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Although she has built a good life for herself, rich in physical pleasure, loving friendships, and creative projects, external events still trigger bouts of self-hatred and emotional pain. In a broken-down bus with two unlikely companions, Carline sets off on the great American road trip, riding from Massachusetts back to her Texas roots, seeking healing connection with her Aunt Frankie, the woman who raised her. Carline finds this connection and much, much more.

Venus sets up what she means by “cool” through a reading of film, beginning with Quentin Tarantino’s signature use of violence and his commitment to what she calls “narrative as adrenaline shot”—the lurk from the daily to the deadly, from closeness to separation...from feminizing intimacy to heroic alienation.” But her analysis really gets going when she shows how scholars and cultural critics have drawn on similar emotional schemas in edgy ways that run at cross purposes to their politics.

The emotional heart of this argument is in her chapter “Andrew Ross: The Romance of the Bad Boy”:

As perhaps the “coolest” of my cool scholars, Ross demonstrates my thesis particularly well though ambivalence toward feminism seemed to be at odds with his political belief. In terms of redirecting cultural narratives about men and mothers, masculinity and femininity, a degree of antifeminism may actually be intrinsic to hijinks, a significant part of what constitutes it as such. (p. 56)

Fraiman has it: “Cool Men and the Second Sex is a much needed, timely “spokesman” book. Fraiman

more politely than I have, but her careful analysis is dazzling.

It is a relief to turn from Ross’s border skimming to the magisterial summations of Eve Kosofsky Sedgwick, who was so wry and wittily sharp and willing and able to say what it was. Still, Fraiman is right to see “a contradiction between fresh racial paradigms and nottsy gender paradigms” in her criticism of Jack Halberstam’s chapter on “Josephine, Dandy, and the Antiguan slave trade; but Sedgwick’s patronizing characterization of “charmingly colonial… feminine nearness/hood” is only possible here because of the legal and economic delusions of feminist work about Austen or even to provide a close reading of her book. It’s an inescapable truth that fuzzy’s problems start with becoming absorbed in the ultimate transgressions he holds in attention. In fact, he begins to seem like Austen’s Mr. Thomas, a brilliant man too preoccupied with world affairs to attend to domestic matters. What Sedgwick shows so brilliantly about Joseph Conrad—that Conrad can’t bear the complex, resistant voice of the narrator—is thereby disparaged, and the whole.

What is most provocative and most likely to be (as Fraiman puts it) “hardly noticed by most people” about feminist work about Austen or even to provide a close reading of her book. It’s an inescapable truth that fuzzy’s problems start with becoming absorbed in the ultimate transgressions he holds in attention. In fact, he begins to seem like Austen’s Mr. Thomas, a brilliant man too preoccupied with world affairs to attend to domestic matters. What Sedgwick shows so brilliantly about Joseph Conrad—that Conrad can’t bear the complex, resistant voice of the narrator—is thereby disparaged, and the whole.

But I find it hard to get past the idea that Joseph is a st capacious figure in my morning newspapers. The average lifespan in some African countries is spiraling down so fast that as a result we might get there at a time that is likely to be no more than 35 years in the near future. Though I had known that AIDS is spreading rapidly in many parts of the world, bringing with it increased poverty, despair, and death, I had not stopped to consider the devastating toll of this disease on entire populations. AIDS has become the horrific plague of the 21st century.

Since 1981, 20 million people have died of AIDS worldwide. Today, 48 million people are infected with HIV; of these, the World Health Organization predicts 6 million for the next two years, if they are not provided with antiretroviral treatment. For Anne-Christine d’Alessy, this is a crime against humanity. In her new book, Many Mothers, she argues forcefully that “AIDS [is] not just a medical or public health issue, but fundamentally a social and political one.” Though treatment could be made available to the 6 million people who need it today, d’Alessy contends, we do not have the political will to look at this look at the resources going to the “global war on terror” versus worldwide AIDS prevention and treatment to confirm that d’Alessy’s right. Her book is a challenging book—intellectually and emotionally. D’Alessy pushes her readers to embrace their responsibilities as part of the human tragedy and join the struggle to make treatment accessible around the world—and she grounds her arguments in detailed field reports from the Caribbean, Latin America, Africa, and Russia. Her interest is in the myriad challenges—political, social, medical, technical, cultural—to delivering treatment and to issues related to women’s and children’s access to information and the capacity of nations to mobilize their civil societies and health sectors to deliver access to AIDS medications. (p. 9)

These are complex issues. For readers unfamiliar with the technical aspects of AIDS treatment, global trade agreements and their impact on the manufacturing and distribution of inexpensive generic drugs, and the international organizations involved in delivering prevention and treatment programs, it may become formidable to keep going. But there is much to learn here, making the effort worthwhile.

HIV infection may be the most important issue facing feminists today. As Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, told Ms. magazine this fall, HIV “has targeted women with a vengeance.” Moreover, “[m]ore women are infected with HIV than men,” Gender and class disparities leave women vulnerable to sexual transmission from husbands who abuse them or hide their HIV status. Often men refuse to use condoms, but in many circumstances, the family’s desire to maintain social face and family honor overrides these other considerations. In war-torn areas of Africa, rape by soldiers is commonplace, leaving women stigmatized, pregnant, and destitute.

Today, half of all HIV infections are among women—in Africa, the rate is 58 percent. Of the 75 million who are HIV infected, 75 percent of those infected are female. In Uganda, d’Alessy notes, girls aged 15 to 19 are fourteen times more likely to be infected than boys of the same age. Many of these girls are infected by older men who use them for sexual pleasure. These high rates of infection among girls and women have accelerated promotion of AIDsv and nevirapine to prevent mother-to-child transmission of HIV. But these treatments have been highly successful but often do not include treatment for the mothers themselves. D’Alessy found women in Uganda “fearful and desperate” about the lack of treatment for themselves, their husbands, and other members of their communities. Rather than succumbing to despair, however, they were organizing. If HIV infection has any up side at all, d’Alessy saw it here:

I realized that a positive off-shoot of the AIDS crisis in Africa is the global attention it focuses on women. AIDS has brought many helping African women to fight against long-standing legal, political, social, and cultural inequities. (p.143)

Still, many Ugandan women fear revealing their HIV status, as they may be beaten by husbands, kicked out of their homes, and abandoned. Domestic abuse is common in Uganda, where male privilege is maintained. A UN report revealed that 40 percent of the women respondents had experienced domestic abuse, some women were beaten for “unfemininity” and encouraged to force men into sexual as a marital obligation. As one activist with Women’s Treatment Action Group (WTAG) noted:

The husbands are a real problem... Many husbands have two wives, and sometimes these wives do not even talk to each other about HIV, even if one of them is HIV-positive. They cannot afford to tell their husbands. That is the reality we are going to have to confront. (p.152)

Uganda has been touted by the Bush administration as one of the great success stories for HIV prevention. Using an approach called ABC—abstinence, betrothal, and condoms—Uganda has reduced its seropositivity rate from 30 percent two decades ago to less than ten percent today. However, it is believed that the decrease in transmission may be the result of high mortality rates, AIDsv worries that, in a culture in which male privilege leaves women few options, the