Once Upon A Virus

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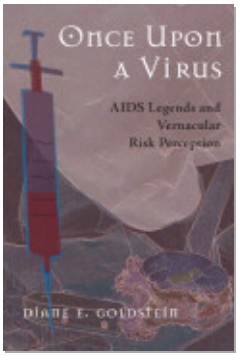

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"Banishing All the Spindles from the Kingdom"

Reading Needle-Prick Narratives as Resistance

On May 13, 1999, another AIDS legend made its way onto the pages of the *St. John's Evening Telegram* in an article entitled "HIV Cyber-hoax Spreading Concern." The so-called cyber-hoax in question was a narrative being forwarded by anonymous e-mails, warning of HIV-infected needles placed in movie theater seats, pricking unsuspecting moviegoers and infecting them with the virus. The news report quoted a portion of the e-mail message:

> For your information, a couple of weeks ago, in a movie theatre a person sat on something sharp in one of the seats. When she stood up to see what it was, a needle was found poking through the seat with an attached note saying, "You have been infected with HIV." (Lake 1999:1)

A spokesperson for the Regina (Saskatchewan) Police Department, whose name was on many of the warnings, told the *Canadian Press* that the e-mail was not sent by her department and furthermore that the message was causing small-scale panic in Regina, resulting in approximately thirty phone calls a day to the police and local government (Lake 1999:1). The situation was similar in Newfoundland. Patricia Murphy, executive director of the AIDS Committee of Newfoundland and Labrador, was also reported as saying that her office had been flooded with calls and e-mails from Newfoundlanders and

Labradorians concerned about the warning (Lake 1999:1). Other North American police departments, public health offices, and the American Center for Disease Control also reported a wave of public reaction to the narrative.

A few days before the *Evening Telegram* article, I received a phone call from the editor of the Newfoundland and Labrador AIDS Committee newsletter, *Reaching Out*, wanting to discuss the story. She noted, as had I, that this AIDS rumor was a bit different than the stories that had circulated previously. The story had no scapegoat, no sexual commentary, and no real construction of guilt or innocence. She wondered if the story was meant to implicate and condemn IV drug users. I didn't think so. The narrative didn't mention drug users; and, in fact, what made the story so unusual in the current legend climate, was that it didn't mention an antagonist at all. Like other pinprick narratives found in earlier and more limited circulation, anonymity was at the very core of the story. In those stories the sharp instrument was occasionally an intravenous needle but more often was thorns, straight pins, hat pins, and various other pointed objects and was almost always left by an anonymous, untraceable perpetrator. The big question, it seemed to me, was why the known scapegoated infector, so popular in recent AIDS legends, was replaced in this wave of tradition by a faceless anonymous infector, and why had the narrative taken on such currency now? Perhaps the nameless, faceless needle on the seat was a metaphor for new concerns about public vulnerability. Perhaps . . . , but what if these stories are not just about what we come to fear but also about the role of agency in those fears? In this chapter, I propose a counterreading of the needle narrative, a reading that suggests that the anonymous AIDS infector might be preferable to the one we know and that public danger is far more desirable than danger in our homes. On some level, I believe, needle-prick narratives can be read as a form of resistance—resistance to the modern construction of our homes as locations of risk and resistance to public health constructions of our loved ones as vectors of danger.

While contemporary-legend scholars have over the last ten years explored the deliberate sexual transmission of HIV characterized in so many of the narratives mentioned in this volume, such as "Welcome to the World of AIDS," "C. J. AIDS," or the "Irish Angel of Death" (Brunvand 1989; Fine 1987; Goodwin 1989; Smith 1990; Goldstein 1992; and others), *nonsexual* transmission legends have been virtually

ignored. Largely absent from the legend literature is the narrative tradition about invisible infectors like those in our story, who make use of syringes, needles, pins, and other sharp or hollow instruments to contaminate condoms (see chapter 2), other objects, or food or to infect individuals with the HIV virus. With the exception of an anthology entry by Jan Brunvand (1989:206), two *FoafTale News* columns by Bill Ellis (1989b:5–6, 1990:9), and a few paragraphs in general contemporary legend readers (de Vos 1996:58), the scholarly record has not had a lot to say about needle-prick narratives, perhaps because the narratives themselves have been only loosely connected and borrow heavily from other legend constructs.

Certainly, the narratives make use of motifs we have seen before; they warn of public places, demonstrate fears of contamination, and indicate concerns about conspiracies to obliterate individuals or groups. While the stories all involve needle- or pinpricks and contamination with HIV, the narrative action differs: pins stuck in drugstore shelf condoms, lemons and oranges injected with HIV in the grocery store, raspberry pickers pricked by a thorn and bleeding on the fruit we buy, children stuck by sharp instruments in fast-food "ball rooms" or playgrounds, robbers armed with HIV-positive needles, pinpricks on buses, in bars, in theaters, and the list goes on.

The shared motifs in these stories predate AIDS and are familiar, not just from earlier needle crime narratives, but also from folktale and ballad tradition. While Sleeping Beauty comes immediately to mind, the *Motif Index*[1] is rife with tales of poisoned arrows (F831.3), sleep-bringing thorns (D1364.2), magic spindles (D1186), and murder by piercing with a pin (S115.3). Ballad tradition supplies analogous motifs in the "pulled a rose" formula, in which the victim is suddenly pierced by sharp growth from a plant, foreshadowing impending doom. In ballad tradition, the rose thorn-prick invariably signals some kind of bad news—usually rape or death—but not illness (Andersen 1985:116–119). But in both narrative and ballad tradition, piercing generally signals vulnerability, intrusion, invasion, or contamination. Both metaphorically and literally, the piercing leaves a hole that can be filled by all manner of evil.

The vulnerability and intrusion interpretations of pinprick legends do not require any great stretch of the imagination, but it would appear that the impetus for the nameless, faceless construction of

1. The *Motif Index* is a catalogue of narrative elements repeatedly found in international folklore (see Thompson 1955–58).

vulnerability is not quite as easily understood. Gail de Vos (1996) classifies pinprick panics as crime victim legends, noting, "crime victim narratives reflect society's fear of the anonymous criminal, the stranger lurking in a dark alleyway ready to pounce on an innocent victim" (49).[2] Pinprick narratives, however, and crime victim legends in general can also be read as a matter of agency—expressing preference for the *stranger* as antagonist rather than the familiar alternative. But let's begin with the story.

Contemporary Pinprick Narratives

AIDS pinprick narratives have been reported in legend and in the news since the mid-1980s (Ellis 1989b) but (as noted) with limited circulation, only recently exploding in popularity, largely in the form of needles that appear in public places, pricking the anatomy of an innocent individual, who simply wants to dance at a club, use a public phone, or watch a movie in a theater. In Canada, the most common version takes place in a dance club or at a party. One student at Memorial University noted,

> One of my friends informed me of a bar somewhere in Toronto or Ontario where people carried needles infected with the [AIDS] virus, [infected] directly from themselves, and while people would be getting drinks or dancing, whoever had these needles would prick the unsuspecting person. Another girl I know told me about a similar incident in which some legal aged young people "snuck" a younger sister, only 16, into a bar.[3] She ended up being the one stuck with an infected needle.

Like many needle-prick narratives, the dance club version frequently uses the "Welcome to the World of AIDS" tagline, which floats freely and attaches itself to any and all AIDS legends. Another student noted,

> I heard a story about a girl who was in a crowded bar in Toronto. She felt a prick in her side but ignored it. When she looked later

2. See Wachs (1988) for a book-length treatment of crime-victim narratives.
3. This narrative reveals a similar breaking of an initial taboo followed by the infecting action discussed in relation to the "Welcome to the World of AIDS" narrative, thus complicating the "innocent victim" picture (see chapter 5).

> there was a syringe in her side with a tag on it that said "Welcome to the World of AIDS."

The nightclub and party version of the pinprick narrative occasionally also shares motifs with narratives of LSD-contaminated children's transfer tattoos,[4] but in this case the sticker is filled with HIV-infected needles. One Internet warning noted,

> Do any of you like to go clubbing? Well you might think twice after this message. Just in case you don't already know, there is a certain group of people with stickers that say "Welcome to our world." Once this sticker is stuck on you, you contract the AIDS virus because it is filled with tiny needles carrying the infected blood. This has been happening at many dance clubs (even DV8 and Beatbox) and raves. Being cautious is not enough because the person just chooses anyone, and I mean anyone, as his/her victim. So you could just be dancing the night away and not even realize the sticker has been stuck on you. It sounds too demented to be true, but it's the truth. In fact my sister's friend knows someone who just recently contracted the virus in this manner. The world isn't safe anymore. (Personal e-mail, 1998)

Interestingly, the dance club version of the pinprick narrative seems to have had a significant impact on the bar scene as it entered circulation. In Toronto and in San Diego popular dance clubs indicated in 1998 that the story had seriously affected their businesses. In August of 1998 one popular Toronto nightclub had estimated a drop in clientele of 50 percent as a result of the story (Rayner 1998).

While the nightclub narrative seems to be popular in Canada, the pinprick narrative that currently has the widest international circulation involves needles or pins hidden in movie theater seats, reported in 1999 in Canada, the United States, Germany, Finland, England, Scotland, Australia, India, Hawaii, Mexico, and Costa Rica.[5] The story typically resembles the following version, collected in Bombay in 1998:

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4. Sometimes referred to as "Mickey Mouse Acid" or "Blue Star Acid," the legend suggests that children's tattoo transfers are impregnated with LSD (see Brunvand 1984 and Kapferer 1993).
5. These reports are from alt.folklore.urban, an Internet legend newsgroup with a substantial international subscriber base of legend enthusiasts.

> There was a group of 6-7 college girls and they went to the theatre to see a movie. During the show one of the girls felt a slight pin prick but did not pay much attention to it. After some time that place began to itch. So she scratched herself and then saw a bit of blood on her hands. She assumed that she had caused it. At the end of the show, her friend noticed a sticker on her dress and read the caption. It read, "Welcome to the World of AIDS." She tried to pass it off as a practical joke but when she went for a blood test a couple of weeks later (just to be sure) she found herself HIV positive. When she complained to the cops, they mentioned that her story was one of the many such cases they had received. It seems the operator uses a syringe to transfer a bit of his or her infected blood to the person sitting ahead of him or her.

At about the same time as the movie theater pinprick narrative began making the rounds, another similar story began to circulate on e-mail. This story reflected little variation in electronic transmission, nearly always recounted through the Internet as follows:[6]

> A very good friend of mine is in an EMT certification course. There is something new happening that everyone should be aware of. Drug users are now taking their used needles and putting them into the coin return slots in public telephones. People are putting their fingers in to recover coins or just to check if anyone left change. They are getting stuck by these needles and infected with hepatitis, HIV and other diseases. This message is posted to make everyone aware of the danger. Be aware. The change isn't worth it!
>
> P.S. This information came straight from phone company workers, through the EMT instructor. This did NOT come from a hearsay urban legend source.[7]

6. The needle-prick story is one of the best examples of the fluid movement of legend back and forth between print, electronic, and oral channels. The various channels appear to complement each other in moving the story quickly, efficiently, and persuasively from person to person. It should, however, be noted that while the fairly inflexible warning format quoted here is common, the narrative is also circulated on e-mail in a more traditional narrative form that has greater flexibility in content and variation, similar to oral narration.
7. Later versions of the narrative place the needle in the trigger of gas pumps and warn the public to only use full-service gas stations, where handling the trigger is not necessary.

Within a very short time an Internet warning evolved that joined the movie theater version with the telephone narrative. The joining of the two stories did not take the usual merged form folklorists are used to seeing, in which one story is created out of motifs borrowed from two or more narratives. In this case the stories were used sequentially, one right after the other. Each, however, retained its original integrity. The following warning was forwarded to me in March 1998 from a student at the College of the North Atlantic here in St. John's:

> I thought this information is very important for all of you and your friends. Important F.Y.I Alert
>
> PLEASE CHECK YOUR CHAIRS WHEN GOING TO THE MOVIE THEATRE!!!!
>
> An incident occurred when a friend's co-worker went to sit in a chair and something was poking her. She then got up and found that it was a needle with a little note at the end. It said, "Welcome to the real world, you're now 'HIV POSITIVE.'" Doctors tested the needle and it was HIV POSITIVE. "BE CAUTIOUS WHEN GOING TO THE MOVIES!!!! IF YOU MUST GO TO THE MOVIES, PLEASE CHECK!!!!" One of the safest ways is NOT sticking your hands between the seats, but at least move the seat part way up and down a few times and REALLY LOOK! Most of us just plop down into the seats. . . . The following information was E-Mailed to all employees of the Metro Police Department on the morning of 11-03-98. Drug users are now taking their used needles and putting them into the coin return slots in public telephones. People are putting their fingers in to recover coins or just to check if anyone left change. They are getting stuck by these needles and infected with hepatitis, HIV, and other diseases. This message is posted to make everyone aware of this danger. Be Aware!!! The change isn't worth it!!!! This information came straight from phone company workers, through the EMT instructor. Make sure you share this information with your family, friends, and anyone else you can!!!!! E-MAIL IT TO PEOPLE YOU CARE ABOUT!!!!

The joint movie theater and telephone form of the narrative had incredible circulation on e-mail, through xerox, and by fax. The warning was all over the Internet, posted up outside schools and

on workplace bulletin boards. I have received the warning from friends all over the world—from students and colleagues, from AIDS health-care workers, from AIDS lawyers and community activists. While many of these individuals forwarded the message having recognized it as a contemporary legend, others sent it out of concern, along with a note querying appropriate action. As could be predicted, the story has prompted all manner of ostension: police departments and phone companies launching investigations, loss of revenue for movie theaters, reports of seat cushions carried to the theater, heavy clothing and multiple layers worn for protection; and my own students reported that they no longer retrieve their change after a phone call.

Precursors

The narrative and its form of ostension triggered memories, among folklorists, of earlier needle crime narratives, particularly connected with fears of "white slavery." In his *FoafTale News* article of 1989, Bill Ellis recalls that his mother had recounted a story from the 1920s in Baltimore, Maryland, of a man attacking women on the street with a so-called poisoned needle used to sedate the victim so she could be sold into "white slavery":

> This rumor is at least as old as 1914, when the state of Massachusetts ordered an official investigation into 'the white slave traffic, so called' and recorded a number of contemporary legends about near abductions. One, the final report observed, "alleges the administration of a narcotic drug by the use of a hypodermic needle on his victim as he passes her on the street, or as he sits beside her in the street car or in the theater." (1989:5)

While the ultimate goal of the abductor mentioned by Ellis is to sell the young women into involuntary prostitution, reports from roughly the same period in Louisiana indicated abduction by medical students for cadavers. The book *Gumbo Ya Ya*, a Louisiana Writers Project WPA collection of folk tales, began chapter 4 with the following story (dialect transcription from the original):

> "No Sir!" declared Mamie Smith emphatically, . . . "I sure don't go out much at this time of year. You takes a chance just walkin' on

> the streets. Them Needle Mens is everywhere. They always comes round in the fall, and they's 'round to about March. You see, them Needle Mens is medical students from the Charity Hospital tryin to git your body to work on. That's cause stiffs is very scarce at this time of year. But them men's ain't workin on my body. No, sir! If they ever sticks their needles in your arm you is just a plain goner. All they gotta do is jest brush by you, and there you is; you is been stuck. (Saxon, Dreyer, and Tallant 1945:75)

An earlier precursor for the pinprick narrative is discussed by Michael Goss in a book on the "Halifax slasher," chronicling the actions of a mystery assailant who inflicted cuts with a razor blade on women in Halifax, England, in 1938. Goss dates similar narratives back to a London assailant who, in the 1780s pricked ladies' thighs with a sharp knife. Like our current ostensive situation, Goss reported that women responded to the London slasher by wearing heavy, protective clothing (Goss 1987).

Barry Baldwin cites an ancient parallel to the pinpricks narratives from the Greek annalist (ca. AD 200) Dio Cassius, who indicated in his *History of Rome* (bk. 57, chap. II, par.6),

> Some persons made a business of smearing needles with poison and then pricking with them whomsoever they would. Many persons thus attacked died without even knowing the cause, but many of the murders were informed against and punished. And this sort of thing happened not only in Rome but over virtually the whole world. (As cited in Baldwin 1999:51)

Between the needle-men narratives of the 1930's and the current narrative trend, the legend type appears to have surfaced actively in the early 1980's. In his discussion of the "attempted abduction" needle stories, Jan Brunvand notes that the legend became associated with the injection of heroine, cocaine, or LSD, sometimes administered through a seat in a darkened movie theater (Brunvand 1989:207). Ellis details a case in 1989 of a gang of teenagers in the Upper West Side of New York City who ran through the streets jabbing needles or pins into the backs and necks of randomly chosen females, ultimately totalling 41 victims. Television coverage suggested that the gang might be using syringes containing HIV-positive blood. Ten teenagers were ultimately arrested and charged. The

teenagers indicated the needle pricks were a prank. HIV-infected needles were not involved (Ellis 1989).

Over the last ten years, numerous cases of HIV-needle robberies and virus infection attempts have been reported in the newspapers and tried in the courts. In June of 1996 the *Los Angeles Times* reported a robbery with an HIV-positive needle. In February of 1996 the *Miami Herald* reported a similar robbery. In August of 1995 an Israeli man confessed to robbing art galleries by threatening HIV infection. And in Australia in 1990 a prison guard was stabbed by a syringe containing HIV-positive blood.[8] HIV-needle-threat legal cases are too numerous to detail here, but Canada, twenty-eight states in the United States, Australia, Britain, and many other countries have enacted laws making it a crime to knowingly expose others to HIV through any of the methods of viral transmission (see Elliott 1997).

The statistical likelihood of needle-prick infection from a needle with a detached syringe, such as might be found in a pay phone or theater seat, is so low as to be negligible. Current statistics show that health-care workers who have suffered needlesticks involving HIV-positive blood have a rate of infection of only 0.3 percent.[9] What makes the situation risky for IV drug users is the attached syringe, which generally retains several microliters of blood around the tip even after the syringe is emptied. HIV cannot survive outside of the body unless it is sealed in a container. The small amount of blood left on a detached needle would quickly be exposed to oxygen and low temperatures, rendering the needle useless as a means of infection within roughly thirty seconds. Needles on buses, in theater seats, and in pay telephones would be largely ineffectual as a means of contact, while the reported legal cases involving syringes indicate a far more effective means of transmission.

Legend as Cultural Critique and Agency

Although contemporary legend scholarship has always seen legend in some sense as a critique of culture through the expression of

8. For these and other related legal cases, see http://www.snopes.com/horrors/madmen/pinprick.htm (2002).
9. These statistics are consistent from source to source. The CDC suggests that up to 5000 health-care worker needle exposures to HIV occur annually in the United States. See http://www.hivinsite.ucsf.edu/akb/1997/01hcw/index.html.

societal fears, concerns, and values, that critique is generally seen as consensual and complicitous and is rarely understood as potentially critical of dominant definitions or authoritative constructions of truth. While conspiracy narratives are the clearest example of the resistance and subversive potential of legend, it is possible we have been underreading the resistance voice in crime legends, health legends, technology legends, and others. I do not mean to suggest here that every legend is a "call to arms," and neither am I suggesting that it is the intention of each legend teller to subvert cultural authority. To do so would be to risk overreading and to fall into what Lila Abu-Lughod calls "the romance of resistance" (1990). Instead, I am suggesting that contemporary legends, like most expressive forms, can provide the means for resisting the imposition of dominating definitions, norms defining how we should behave, and official accounts of what has occurred in the world (Kleinman 1992). We resist, as Kleinman notes, "in the micropolitical structure of local worlds" (174).

Contemporary legend scholarship on deliberate-infection narratives generally assumes that the driving motive behind such stories is xenophobic fear of strangers, fear of urban crime, and fear of contamination. By broadening out the narrative context to include health-related data and then returning to the needle narrative itself for a closer reading, I would like to explore the possibility that the pinprick narrative actually reflects a disguised critique of medical authority and resistance (Scott 1990a) to what is seen as the inappropriate extension of biomedicine's reach into the domain of intimate experience. While this might initially appear to require a leap of faith, resistance reading is like a Salvador Dali painting—once you see the dog, the fruit bowl disappears.[10] In other words, the resistance reading tends to obscure earlier understandings of the material. Despite what happens to the visual field, the point is not that one interpretation exists to the exclusion of the other. Both readings are crucial to understanding the multivocal and multilayered nature of legend performance.

As argued in chapter 3, one of the most puzzling issues for AIDS public health education has been the relationship between risk knowledge and risk reduction. Findings from health interview

10. The reference here is to a painting by the Spanish surrealist painter, Salvador Dali (1904–1989). The painting is entitled "Apparition of Face and Fruit-Bowl on a Beach" (1939).

surveys in Canada and the United States, we should remember, indicate that roughly 96 percent of adults know that HIV can be transmitted through sexual intercourse, from pregnant women to their babies perinatally, and by sharing needles with an infected person. Nevertheless, we will also recall that only 13 percent of Canadians report that they have changed their behavior because of AIDS, and surveys suggest the American situation is much the same. AIDS facts appear to be well known but not so easily acted upon.

Also argued in chapter 3 and generally agreed upon by health educators, AIDS decision-making models have not been successful in allowing for comprehension of the cultural understandings that influence the ability to personalize, internalize, and apply risk information to oneself. The challenge is in understanding the cultural meanings that surround the identification of personal susceptibility and vulnerability, including risk denial. Denying one's own risk generally involves asserting that others are at higher risk. Weinstein notes that even people who are aware of their own risk for AIDS tend to engage in biased comparisons that lead them to conclude that the behavior of others is more risky than their own (Weinstein 1989). In a related argument, Sobo suggests that AIDS educational messages are seen by women as reflecting negatively on themselves and their partners. To admit to risk is to deny that they or their partners are monogamous and to suggest that they do not have the wisdom or ability to choose a partner wisely. Sobo argues that individuals construct patterned narratives of monogamy and wisdom to protect self-esteem. The result is the construction of a set of narratives that reinforce the practice of unsafe sex (1995:113–120). Perhaps most interestingly, Sobo suggests that these narratives function not only in our external narrative performances but internally, as narratives we tell ourselves that reinforce risk-related choices and behaviors.

Sobo's work and that of others writing on risk denial are instructive for understanding the pinprick narrative phenomenon. Virtually all populations associated with AIDS since its discovery have been represented by members of the dominant population in some way as alien, antisocial, unnatural, dangerous, or immoral. To move then to locate risk in the ordinary home is to import all of those meanings. The resistant response is to externalize the risk—to cast it out of the bedroom (where we don't want it) and back into the outer world (where we will take our chances). By doing so, we simultaneously move medical authority out of our bedrooms and

resist the encroachment of increasing medicalization on our lives. By externalizing risk, creating an external threat, the narrative renders personal internal risk reduction measures to be insignificant and therefore unnecessary. In other words, a condom won't help me in the bedroom if the real risk is hiding in a movie theater, on a bus, or in a pay phone. This form of resistance may be dangerous or self-defeating, but it does provide a challenge to dominating definitions and a bid for medical and sexual autonomy. Pinprick narratives, kidney-theft stories, and cadaver legends all address, in quite a powerful way, resistance to the dominating authority of medicine. James Scott notes, "While folk culture is not coordination in the formal sense, it often achieves a 'climate of opinion' which, in other more institutionalized societies, would require a public relations campaign" (1990b:443).

What I am suggesting here is that resistance to the quotidian definition of AIDS, the cultural connotation that we or our partners are sites of danger, and rejection of the medicalization of intimacy have prompted a lay redefinition of the site of danger, a reclamation of the home, and a community-based retheorizing of the shape and nature of risk. Legend becomes, as Scott has articulated it, one of the "weapons of the weak" in "everyday forms of resistance" (1985). In their introduction to the book *Feminist Messages*, Radner and Lanser note, "in the creations and performances of dominated cultures, one can often find covert expression of ideas, beliefs, experiences, feelings and attitudes that the dominant culture . . . would find disturbing or threatening if expressed in more overt forms" (1993:4).

For this reason, resistance messages are often coded, making use of strategies of covert contestation. One of these strategies, evident in the pinprick narrative corpus, is the appropriation of the voice and structures of dominating medical culture. By appropriating elements normally associated with medicine, the narrative reshapes legend performance into a public health message. In contemporary legend scholarship the appropriation of voice is interpreted as a pedigree, the source that argues for the plausibility of the narrative. With the pinprick narrative, the initial friend-of-a-friend pedigree was quickly replaced by the voices of dominant culture: the police, the military, emergency medical personnel, and eventually government officials responsible for disease control. By borrowing the voice and reshaping the message, the narrative defines the location of risk seemingly from within the seat of power.

Following immediately on the heels of the friend-of-a-friend warning, the movie theater story appeared as a notice from a local police department. In Dallas, Texas, the warning noted,

> The previous information was sent from the Dallas Police Department to all local governments in the Washington area and was interdepartmentally dispersed.

In Denver, Colorado, the warning said,

> Please take a moment to read this. . . . From the Denver Police Department (if it is happening in Denver, it is probably happening elsewhere also).

In Germany, the notice cited the OSI—Office of Special Investigations. The warning read,

> The following information has been validated and passed on to us by the OSI as a Germany wide alert.

In the United States and Canada, a further pedigree attached itself to the story citing the Center for Disease Control in Atlanta, Georgia. The new version said,

> The following information was sent from the Dallas Police Department to all of the local governments in the Washington area and was interdepartmentally dispersed. We are all asked to pass this to as many people as possible.
>
> Two weeks ago, in a Dallas movie theater, a person sat on something sharp in one of the seats. When she stood up to see what it was, a needle was found poking through the seat with a note attached saying, "you have been infected with HIV."
>
> The Center for Disease Control (CDC) in Atlanta reports similar events have taken place in several other cities recently. All of the needles tested HAVE BEEN POSITIVE for HIV.
>
> The CDC also reports that needles have been found in the coin return areas of pay phones and soda machines.
>
> Everyone is asked to use extreme caution when confronted with these types of situations. All public chairs should be thoroughly

> inspected prior to any use. A thorough visual inspection is considered the bare minimum. Furthermore, they ask that everyone notify their family members and friends of the potential dangers as well.

What is remarkable about the CDC version of the narrative is the softening of the warning and the constrained conservation of words intended to mimic public health rhetorical style. The CDC received so many queries about the notice that on March 17, 1999, they posted a denial on their Web site and released a press announcement. I include this denial here not just to show the CDC response to the narrative but to demonstrate the incredible similarity in rhetorical structure between the legendary notice and the actual voice of the CDC. The CDC wrote,

> CDC has received inquiries about a variety of reports or warnings about used needles left by HIV infected drug users in coin return slots of pay phones and movie theater seats. These reports and warnings are being circulated on the Internet and by e-mail and fax. Some reports have falsely indicated that CDC "confirmed" the presence of HIV in the needles. CDC has not tested such needles nor has CDC confirmed the presence or absence of HIV in any sample related to these rumors. The majority of these reports and warnings appear to have no foundation in fact.
>
> CDC recently was informed of one incident in Virginia of a needle stick from a small-gauge needle (believed to be an insulin needle) in a coin return slot of a pay phone. The incident was investigated by the local police department. Several days later, after a report of this police action appeared in the local newspaper, a needle was found in a vending machine but did not cause a needlestick injury.

The press release continues:

> Needle stick injuries can transfer blood and blood-borne pathogens (e.g., hepatitis B, hepatitis C and HIV) but the risk of transmission from discarded needles is extremely low. . . . CDC is not aware of any cases where HIV has been transmitted by a needlestick injury outside a health care setting. (CDC Update 1999)

The earlier warning had not only borrowed the organizational name and rhetorical structure but had also evolved a series of signatures by people in official-sounding positions: Sgt. T. L. Paullin, Press Officer for Okinawa Marine; Judith Baker, Region IX Hemophilia Program of the Children's Hospital of Los Angeles; Barbara Gaskins Wallace of the National Naval Medical Center Patient Administration, and others. Internet searches for these individuals were fruitless, and in at least one of these cases the name appears to have been constructed from a combination of words and names cited in articles on HIV displayed on the Web. Nevertheless, the appropriation of voice was persuasive enough that subscribers to HIV law and the ACT UP AIDS-activist discussion lists responded to the CDC warning with concern. In both cases, the list membership is fully familiar with not only the mechanisms of HIV transmission but also the rhetorical style of public health messages. A friend of mine involved in ACT UP[11] sent me the warning with an attached note saying, "Is this just one of those scares, or should we be concerned?"

The most interesting part of the needle-prick warning from a resistance point of view is the sequential use of the telephone and theater narratives. While the narratives retain a cut-and-paste appearance, their coexistence without motif blending has survived extensive circulation and alteration of other parts of the narrational structure. The stories seem to want to stay together, forming a joint message. While the sequential telling of two separate contemporary legends is relatively common in oral contexts, it is rare in Internet or written form. As a message of resistance though, the joint narration has a significant effect. Radner and Lanser note,

> Because interpretation is a contextual activity, the ironic arrangement of texts, artifacts or performances can constitute a powerful strategy for coding. An item that in one environment seems unremarkable or unambiguous may develop quite tendentious levels of meaning in another. (1993:13)

The telephone and theater narratives are juxtaposed to create a context for each other. That juxtaposition forms what I believe to be the

11. The AIDS Coalition to Unleash Power (ACT UP) is an AIDS-activist group in the United States, founded in March 1987 (see Crimp 1988). They describe themselves as "a diverse, nonpartisan group united in anger and committed to direct action to end the AIDS crisis" (Crimp and Rolston 1990).

subversive core of the story. Ewick and Silbey, in an article on hegemonic and subversive legal narratives, argue that when narratives efface the connection between the particular and the general, they help sustain hegemony. Conversely, when narrativity helps bridge particularities and makes connections across individual experiences and subjectivities, it can function as a subversive cultural practice (Ewick and Silbey 1995:200). By providing two stories that relocate risk, the pinprick narratives bridge the particular and demonstrate that the unusual is not so unusual after all. While the general experience of public health asserts one coordinated narrative of risk factors, the particular experiences narrated in the warning suggest a world of numerous particulars all existing together in tension with the dominant construction. If needles are in phones and needles are also in theaters, these are no longer isolated cases. The two stories working together create a counterargument for the location of risk. Further, individual tellers or users of the narrative continue to mount affirming particulars onto the story. One person circulating the narrative wrote,

> I remember a few years back this had happened to a man in Toronto who rented a car and found a needle wedged in the seat.

Another added this to the narrative:

> This reminds me of when my husband worked at Burger King several years ago. . . . An employee was mashing down garbage by hand and got stuck by a used needle.

The particular narratives aggregate to constitute a larger social reality, a reality that flies in the face of dominant constructions of risk.

As we know, narrative is not just a form that captures social life. It is also constitutive of what it represents. As such, narratives have significant subversive and transformational potential. The resistances that I have discussed in this chapter are not the pitched battles of collective action normally associated with power struggles; nor are they as overt as some of the minor acts of defiance discussed as *everyday* forms of resistance. There is no one resistor here and no recognizable group of performers conscious of responding to an oppressive situation.

Instead, using the subtle power of narrative to reconstitute reality, the legend resists when we tell it, when we act on it, and when we think about it. Statistics show that the vast majority of violent crimes occur between people who know each other. In that respect, the resistant and reconstitutive power of narrative to protect our sense of safety in our homes is as much an issue in all anonymous crime narratives as it is in the needle stories. Perhaps what we have always taken to be an articulation of fear in contemporary legend is actually an articulation of choice.