HIV/AIDS and other sexually transmitted diseases (STDs) among young men who ‘do not disclose their sexual orientation (non-disclosers)’ (2003: 81). To address the question of what differences in HIV risk there might be between non-disclosers and disclosers, the authors used data drawn from the Young Men’s Survey (YMS),<sup>7</sup> a study conducted with men

whose ages ranged from 15 to 29 years and who attended 'MSM-identified' venues in Baltimore, Dallas, Los Angeles, Miami, New York, and Seattle. The investigation included survey data collection, HIV and Hepatitis B blood tests (p. 82).<sup>8</sup>

The authors incorporated the language of coming out into the design of their survey questions and scales. The specific survey question asked was how 'out' these men were about having sex with men to others, set up in a 7-point scale where 1 meant 'Not out to anyone' and 7 meant 'Out to everyone' (p. 82). 'Disclosers' were those whose answers ranged from 3 to 7; 'non-disclosers' were those whose answers corresponded to points 1 or 2 on the scale (p. 82). The authors justified their grouping of men who chose points 1 or 2 on the scale together as 'non-disclosers' because of 'similarities in their demographic characteristics, reported risk behaviors, and prevalence of HIV infection' (p. 82). The total sample of 5589 respondents was divided into 4952 (88.6%) respondents classified as 'disclosers' while the 637 (11.4%) remaining were designated 'non-disclosers' (p. 82).

The study found similarly high risks for STDs (other than HIV) between disclosers and non-disclosers (p. 81). The investigators also found that non-disclosers had less sex with other men and more sex with women, did not get tested for HIV, and were not likely to be aware of an HIV infection if they had one (p. 81). As the Editorial Note that follows the article reads, 'the finding that more than one in three non-disclosers reported having recent female sex partners . . . suggests that non-disclosing MSM might have a role in HIV/STD transmission to women' (p. 82).

The authors' interpretation follows from the data in general, but it obscures the complexity of the results they provide. For example, it may be true that non-disclosers in the total sample reported more sex with women than with men in the six months before the survey. But having sex with women and men is not intrinsically risky. What matters for risk assessment is the frequency of reported *unprotected* penetrative anal or vaginal sex with a potentially infected male or female partner. While roughly a quarter (27%) out of 637 non-disclosers of all racial/ethnic groups reported unprotected vaginal/anal intercourse, 6 per cent out of 4952 disclosers reported this sexual behavior with women (p. 84, Table 2). These are the percentages of all groups together; its breakdown by race and ethnicity tells a much more complex story. For example, while black non-disclosers (out of a total of 199) account for slightly less than one-quarter (23%) of those who reported unprotected vaginal/anal intercourse and Hispanics account for 21 per cent out of 204 respondents (fewer than one in every four respondents for both groups), more than one-third (36%) out of the 182 white non-disclosers (more than one in every three) reported unprotected vaginal/anal intercourse (p. 84,

Table 2). In other words, out of three groups of non-disclosers with comparable sample sizes, white men have the largest percentage of unprotected anal/vaginal sex with women relative to their sample.

Complex behavioral patterns also appear in the data on anal sex among men, yet the researchers do not account for them either. The overall numbers indicate that almost half (46%) of 4952 disclosers and one-third (33%) of the 637 non-disclosers reported unprotected anal sex with a man (p. 84, Table 2). Disaggregated by the racial/ethnic categories provided, the data show that disclosers have higher proportions of reported unprotected anal sex between men in relation to their respective samples than non-disclosers – 41 per cent out of 910 disclosers vs 32 per cent out of 199 non-disclosers among blacks; 47 per cent out of 1391 disclosers vs 42 per cent out of 204 among Hispanic non-disclosers, and 48 per cent out of 2237 disclosers vs 27 per cent out of 182 among white non-disclosers (p. 84, Table 2). White disclosing respondents have the highest percentages of unprotected anal sex of all three groups relative to their samples.

The investigators found that ‘8% of 637 non-disclosers were infected with HIV compared with 11% of 4952 disclosers’ (p. 82). They recognize that non-disclosers had lower seroprevalence than disclosers (p. 84), but they explain that ‘the prevalence of HIV infection was higher among blacks than all other racial/ethnic groups combined’ (p. 84). This means higher seroprevalence among black disclosers *and* non-disclosers together. What the authors do not explain when reporting the higher HIV prevalence rates among their black MSM respondents is that the greatest discrepancy in HIV rates between disclosers and non-disclosers is also among blacks, with HIV+ disclosers making up 24 per cent out of a total pool of 910 respondents while HIV+ non-disclosers make up 14 per cent out of a sample of 199 respondents; by comparison, HIV+ Hispanic disclosers were 10 per cent out of 1391 vs 6 per cent HIV+ non-disclosers out of 204 respondents (p. 83, Table 1). In general, the difference in seroprevalence rate is small; broken down by race/ethnicity, disclosers who are black have a full 10 per cent higher HIV prevalence relative to their sample than black non-disclosers.

Non-disclosure is not statistically proven to be a cause of HIV infections, but it is still a concern for the CDC. ‘The findings in this report’, write the *MMWR* editors, ‘suggest that public-awareness and prevention programs should be developed for non-disclosing MSM to reduce internalized homophobia and other factors that influence non-disclosure, barriers to HIV/STD testing and prevention services, low-risk perception, and high-risk behavior, including the risk for transmission to male and female sex partners’ (p. 85).

The epidemiological thinking that informs the perception of non-disclosure as risky – despite evidence to the contrary – is shaped by notions

of what are acceptable alignments of sexual practices with identity, risk, and health. For example, the authors of the *MMWR* found that non-disclosers of color (a generalization to groups other than African Americans and Latinos despite the fact that the authors offer data only about those two groups in their tables; data specific to the 'other groups' is only presented selectively in the narrative) could be of any age while non-disclosure decreases with age among white men. The comparison of age/disclosure in white vs age/disclosure in Latinos, African American, and 'other' non-white men illustrate that the latter deviate from the norm – presented as the behavior of the 'control' group. The authors do not break down the numbers of disclosers vs non-disclosers by race or ethnicity in their narratives or in the tables they provide. Coming out as one ages, as the white men in the sample appear to do, is the healthy way to avoid the HIV risk exhibited by the non-disclosers of color. In other words, the perceived risk presented as link between HIV infection and non-disclosure can be reduced by disclosing, according to the *MMWR* authors.

By establishing white men as the control group against which everyone else is measured, the researchers also establish a parallel between coming out and 'coming of age'. In contrast to the 'control' group, men of color oscillate at various stages of arrested development. They cannot (or will not) grow up.

The editors make one final attempt to support profiling of men of color as problematic non-disclosers, but the empirical record again fails to support their interpretation. They claim that there is an association between non-disclosure and 'being a member of a racial/ethnic minority group' and 'identifying as bisexual or heterosexual' (p. 85). To be fair, the record supports the first part of their claim. White non-disclosers are 7.52 per cent out of a total of 2419 respondents; Hispanic non-disclosers are 12.79 per cent out of 1595 total participants; and black non-disclosers are 17.95 per cent of the total 1109 participants who identified as black (p. 83, Table 1). These percentages show that relative to their respective samples, Latino and black non-disclosers are represented in higher proportion than white non-disclosers.<sup>9</sup>

However, the empirical record does not support *the connection* of non-disclosure to being a bisexual or heterosexual minority. It is true that more respondents in the disclosers category identify as homosexual (78%) relative to their sample (4952) while only 35 per cent of non-disclosers share in a homosexual identification in the survey (p. 83, Table 1). It is also true that the number of self-identified bisexuals and heterosexuals is larger in proportion to the sample of non-disclosers than among disclosers (p. 83, Table 1). But the authors do not point out that bisexually-identified non-disclosing MSM are the majority in *every* sample (p. 83,

Table 1). The proportion of non-disclosers who identified as heterosexual averages to 8 per cent out of the total non-disclosing sample but appears the *highest* among white non-disclosers (10% out of 182) and *lowest* (6% out of 199) among blacks (p. 83, Table 1). In short, the authors do not have empirical evidence to support their claims that non-disclosing MSM of color should be the target of intervention, resource-allocation, or more public health research.

In attempting to construct non-disclosure as a risk for HIV, the researchers follow the logic of epidemiology. As the science that maps disease in the body politic, epidemiology frames what it studies to shape the outcome that it produces (Peterson and Lupton, 1996: 33). A canonical principle within epidemiology is the ‘web of causation’ (Krieger, 1994: 887; Peterson and Lupton, 1996: 32–3; Vineis, 2003: 80), which presupposes that the interaction of risky and protective factors directly or indirectly causes illness (Krieger, 1994: 887). Quantification and the insights drawn from observable relationships between the numbers produced give the impression that certainty is achieved (Peterson and Lupton, 1996: 38).

Disclosure does not, in and of itself, reduce one’s risk of an HIV infection. Most probably, disclosure produces the end of the heterosexual partnership of the disclosing male partner, a break in the ‘web of causation’. The ‘cure’ is that MSM of color will disclose and consequently stop having sex with women altogether. The point is not to end the epidemic but to sever the relationship of these men to actual and/or potential female partners – basically, to *quarantine* them from heterosexuality.

How is this disclosure imagined and what does it tell us about the (female) partners? Other than pointing out, as it is noted in the CDC comment that follows the article, that ‘corresponding [prevention and education] efforts also should be developed for women to increase knowledge of HIV/STD acquisition risks from partners who might be bisexual’ (85), the authors of the *MMWR* do not give us an explicit profile of the female partners. Nevertheless, the silence on what behavioral risks there might be for women and their male partners gives the impression that

- (a) these women are unaware of their male partners’ same-sex trysts
- (b) female partners are themselves monogamous and therefore only at risk of HIV from having sex with their male partners
- (c) women’s sexual relations with their male partners are always unprotected and would be ‘healthy’ if these male partners were heterosexual, and
- (d) the sexual relationship will stop altogether once the male partner has disclosed.



The perceived break in the chain of transmission might take place because of the disclosure of the MSM partner. In the relationships the Young Men's Survey authors imagine that MSM have with their female partners, these women are not likely to hear much more than statements about sexual behavior in general (e.g. 'I have sex with men') or statements on sexual identity (e.g. 'I am gay', or 'I am bisexual') should disclosure ever occur. It is possible that a male partner will acknowledge having had unprotected or otherwise risky sex with another man, but the minutiae of sexual practices are unlikely to come into the disclosure itself. This means that as far as women are concerned, having sex with MSM is having it with a party who represents risk *simply by being an MSM*, regardless of any precautions he may take when engaging sexually with other men or women.

The expectation that disclosure will take place in sexual/romantic relations points to the entrance of surveillance into the intimate sphere. Unlike the racial profile performed by the police, the act of disclosure produces the subject of the statement (the MSM) as part of a *sexual* profile performed not by the police but by their female partners – at no point has it ever been proposed that disclosing a sexual relationship with a woman to the male partner of an MSM would represent the end of that relationship. Sexual profiling is insidious because apart from going to the core of intimate relations, naïve (at best) or stupid (at worst) black and Latina women are held responsible for exiling their male partners from heterosexuality.

One contradictory result of the creation and circulation of the MSM category is that though coming out is proposed as the act that will break the 'web of causation', revealing to a female partner that a male partner has sex with other men *does not* result in a gay identity. Addressing internalized homophobia does not resolve a contradiction of behavior, desire, and identity; reducing internalized homophobia, as the *MMWR* researchers see it, encourages MSM to access services and to disclose their sexual activities to their various partners so as to allow these others to make informed decisions about safer sex practices.

## Discussion: A regime of compulsory disclosure

Coming out may not result in a gay identity in the same way that it has historically, but the emphasis on public revelation as the way to create healthy subjects has played a crucial role in the formation of mainstream gayness. Mapping some of the trajectories of hegemonic gayness in the USA and linking disclosure to neoliberal ethics of citizenship sheds light on the questions public health researchers ask about African American and Latino men, the problems that these men represent, and the solutions

researchers propose. This mapping also teaches us about current politics of sexuality, citizenship, and responsibility in the USA.

Mainstream gayness is a hegemonic social formation viable because of its historical investment in the visibility of same-sex desire and identity and the invisibility of race and class difference. In his provocative *Gay Hegemony/Latino Homosexualities*, Guzmán asserts that ‘in the discursive context of gay homosexuality, the love that once dared not speak its name becomes, not the love that popular American lore believes can’t shut up, but *the love that can not stand not being not named*’ (Guzmán 2006: 91, emphasis in original). According to Guzmán, gayness requires validation, pride, and visibility to authorize itself. He explains that hegemonic gayness owes its investment in pride and visibility to the enfranchisement rhetoric of the Civil Rights Movement (2006: 94). However, the reliance of gay identity for its visibility on the unmarked status of whiteness disavows this historical debt to Civil Rights. Guzmán argues that gayness depends on whiteness as ‘the only racial status in the racially constituted US that can be lived under erasure . . . in a white supremacist society it is only white people who may respond with no great difficulty to that regulatory practice called gayness’ (2006: 94).<sup>10</sup>

One enters the hegemonic space of gayness through coming out. Once a first step towards personal and collective transformation, coming out is now routinely recruited into the frameworks used in research such as that reported in the *MMWR* article analyzed in the previous section. As a rhetoric, coming out has come to be associated with a regime in which the sexual subject must disclose himself (the choice of pronoun is deliberate) for regulation by the state. A regime of compulsory disclosure is one in which subjects who avoid coming out become a threat to mainstream US society because they refuse regulation. My slippage between the terms coming out and disclosure is justified by the historical convergence of mainstream gay assimilation in the 1980s with the onset of the AIDS epidemic; thus, ‘coming out’ as gay began to be linked to ‘coming out’ as HIV+ (Patton, 1985). The use of the term disclosure marks the incorporation of gay and AIDS rights movements’ rhetoric into the apparatus of public health. It is for this ongoing slippage that the *MMWR* article authors create their measures of degrees of disclosure by asking their respondents questions about how ‘out’ (or not) they are to the people around them.

Compulsory disclosure is partly a function of what Duggan (2003) has called ‘the new homonormativity’, a politics that privileges consumption, privacy, and domesticity over radical social change or a critique of heteronormativity. Entrance into the new homonormativity requires the disclosure of a gay identity, regardless of one’s location within the country’s racial and class hierarchies.

The continuing reliance on coming out as a rhetoric to inaugurate the gay subject taps into what Patton (1993) argues is the performative identity politics in the USA. In claiming that identities in the USA are 'performative', Patton argues that coming out reshapes and forms political subjects. Coming out does not reveal a true self that was hidden and psychologically impaired by secrecy, but it links the selves thus constituted to specific moral mandates. 'Identities carry with them a requirement to act, which is felt as "what a person like me does"' (Patton, 1993: 147). In the case of gay identity, Patton explains that it 'comes from spilling the beans, from coming out of the closet to claim the other's derogatory speech as one's inverted reality' (1993: 146).

In the USA, especially given the attention garnered by populations who have sex without identifying with established identities, communities, and their sexual practices and political commitments, psychological models are expedient. As the *MMWR* article suggests, psychological deficiency, and not political or sexual dissent, has been used to explain the behavior of people who cannot or will not come out. The *MMWR* article may not be representative of larger social trends, but it is symptomatic of the movement away from a landscape in which homosexuality was pathologized to a regime in which not revealing same-sex relations is pathological.

The shift towards a regime of compulsory disclosure suggested by the *MMWR* does not break radically from the formations that preceded it. Instead, it is co-present and constitutive of gayness. After all, coming out continues to have an empowering effect on individuals. The emergence of this regime points to the seamier side of the relative successes of the LGBTQ movement, particularly in a moment when gay citizen subjects vie for marriage and its privileges while the state develops more sophisticated ways of mapping the body politic. The eroticization of 'thugs' and other racially and class coded figures (barrio boys and so on) identified as straight but available for the sexual, visual pleasure and consumption of gay men in porn and male sex work also reveal that the existence of sexualities and desires alternative to white, middle-class gayness is erotically and commercially productive.

Coming out, in its association with mainstream gayness, is consistent with contemporary forms of power that require individuals to co-operate in their own regulation. George Yúdice argues that producing and reproducing identities has buttressed social justice organizing, but identities have also been constructed by the state, by the media, and by various constituencies invested in US people as citizens, consumers, and clients. Social actors with agendas otherwise at odds with one another collaborate in the articulation of a social field in which individuals and collectivities are formed as they negotiate various social roles, identities, and expectations (Yúdice, 2003).

The current appeal of coming out in its link to mainstream gayness in the USA is compatible with neoliberal governance and its emphasis on entrepreneurial, atomistic, responsible, self-regulating, and self-reflexive citizens (Adkins, 2002; Petersen, 1996; Petersen and Lupton, 1996; Richardson, 2005). Along with reinstating the liberal principles of citizen self-governance and reduced state intervention, neoliberal rule assumes that individual autonomy is not antagonistic to power; indeed, having individuals regulate themselves is one of the most effective ways to exercise power (Petersen and Lupton, 1996: 11).

One can appreciate the development of the 'regulated freedom' (Rose and Miller, p. 174; cited in Petersen and Lupton, 1996: 11) of the good citizen-subjects of neoliberalism in the 'safe sex ethic' (Adam, 2005: 334), which dictates that individuals are rational actors who make choices in a free market of available options and who are therefore responsible for their behaviors. Making rational decisions assumes that subjects enter this market of available options on a par with the others with whom they interact, and neoliberal conceptualizations of the sexual citizen do not wrestle with the nuances, motivations, and vulnerabilities that actors bring to their sexual exchanges (Adam, 2005: 334). These concepts also do not account for the fact that sexual desire is often outside of the boundaries of rationality. Neoliberal ideology translates into a fantasy of exchange where sexual partners interact as rational, autonomous actors who understand the options available and the languages spoken, who share equal power in their relationship to one another, and who make decisions understanding that each one is responsible for his own choices. This presumed equality of access to power and available choices extends to the performance of sexual roles and to the exchange of power in sexual encounters: all of these are framed as individual choices.

A return to the example of the *MMWR* article reveals more of the ideological components informing this publication. Compulsory disclosure is required to enact ethical sexual citizenship, as it affords the partner who hears the confession one tool she can use to make the decision of whether or not to have sex with a male partner who also has sex with men. Following neoliberal politics, disclosure produces knowledge through speech, creates a level playing field between sexual actors, and fosters rational sexual decision-making. This configuration of ethical sexual citizenship might well apply to those whose material standing within US hierarchies of citizenship, race, class, and gender allow for decision-making without having to weigh the consequences of ending a sexual relationship, demanding condom use, and so forth. But even after overcoming all of the obstacles men may face to disclose same-sex relations to their female partners, these female partners will hear and make decisions about

disclosure through an assessment of relationship dynamics, motivations, and vulnerabilities that disclosure may not alter.

## Conclusion: Remaking AIDS cultural critique

The *MMWR* article analyzed in this essay locates danger not in the sexual practices of men of color with other men but in their silence about these practices. Thus, the truth that these men are supposed to produce through disclosing to partners will act, in and of itself, as the intervention that will reduce the risk of HIV infection.

The sexual profiling of men of color is consistent with the transformation of what Foucault (1978) called 'biopolitics' into 'risk politics' in our contemporary moment (Rose, 2001: 1). Contrary to previous efforts informed by social Darwinism, contemporary biopolitics involve the use of various technologies to make known, treatable, and manageable those bodies and collectivities where high risks are located. The distinction between the regulation characteristic of older biopolitics and its contemporary manifestation rests on the dissolution of a '*subject* or a concrete individual' for 'a combinatory of *factors*, the factors of risk' (Castel, 1991: 281, emphasis in original). This turn points to the proliferation of 'risk profiles' (Petersen, 1996: 18–19) based not on the dangers represented by specific people or groups of people but on calculations of anticipated risks and dangers (Castel, 1991: 288). Through a close reading of a publication by the Centers for Disease Control and an examination of the larger cultural and socio-political conditions that shape the formulation of research problems, questions and solutions, this article has mapped and analyzed one of these profiles.

The pathologization of alternatives to normative homosexuality and heterosexuality that characterize the *MMWR* and other publications may not provoke the political awakening among MSM that designations of risk sparked among gay men and Haitians in the 1980s. Nevertheless, narratives of pathology often respond to and spark the proliferation of alternative knowledge and practices of belonging. If the history of homosexuality in particular and of sexuality in general in the USA can be brought to bear on our current moment, the increased policing of what people do with their bodies points to social anxieties quelled through narratives that give people the sense that norms are stable – despite much of the past contestation and tension that resulted in contemporary definitions of what is normal. Awareness that US borders are porous – dramatized in the terrorist attacks of 2001 and in current anti-immigrant panics, for example – parallel the growing realization that same-sex exchanges do not a gay man make. Our collective challenge, as politically engaged critics, is to find new ways to grasp how sexual practices, desires,

and identities interarticulate with a person's gender, class, US citizenship status and racial identifications. Instead of producing a blueprint for how to be sexual, analyses more aware of the intricacies of lived experience and its representation might help us to better discern the spaces of oppression, hope, liberation, pleasure, resistance, and complicity.

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### Notes

1. The categories 'African American' and 'black', in this article, refer to US-born men of African descent. 'People of color' is an umbrella term that generally refers to non-white groups in the USA. My use of these terms to index only African Americans and Latinos is consistent with the usage and data provided by the Centers for Disease Control in the article that is the central focus of this essay (CDC, 2003).
2. 'Down low' is also a sub-cultural formation. For the most part, representations of this population in mainstream and ethnic news media have represented it negatively. For a useful exploration of the 'down low' from a progressive perspective, see King, 2006. Contributions to the more spectacular and problematic representation of these men include Ballard, 2001; Christian, 2004; Harris and Roberts, 2004; Jones, 2004; King, 2004; Lisotta, 2004; Smith, 2004; Williams, 2004.
3. The conflation of identity and behavior has haunted the scientific and governmental responses to AIDS from its very beginning. The most egregious of the early conflations of identities and behaviors crystallized in the first four 'high-risk' groups identified by the Centers for Disease Control: homosexuals, hemophiliacs, Haitians, and heroin users. See Shilts, 1987 for an account of those early years.
4. The meaning of MSM and 'down low' has evolved as the categories have circulated in diverse contexts. Thus, the definitions offered are provisional. See Young and Meyer, 2005 for a thorough discussion of the historical backdrop to the emergence of 'men who have sex with men' as a category in public health. For a discussion of the meanings of the 'down low', see Boykin, 2005a: 13–21.

5. For historical background on male same-sex behavior prior to the emergence of a gay identity, see Chauncey, 1994; Heap, 2003 and Mumford, 1997.
6. One must bear in mind how much it matters that when we talk about MSM or men 'on the down low', we are generally talking about men of color. I am not the first to claim that race is a salient, though silent issue in the reception of *Brokeback Mountain* in the USA. Keith Boykin, for instance, writes that 'if these characters had been black, they would have called this movie a film about the down low. Instead, they're calling it a classic love story . . . the reason why we don't say they're (Ennis and Jack) on the down low is simple – they're white' (Boykin, 2005b). Extending this argument is Gary Younge, who writes that *Brokeback* 'is the only movie I have ever heard of where women cry, in sympathy rather than anger, at the sight of two men routinely betraying their wives, set in a place that embraces rather than stigmatises human frailty – where people cheat because the rules are stacked against them' (Younge, 2006).
7. Articles drawing from the data collected for the Young Men's Survey include Bingham et al., 2003; Celentano et al., 2005, 2006; Holmes et al., 2005; Koblin et al., 2003; LaLota et al., 2005; Thiede et al., 2003. For a recent critique of the theoretical and methodological shortcomings of the survey, see Mukherjea and Vidal-Ortiz, 2006.
8. Page references without further information refer to *Morbidity and Mortality Weekly Report* (CDC, 2003).
9. See Mukherjea and Vidal-Ortiz, 2006 for a critique of the methodology used in the Young Men's Survey.
10. Like other critics of LGBTQ and mainstream US politics of sexuality, I am troubled by the ways in which practices inside and outside of these communities reproduce the idea that gay is coterminous with white. For useful discussions on the practices of exclusion that reproduce the whiteness of gayness at the level of LGBTQ institutions, see Bérubé, 2001. For analyses of the relationship of discourses of race to the production of homosexuality and gayness in the USA, see Barnard, 2003; Guzmán, 2006; Somerville, 2000.

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