

## Editors' Introduction

*Emily K. Hobson and Dan Royles*

We write the introduction to “The AIDS Crisis Is Not Over,” this special issue of the *Radical History Review*, in strange times. It is September 2020, and we are nine months into the COVID-19 global pandemic. Around the world, close to a million have died and 28 million have contracted the novel coronavirus. In the United States alone, over 190,000 have died and almost 6.5 million have tested positive. In all likelihood, we will still be fighting COVID-19 when this issue is published in May 2021 and will be dealing with the social and economic fallout from the pandemic for much longer.

As COVID-19 exploded in the United States in March 2020, people looked to past pandemics to understand the present crisis. Comparisons to HIV/AIDS came early and often, as we sought to understand a new disease and to deal with the grief and uncertainty of a public health crisis with no clear end. In blog posts, op-eds, and interviews, longtime activists noted parallels between AIDS and COVID-19: the criminally negligent response from a Republican president, the discrimination and harassment to which people associated with the new disease were subjected, the mental gymnastics that uninfected people do to distance themselves from the sick.

Some historical observers, looking from AIDS to COVID-19, have held that “we’re all in this together.” “It’s everybody’s disease,” wrote historian Laurie Marhoefer in mid-March, as public schools closed in Washington State. “Everyone can get COVID-19—and that is our best hope,” wrote Pulitzer Prize-winning journalist Mark Schoofs, who lost his partner, Mike Hippler, to AIDS in 1991. “A threat to

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health anywhere is a threat to health everywhere,” wrote journalist Théo Manzali de Sá-Kaye, riffing on Martin Luther King, Jr.<sup>1</sup>

But the history of the AIDS pandemic also tells us precisely the opposite: “We’re not all in this together,” in the words of Lisa Bowleg.<sup>2</sup> Like HIV, COVID-19 is settling into—even deepening and being fed through—the cracks of our society, disproportionately harming the most vulnerable and marginalized. Right-wing nationalist governments have amplified this by responding to the new disease with measures that heighten inequality. In India, Arundhati Roy observed, shutdowns pushed the urban poor to migrate back to home villages, then into camps when state borders were closed.<sup>3</sup> In the United States, residential segregation serves as not only a marker but a driver of disease risk, and Black and Latinx communities have been hit hard.<sup>4</sup> The Navajo and Pueblo nations have been compelled to turn to Doctors Without Borders for help to slow the spread of COVID-19.<sup>5</sup> Major infection clusters have appeared and been allowed to proliferate in US jails and prisons, as well as among farmworkers and workers at meat-processing plants, where many workers are also immigrants who live in fear of detention and deportation.<sup>6</sup>

As Mathew Rodriguez writes, “Bodily health has little to do with our own bodies.”<sup>7</sup> Instead, our bodily health is often shaped by where we were born, how much money we have, and how we are otherwise raced, classed, and gendered. COVID-19 has not just revealed these embodiments of injustice; it has sparked intense expressions of racism and blame that echo attacks on gay men and Haitian immigrants in the early years of the AIDS epidemic.<sup>8</sup> Asian Americans and Asians living in the United States have suffered intense harassment on account of COVID-19’s apparent origins in Wuhan, China.<sup>9</sup> Likewise, echoing the implementation of HIV criminalization laws, the punitive enforcement of masking and social distancing rules has targeted Black communities.<sup>10</sup> In countries lacking a strong safety net and where poverty is criminalized, such as the United States, these effects will likely become cascading, as job loss, evictions, and foreclosures push many more into homelessness and thus into regimes of policing, surveillance, and state violence.

Even as COVID-19, like AIDS, exposes and worsens inequality, it challenges our ability to respond politically in ways that might draw on earlier moments of AIDS activism. Images of people who are dead or dying from COVID-19 are largely absent from current discourse.<sup>11</sup> Without a “face” for the disease, COVID-19 seems, for many, to be an abstract, distant threat. Social distancing guidelines make it a risky proposition to take to the streets, and protests against police and other racist violence have been blamed for disease spread despite activists’ widespread use of masks. This shows signs of change: in August 2020, students at the University of Georgia staged a die-in to protest a return to in-person instruction, with signs including one that read, “Students Learn More When They’re *ALIVE*.”<sup>12</sup>

We proposed the title of this journal issue—“The AIDS Crisis Is Not Over”—well before COVID-19 appeared, and as we developed the issue, we have

been sad to see that its relevance has only grown. The slogan points to a long history of resistance against the idea that the AIDS epidemic, and its attendant inequalities, have been resolved. Ironically enough, “The AIDS Crisis Is Not Over” was coined decades ago in the era now canonized as the golden age of AIDS activism. Avram Finkelstein printed it on a bumper sticker in 1987, and in 1990 ACT UP carried a huge black banner with the slogan in the New York City Gay Pride Parade.<sup>13</sup> Almost as soon as they had caught widespread attention, activists worried that public concern surrounding the epidemic was fading. They used “AIDS is not over” to push for broader treatment and health care access, to urge vigilance in safer sex, and to call urgency to the epidemic’s growth in communities of color and across the global South. With the advent of highly active antiretroviral therapy in 1996, and later of PrEP, the slogan came to highlight the gulf between those with access to life-preserving medicines and all others without.

Insisting that “the AIDS crisis is not over,” then, is not just a declaration that the pandemic is ongoing. It also names what it will take to end AIDS. It names the ongoing, disproportionate effects of the epidemic globally, fueled by racism, sexism, poverty, and profit-based health care. It argues that biomedicine is not enough, that homonormativity will not save us, and that capitalist structures of global aid will not undo inequality. It names the struggle against HIV/AIDS as a necessary task of the present, and it embraces the need to critically investigate HIV/AIDS in the past.

That investigation builds on decades of AIDS scholarship. The 1980s and 1990s saw foundational writing on the epidemic by Cathy Cohen, Cindy Patton, Douglas Crimp, Paula Treichler, Evelyn Hammonds, Steven Epstein, Paul Farmer, and others, who examined AIDS in relationship to race, gender, sexuality, and political economy. Historical scholarship began to build steam from the late 2000s forward, with US studies catalyzed by the essential work of Deborah Gould and Jennifer Brier. The field of HIV/AIDS history has grown amidst sharpening conflicts over globalization, austerity, and state violence and has been strengthened by growth in LGBTQ history, queer of color studies, and intersectional feminist thought.

This issue arrives on the heels of cutting-edge new work in the field, including an issue of *Souls* titled “The Black AIDS Epidemic,” coedited by Marlon Bailey and Darius Bost; an “interchange” among scholars in the *Journal of American History*; and new books ranging from Katie Batza’s *Before AIDS* to Jih-Fei Cheng, Alexandra Juhasz, and Nishant Shahani’s anthology *AIDS and the Distribution of Crises*. We have also been inspired by recent work outside history, such as Celeste Watkins-Hayes’s *Remaking a Life*, which examines the “injuries of inequality” that heighten vulnerability to HIV among women, and particularly Black women, in the United States;<sup>14</sup> the genre-bending exhibit *AIDS at Home*, curated for the Museum of the City of New York by Stephen Vider; and work about and against HIV criminalization by Steven Thrasher, Trevor Hoppe, and others.

Informed and inspired by work broadening the field, we have edited this special issue to attend to histories outside as well as within the (mainland) United States. The issue's feature articles move from Kuwait to Puerto Rico to New York City, and other essays attend to histories in China, Germany, and India. Multiple contributions to the issue consider how transnational circulations of media, activism, and state power have shaped AIDS history. Authors attending to the United States consider locations ranging from union meetings to migrant detention sites and from library archives to social media. Linking many sites together, Robert Franco offers an essay about, and a syllabus for, an undergraduate course on the global history of AIDS.

A wider geographic frame pushes us to reconsider the chronology of the epidemic. This issue comes out almost forty years after the first Centers for Disease Control reports of what would become known as AIDS. Though most narratives of the epidemic remain tied to 1981 as a starting point, we have long known that HIV was present among humans for decades beforehand. Recent studies of the genetic diversity of the virus point to the Belgian Congo in the 1920s as the place and time when the virus crossed the human-animal barrier (COVID-19 has also been traced to zoonotic origins).<sup>15</sup> This situates the emergence of HIV within histories of imperialism and decolonization. Other evidence shows that HIV was present in the United States as early as 1965 and, as Jih-Fei Cheng argues in this issue, was likely amplified through the unethical and extractive practice of plasmapheresis, which Dr. Austin R. Stough used to build a fortune on blood plasma taken from incarcerated men in Oklahoma, Alabama, and Arkansas. Cheng's contribution points toward a different, earlier temporality of AIDS, one connected to imprisonment, medical apartheid, and anti-Blackness.

Laura Goffman's essay makes clear that the temporality of 1981 is simultaneously US-centric and globalized. She examines Kuwaiti national discourse about AIDS alongside the deportation of noncitizens living with HIV, and shows how the Kuwaiti government has constructed the virus as foreign to the Gulf state and Muslim culture, even as elite Kuwaiti men have circulated through global business and leisure networks that became sources of HIV infection. Kuwaiti authorities have additionally maintained the foreignness of HIV through the construct of "waiting" for AIDS: "How can the AIDS crisis in the Gulf end," Goffman asks, "if authorities never acknowledge that it has begun?"

Offering one mode of resistance to state disavowal, Sayan Bhattacharya's essay examines *Koti ki atma*, an HIV prevention play performed in 2001 and 2002 in West Bengal, India. Though homosexuality was criminalized in India at the time, and public sex remains so, the activists who wrote *Koti ki atma* centered it on the ghost of a transfeminine sex worker who educates men seeking sex at public cruising sites. Bhattacharya's essay can be usefully read in conversation with that from Devon

Betts, who offers a critical consideration of how myths of Black hypersexuality complicate #TruvadaWhore activism. Betts argues that by failing to address such racialized myths, #TruvadaWhore discourse limits Black people, including gay and bisexual men, men who have sex with men, and cis women, from accessing and using PrEP.

In addition to these global and transnational stories, we invited contributions for two topical forums in the issue. Tamar W. Carroll, Tamara de Szegheo Lang, and Monica B. Pearl make up the forum on AIDS archives and historical memory. Together, these authors ask how we can document and memorialize a crisis that is still unfolding. Carroll offers insights as a public historian and member of the planning committee for the Rainbow Dialogues, a local queer history project in Rochester, New York. She raises important questions about the meaning of “diversity” in public history, what is gained and lost when large institutions become the stewards of community histories, and how younger queer audiences view the AIDS activist past. Lang considers how artists draw on the archive of AIDS activist video to make meaning of the epidemic. She examines three contributions to the annual Alternate Endings short video program put on by Visual AIDS, an organization that “utilizes art to fight AIDS by provoking dialogue, supporting HIV+ artists, and preserving a legacy, because AIDS is not over.”<sup>16</sup> These pieces provocatively blur the boundary between past and present through the use of video captured by AIDS activists during the 1980s and 1990s along with newer digital media. Finally, Monica Pearl offers a personal accounting of her involvement in ACT UP/New York, reflecting that, as a feminist in ACT UP, “I was not being altruistic,” since as “a sexual being” who has “indulged in inebriants. . . . I am implicated.” She insists on the value of a multivocal narrative of activism, using the concept of an unfinished “conversation” to define the work of ACT UP, and of AIDS history, as ongoing.

Jan Huebenthal, Jessica Ordaz, and Laura McTighe make up the forum titled “HIV and the Carceral State,” which examines the ways that carceral and immigration regimes have used the AIDS crisis to police the national body. Huebenthal tells the story of Linwood Boyette, an African American US Army veteran living in Germany, who was convicted in 1987 of exposing his sexual partners to HIV, though none seroconverted following their encounters. Huebenthal argues that Boyette’s trial “underscored the widespread German perception of AIDS as an invasive threat from outside the nation, and in particular, as a racialized threat linked to the United States.” Ordaz examines the complicity of US Border Patrol and Immigration and Customs Enforcement (ICE) agents in the deaths of HIV-positive people in immigrant detention. She describes activist resistance to policies that target and victimize immigrants with HIV, bearing witness to those who have died at the hands of the immigration regime and those who have taken to the streets to protest it. McTighe traces the confluence of the AIDS and prison abolition movements in her essay on two activist projects in Philadelphia, Project TEACH and UNSHACKLE. She

outlines a praxis of harm reduction, mutual aid, and transformative justice as a pathway toward both ending AIDS and learning “to think, dream, and live beyond prisons,” and offers a model for activists who aim to link prison abolition to HIV justice: we must “decarcerate our communities by literally reassembling them.”

Joseph Hower also sheds light on histories linking carcerality to AIDS. He offers a labor history of AIDS through the US public sector union AFSCME, whose members range from hospital staff to laboratory workers to prison guards. Hower shows that AFSCME, propelled by gay union activists, offered a strong early response to the epidemic, fighting “both for strong workplace safety measures for its members and against discrimination toward those most affected by HIV/AIDS.” But this strategy against the epidemic “faltered and faded” as AFSCME came to pursue worker safety through carceral unionism.

Salonee Bhaman and René Esparza join Hower in situating the politics of AIDS within the political economy and colonial reach of the United States. Bhaman examines *Braschi v. Stahl*, in which Miguel Braschi sued to inherit the lease for his apartment after his partner died of AIDS. Bhaman situates the case in the politics of the 1980s New York City housing crisis, in which predatory real estate practices and rising homelessness collided with the housing crisis for people with HIV and AIDS. Bhaman considers how Braschi and his lawyers presented dual narratives of their case, one resting on amicus briefs from housing, poverty law, and civil rights lawyers, and the other on the story of a monogamous, affluent couple. Through the latter narrative, which mitigated against rhetorics of welfare dependency, *Braschi* succeeded in gaining legal protections for gay couples. Bhaman presents *Braschi* as an example of the “strategic contradictions” between collective and individual modes of LGBT and AIDS advocacy.

René Esparza traces the intertwined history of the Latina/o Caucus of ACT UP/New York and of ACT UP/Puerto Rico, which forged “a distinctly queer and feminist decolonial AIDS activism” that conceived of the epidemic “as an injury wrought of colonialism and neoliberalism.” Though AIDS drugs, including AZT and aerosolized pentamidine, were manufactured on the island by pharmaceutical corporations Burroughs-Wellcome and Lyphomed, the Puerto Rican government did not receive sufficient federal aid to provide these drugs or to provide Medicaid benefits to all islanders who were eligible. Esparza details how the Latina/o Caucus of ACT UP/Puerto Rico brought together people who were variously queer and straight, IV drug users, and grandmothers to protest AIDS crises that reflected injustices across the Puerto Rican diaspora.

We are proud to bring this special issue of *Radical History Review* to readers and are inspired by the insights, calls to action, and approaches gathered together in these pages. The articles in this issue offer nuance and provocation for HIV/AIDS history, and we look forward to future work to come from these and many other scholars.

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## Notes

1. Marhoefer, "Coronavirus: Three Lessons from the AIDS Crisis"; Schoofs, "How to Survive Yet Another Plague"; Manzali de Sá-Kaye, "What Can We Learn."
2. Bowleg, "We're Not All in This Together."
3. Roy, "Pandemic Is a Portal."
4. Millett et al., "White Counties Stand Apart."
5. Doctors Without Borders, "Working with Native American Communities."
6. Thebault and Hauslohner, "Deadly 'Checkerboard.'"
7. Rodriguez, "COVID-19 and HIV Are Not the Same."
8. Farmer, *AIDS and Accusation*.
9. For a discussion of research into this problem, such as that by Melissa Borja, see Redden, "Scholars v. COVID-19 Racism."
10. Southall, "Scrutiny of Social-Distance Policing."
11. Lewis, "Where Are the Photos of People Dying of Covid?"
12. Associated Press, "Georgia Students Stage Die-in"; *Athens Banner-Herald*, "UGA Students, Staff, and Faculty Held a 'Die-in.'"
13. Bumper sticker, [americanhistory.si.edu/collections/search/object/nmah\\_1051189](http://americanhistory.si.edu/collections/search/object/nmah_1051189); MSNBC, "At Last, Hope for an AIDS Cure"; Visual Aids, "Where Past Meets Present." Visual Aids places this in 1991, but that's likely the date that Benjamin Incerti made the gelatin print in their collection; the AP photo that illustrates the MSNBC piece dates this to 1990—many of the same people are holding the banner in both photos. See also Caruth, "The AIDS Crisis Is Not Over."
14. Watkins-Hayes, *Remaking*, 230.
15. Pepin, *Origins of AIDS*.
16. Visual AIDS home page, accessed September 3, 2020.

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