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J. Blake Scott, in *Risky Rhetoric: AIDS and the Cultural Practices of HIV Testing*, presents a rich and timely study of the rhetoric inherent in HIV testing. The book begins with an historical account of HIV testing and takes readers from early HIV testing practices through to the present. Perhaps most importantly, though, Scott presents a complex and detailed analysis of the rhetoric surrounding testing practices. Through this detailed account, he portrays the rhetorician as a potential agent in the rhetoric and discourse of HIV testing. Further, *Risky Rhetoric* shows us that the rhetorician is in an ideal position to analyze the written and spoken communication of a given community. The rhetorician can also suggest crucial, even life-saving, changes for improving communication practices. Scott's arguments are based on the written and spoken discourse of HIV testing within the community; however, his book should not be limited to health professions. *Risky Rhetoric*, although valuable for its contribution to health and science professions, addresses valuable issues for readers interested in community literacy practices.

Scott's book is based on several interwoven arguments. He argues that "HIV testing and its rhetorics function as disciplinary technologies" (9). Claiming that disciplinary power "subjects people in both senses of this word—it shapes people as particular kinds of subjects and subjects them to various exercises of power" (7), Scott often relies on Foucault to develop arguments on disciplinary power and technology. Throughout *Risky Rhetoric*, Scott argues that disciplinary power elicits knowledge about people to observe, classify, and manage them as individuals and populations. He develops his argument further by claiming that testing and its procedures "not only diagnose individuals and groups as infected or uninfected but also as risky or clean, threatening or safe, deviant or normal" (9). Scott does not argue for a dramatic reduction of testing but for a more careful, responsive, and just implementation of it (11). The rhetorics of AIDS and HIV testing are risky, Scott argues, for they target or exclude certain audience members. Scott also explains that much of the rhetoric surrounding HIV testing serves to protect heterosexual norms and interests at the expense of both "risky" and "normal" subjects. In fact, deeming one group safe and another risky is dangerous practice in itself, and the rhetoric that portrays one group as being a member of a normal community, in some cases, provides a false sense of security. Hopefully *Risky Rhetoric* will motivate readers to pursue activist roles within
the community, prompting them to view the rhetorician or intellectual as an important part of the process for improved literacy practices.

One of the significant contributions of *Risky Rhetoric* is Scott’s articulation of a methodological framework that integrates the two traditions of rhetoric and cultural studies. Scott claims that a rhetorical-cultural study “examines specific texts as a way to elucidate shifting cultural entanglements” (25). This rhetorical-cultural approach allows Scott to go beyond a traditional rhetorical analysis to “track the functions and transformations of testing across various cultural arenas, to account for the ways rhetoric works with extramaterial actors, and to focus on testing’s subject-related effects” (4). Community literacy practitioners and scholars who are interested in this rhetorical-cultural approach will want to focus on Chapter 2: “Refocusing Rhetoric in a Rhetorical-Cultural Approach.” The rhetorical-cultural approach may also be useful for developments in intercultural or community problem-solving for those involved in community education or literacy programs. These approaches will also serve as analytical tools and even models for future studies within the community.

Making an important and unique contribution to community literacy studies, *Risky Rhetoric* demonstrates the value of the public intellectual, whether in the classroom, community center, or clinic. Literacy is linked by the cultural, political, and historical contexts of the community; we read and write within this community. To a large extent, the messages we give and receive directly impact our mental and physical health and overall well-being. Perhaps most importantly, though, this book helps revitalize the role of the rhetorician as an organic intellectual, deeply involved in and committed to improving discourses under scrutiny. As Scott argues, rhetorical studies of science, technology, and medicine have too often focused on colonizing new areas for rhetorical criticism and demonstrating the epistemological power of rhetoric in these areas, missing important opportunities to politically intervene in them (230).

*Risky Rhetoric*, in some ways, is a call for the “organic intellectual” to intervene, to take an active role in the ways in which rhetoric and dialogue are shaped within the community. Although Scott’s focus is HIV testing, community literacy practitioners may learn valuable tactics from *Risky Rhetoric*, including strategies and methodologies for investigating literacy and rhetoric within the community.

Overall, *Risky Rhetoric* appeals to a wide variety of audiences. The book might be most interesting as a text for studying and enacting change within an at-risk group. More specifically, this book offers scholars an approach to studying science, technology, and medicine that combines rhetoric and cultural studies (5). Students and scholars interested in the rhetoric of science and issues surrounding it will also find Scott’s work useful. In addition, Scott’s rhetorical-cultural approach may also be helpful for graduate students or rhetoricians who want to generate a deeper understanding of rhetoric’s role within a community. Rhetoricians interested in culture and cultural approaches to research can certainly be considered audience members for
Scott's book, as well. Also, community literacy practitioners who negotiate or encounter risk will also want to consider *Risky Rhetoric*.

The discourses that we encounter and study within the community are complex and varied. In order to gain a thorough understanding of any community, it is often necessary to analyze its members and their reading and writing practices. Scott's work will encourage new conversations that discuss the role of rhetoric within community literacy projects and initiatives. Integrating Scott's *Risky Rhetoric* into the community literacy discussion will inevitably help practitioners identify other areas for improvement within the community beyond the health profession.

Scott's work exists outside of mainstream academia, outside of the institution. Although he focuses on the cultural practices of HIV, Scott's methods and conclusions are applicable in a variety of community literacy settings. This book takes rhetoric outside of the academy to at-risk communities of diverse people, revealing valuable insights that will help practitioners negotiate the rhetorics of risk within the context of their own projects. Furthermore, Scott promotes community activism through his in-depth study of the risky rhetoric of AIDS and HIV testing. Practitioners can build similar approaches into their own classroom, project, or resources. Hopefully Scott's work encourages literacy practitioners to pursue projects with wide community impact. *Risky Rhetoric* should motivate rhetors of all kinds to analyze and reconsider current community-based rhetorics and practices.