Review of *AIDS, Rhetoric and Medical Knowledge*. Alex Preda. Reviewed by Cudore L. Snell.

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The purpose of this book is to examine the historical relationship between the rhetoric of risk and medical knowledge pertaining to AIDS. Rhetoric is meant not only to persuade an audience that the topic of AIDS is a crucial one, but also speaks to social practices as producing knowledge. Preda mentions the globalization of the "AIDS risk" and how the concept of "risk" may be interpreted and communicated to the target audience both directly, indirectly, infected and affected. The discussion of risk pattern develops the idea that "undesirable" events such as AIDS can unfold on a global level.

The use of the word "rhetoric" reminds the reader that issues of health involve political factors and indeed the case of AIDS is one of hope, controversy and politics. It becomes apparent that the use of rhetoric in campaign language, the challenge of defining "AIDS risks" and communicating these risks to people who may not perceive their risk is an ongoing challenge. Preda is aware of the complexities of prevention efforts, particularly as it relates to the challenges of dealing with the issues of heterosexual men who engage in sexual activities with other men but do not identify themselves as gay. Within the general population and in certain cultures of the world this behavior is not unusual nor is it unacceptable. Prevention complexities are also evident when one considers the serious implications for the younger generation when compared to the older generation. Efforts surrounding condom use come to mind. Condom use may have worked well with earlier generations (which had direct, concrete experience of what it means to live with HIV and AIDS), but may remain abstract and ineffective in younger generations. According to the Preda, younger generations may not perceive condoms as viable protection against AIDS.

Preda's discussion was generated by reviewing medical articles and prominent journal research findings worldwide during the 1980s. The four aspects of AIDS prevention he considered are the social groups' self-perception, persuasion techniques for inducing behavioral change, the interaction between medical practitioners, and the at-risk individual. These are im-
important dimensions not to be seen in isolation from the person-environment transactional perspective. The author's approach in terms of thinking of diverse stakeholders is effective, however the book goes on to create a limiting effect to keep the idea of "expert knowledge" to that of medical knowledge. Although Preda limits this expert knowledge to medical knowledge, he acknowledges that the following groups bear interest in the topic: clinical researchers, epidemiological and pharmaceutical researchers, public and health policy makers, politicians, economists, ethicists, lawyers, social scientists, media persons, artists and entertainers. Preda's position weakens the support for rhetoric being an element of providing social knowledge and how cultural narratives and categories of social thought shape scientific knowledge about epidemics.

The author's goal of integrating science with sociocultural issues to communicate about AIDS is very helpful for health communication campaigns. This integration will help guide the message and assist in the development of population specific messaging. In an effort to expand and emphasize the importance of integration, the formal integration of the Health Belief Model in the discussion on perceptions of risk by communities would have strengthened this important point.

While a historical perspective is provided, it is very important to note that the author is careful and sensitive in the use and descriptions of African Americans, Haitians and gays. He advocates the necessity to avoid reinforcing stereotypes and the stigma that are generally associated with HIV, AIDS, Haitians and gay communities. In addition, since the inquiry was conducted from a sociological perspective, it would have been helpful for the author in the final chapter titled, In Lieu of a Conclusion to offer specific recommendations beyond the reiterated point that rhetoric matters. A discussion on the role of sociologists, social scientists, and the medical field in AIDS information, education and advocacy for social policies would have been appropriate.

Within the final chapter, Preda does offer useful sexual history assessment questions to the physician that can be applicable to any direct services provider. In addition he calls for "expert democracy" which refers to "the conditions under which a genuine dialogue between expert knowledge and con-
cerned social groups can take place in the public sphere." This concept begs the consideration and inclusion of patients and clients as experts of their own lived experiences. The author's acknowledgement of "reflection to bring our own production devices to the surface" is a refreshing, needed and affirming stance if not directive.

The style in which the topic of AIDS is presented by Preda seems best suited for academicians interested in developing theory and logic models for AIDS prevention, education and advocacy. The theoretical framework of the text might be less appealing to direct service workers involved in practice and would be more helpful to those designing the theory that drives practice. Rhetoric is helpful in campaigns on AIDS prevention, but the question remains on how to communicate effectively. This book illustrates how important culture is within prevention and health policies and with respect to how scientific research is organized and funded.

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Paul Robinson's *Queer Wars* is the first attempt to present and to critically analyze the rise of gay conservatism in the United States. Measuring conservatism along three axes: (1) politics – gay conservatives repudiate the gay movement's affiliation with the left; (2) gender – gay conservatives seek to rescue gays from their association with "gender deviance" namely, from effeminate men and mannish women (although lesbians are hardly mentioned at all in any of their work) and finally, (3) sexual license – urging gay men in their writing to restrain their erotic behavior. Robinson reviews the work of four gay, privileged, white, Christian, and conservative authors (Bruce Bawer; Andrew Sullivan, Michelangelo